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Bridging or Maintaining Distance: A Matched Comparison of Parent and Service Provider Realities (FULL REPORT)

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Bridging or Maintaining Distance: A Matched Comparison of Parent and Service Provider Realities in Child Welfare

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Bridging or Maintaining Distance: A Matched Comparison of Parent and Service Provider Realities

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August 2003**

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Introduction

When service providers and parents engage with each other to improve family circumstances, do they have similar impressions of what is important and what is helpful? Our purpose in interviewing parents who have been involved in child protection services and their service providers was to understand how parents and service providers view each other, their interactions, and the services they are engaged in. We were also interested in the "official record"—the files that describe parents, children, their needs, and the services provided in response. A comparison of the perspectives of service providers, parents, and files highlights some of the barriers and assumptions at work when service providers and parents engage with each other to improve family functioning. Contrasting these three versions of events highlights how differences are bridged or maintained.

To begin our matched comparison of parent, file, and service provider realities we present a "case study" summarizing a parent's perspective, the corresponding service provider's perspective, as well as an excerpt taken from this particular parent's file with the Children's Aid Society. In presenting this individual matched comparison, we offer a glimpse of the data that was used to form the basis for this report. It illustrates the nature of the information, the types of comparisons undertaken, as well as more generally to provide a sense of the three perspectives included.

Case Study: Angela and Leslie

Angela[1] is 25 years old with three children. At the time of our interview, she had been involved with the local Children's Aid Society for six months and the status of her service involvement was still active. The following is an overview of Angela's perspective using her own words.

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[1] All names and details of living circumstances have been changed to protect the identities of research participants.

I am a single mother of three, two girls and a boy. I'm working part time and going to school for my human resources certificate. I love it there. My house is a madhouse. I've got to work at night, get a sitter for nights, got a sitter for the day. I have people coming constantly in and out of here. When I was 14 my mother tried to put me in a girl's home. I ran away, going back and forth between here and out east. My father was in jail most of my childhood. My first marriage, out east, was abusive. He beat me on a regular basis. Once even toward my son, Tyler. He was one and a half years old when my husband left. Tyler is a violent child because of the way he was raised, you know, with my first husband. Just after that, we had a fire. Tyler watched as our home burned to the ground. I am surprised as how much he remembers. Then I got involved with Tom and we had a daughter, Jenna. Tom and I didn't stay together, but he's always been in and out of my life. Jenna reminds me of me to a "t" when I was a child. She is a whiner. After the fire, we lived in a hotel, with my grandma, and some really gross apartments. We are now in a great neighbourhood, close to my family. The neighbours don't like that I yell sometimes, too bad. My second husband treated me and my kids real good, but right after we married it fell apart. He started getting depressed, he started to get suicidal, he'd go out and not come home for four days, the drugs issue. I'll never regret being married, but it's over. Now that I've got Chaz, my new boyfriend, it's slowing down. I was screaming a lot at the kids. I was tired, alone, I was frustrated with everything. I was giving up. It was really bad when he first arrived. Tyler just tested him. But I trust Chaz 100 percent. Children's aid became involved during my first marriage. My ex called on me claiming I was an unfit mother. CAS has been in and out of my life ever since. When I was pregnant with Jenna, they told me I wasn't ready, I don't need a second child! I've been involved in different services—counselling, education program for young single moms. Tyler was going to [children's mental health centre] for a few hours each week. There was a health nurse that would come in. I dropped her though. She called children's aid one time that I locked my kids in the room two hours a day and didn't check on them. I got one worker from CAS and the conflicts are unbelievable. I find her too nagging. Leslie is really conniving. She walked in like she was queen of the world. I'm very mean to her. I give her the same attitude she gives me. These workers need to realize that we do what we can. They come out with these ten minute appointments and run in and run out. Get to know the person, that's what they need to do.

Angela's third Children's Aid Society service provider, Leslie, is 46 years old with five children of her own. At the time of the interview, Leslie had been employed 14 months by the local agency. Using Leslie's own words, the following is an overview of Leslie's perspective on Angela, her living circumstances, and service involvement.

Angela has three children, six, four, and three years old. They are dirty most of the times. They do not listen to their mom. They were unkept and I would have liked for her to simply given them a haircut. Tyler, he's not doing very well in school. He missed 42 days of schooling last year. I haven't seen any significant behavioural or mental symptoms. Whatever difficulties he may have in the past was more related to his situation. She relied on different babysitters. I have evidence that she used unapproved and inappropriate babysitters in the past. There was some indication that they were drug users. Angela's now living in a quiet and questionable neighbourhood. She's renting part of the house, I assume. She makes complaints about the living conditions, broken windows, her inability to keep the place for some reason. She had a history of fraudulent behaviour. There were some indications that she was using her money on herself not her children. Given her resourcefulness and her cognitive ability I would expect her to do better. I do strongly suspect there are neglect issues. I've never seen her playing with them, talking with them in direct conversation. Angela is in a more stable relationship with this fellow, Chaz. I have seen him doing things for Tyler. I've seen him washing the dishes and babysitting. Angela is upgrading her education. But her lack of acknowledgement of any protection concerns, it makes it difficult for us to work on anything. There are things I don't know and at times they're trying to pull the wool over my eyes. I got somewhat intimidated by her loudness and herself being a big person. It wasn't a very pleasant experience. I don't think we have a working relationship. I had comprised a few protection concerns, sanitary, and lack of medical, and the children being neglected socially and when I confronted her for the first time she got upset, swore at me and asked me to leave.

The third perspective is information contained in the agency file about Angela and her situation. In this case, the file perspective is represented by an actual summary of the details of a referral from a professional already involved with Angela that was taken over the phone by an agency employee called an intake screener.

Phone call from [nurse], Family Health. Has concerns with a family she has been working with since March of '98. Family in and out of crisis. Dad, bio dad of youngest child only, has depression—not compliant with therapy. Left Saturday night not taking meds. Mom sounding depressed, not motivated to meet kids' needs—putting them to bed at 7 p.m. Oldest child has behaviour problems—exposed to domestic violence by bio dad. Both parents immature—made few changes in parenting—no empathy for the children. Mom does talk negatively about the children in their presence. Yelling not hitting, expectations too high. Dad left the home with a knife on Saturday—some indication he was having sex with teenage girls—mom confronted him and he left. Domestic violence not been an issue in the past. Mom controls most things. He is very much a child. No milk in the home right now—no plans to get any 'til Friday.

Talking about buying a new T.V. while no milk for the children. Has counselor from [counseling agency] who visited last night and told her she needed to leave husband—mom upset by this. Mom says dad lived on streets most of his life—figures he is there. Tyler also abused by father—men in and out of life.

In our comparative analysis of individual triads of matched parent, service provider, and file information, there are several interpretive dimensions along which we examine and comment on the information gathered. At a basic level, what does each party's description of circumstance and experiences consist of? Here, our goal is to examine important incidents, level of detail, and the scope and time frame for the focus of each perspective. In the example case, Leslie is able to identify some of Angela's significant events, such as her positive relationship with Chaz and her reliance on a number of babysitters, but there are clear gaps in the information Leslie provides. Leslie does not identify Angela's struggles as an adolescent or her residential instability over the years, which suggests a narrow focus on the present timeframe.

In our analysis, we also consider how each party explains or understands circumstances or events. For example, as a point of congruence, both Angela and Leslie understand the origins of Tyler's behavioural difficulties as a product of the parenting environment. Angela says, "Tyler is a violent child because of the way he was raised…" Leslie's comments are similar: "I haven't seen any significant behavioural or mental symptoms. Whatever difficulties [Tyler] may have in the past was more related to his situation." The file referral also implies Tyler's behavioural problems are a result of being "exposed to domestic violence by bio[logical] dad". Each party's explanations and interpretations of events include reasons for behaviours and outcomes, evidence for judgments and explanations, and perhaps more hidden, the values and principles on which interpretations are made. As a simple illustration, Leslie values the clean appearance of children, perhaps as an indicator of good health and attentive parenting, and critically states that Angela's

children were "dirty most of the times" and she "would have liked for her to simply given them a haircut".

Our analysis also includes interpretive dimensions specific to each party's perceptions and assessments of agency service involvements and relationships. More specifically, perceptions and assessments of the relationship between parents and service providers include levels of satisfaction with the frequency and nature of contact, the presence of empathy and reciprocity or alternately power and authority, an understanding of each other's roles and expectations, as well as the usefulness and meaningfulness of the relationship. In Angela and Leslie's situation, their service relationship is described by both parties as adversarial and clearly encompasses a struggle for power by both women. In Angela's description of Leslie, she says Leslie "walked in like she was queen of the world" and Angela's response is to "give her the same attitude she gives me". While Leslie acknowledges being "intimidated by [Angela's] loudness", she attempts to maintain a position of authority by "confronting her" with a list of protection concerns only to have Angela curse at her and ask her to leave.

Our comments specific to this case study are by no means exhaustive; rather, our intent is to demonstrate the nuanced comparison that is possible. The next two sections (Part I and II) of this report allow for a more detailed discussion of some of the values, priorities, and emphases implicit in each of the three perspectives across the 15 matched comparisons. In the third section (Part III) we present a synthesis of these identified patterns and offer some implications for child welfare service provision.

Methodology

Sample

The sample included 15 child welfare cases consisting of a parent interview, a service provider interview, and in seven cases, the corresponding file information was also included. All 15 parents in this sample were females. The average age of parents was 32.9 years old (range 18-47 years old). At the time the interviews took place, six parents were married (40%), five were single (33.3%), two were in common law relationships (13.3%), and two were divorced (13.3%). Parents had been involved with the Children's Aid Society for an average of 2.85 years (ranging from one month to ten years). The average number of children for each parent was 2.26. Only two parents reported having more than three children.

There were 13 female and two male service providers that were interviewed. The average age of service providers was 41.2 years old (Missing = 2). At the time the interviews took place, six service providers were married (40%), three were divorced (20%), two were single (13.3%), and one was in a common law relationship (6.7%). Three service providers did not indicate their marital status. The average number of children was 1.67. Only three service providers reported having more than two children (Missing = 3). The average length of employment with the Children's Aid Society was 5.23 years (ranging from four months to 23 years) with 69% of service providers being employed two years or less in child welfare.

Procedure

The sample for this study was drawn from a larger sample of interviews conducted with parents who had been involved with the Children's Aid Society. Parents who consented to having researchers contact their child welfare worker and subsequently the cases in which researchers were able to interview the service provider with their consent were included in this

study.

Parents participated in an interview approximately 1 ½ hours in length. Parents were visited in their homes by an interviewer to engage in one-on-one dialogue to explore dimensions of their everyday lives and reflect on their service experiences. Interviews consisted of a series of open ended questions and all interviews were audio-taped and transcribed. Parents were given a gift of $25.00 for participating in the study. Following the interview, parents were sent a copy of their interview to keep. Parents were also asked for consent to allow researchers to contact their child welfare worker for an interview.

Service providers who agreed to take part in an interview were visited by an interviewer at their place of employment. Interviews were approximately 1 ½ hours in length and consisted of the same series of open-ended questions that were asked of parents. Service providers were asked to answer these questions specifically about the parent that had already participated in an interview with researchers. These interviews were also audio-taped and transcribed. Service providers had the choice of whether or not they wished to receive a copy of their interview.

Parents were also asked for consent to allow researchers to view and extract qualitative information from their case files at the Children's Aid Society. While all 15 parents consented to researchers viewing their files, qualitative file information was only available in seven cases. Qualitative file information included, but was not limited to, text excerpts found in the safety assessment, risk and/or comprehensive assessment, plan of service, or initial referral call or report, all of which are components of mandated child welfare recordings.

Information from both parents' and service providers' interviews were coded using a qualitative data analysis software package called N-Vivo. The coding process resulted in 15 individual parent summaries and 15 individual service provider summaries. Each summary was

organized by a standardized set of topic areas which mirrored the original interview schedule.

Topics included information related to descriptions of daily living realities for families such as

children's lives, parents' lives, family functioning, extended family, community, social, and

economic factors. Topics specific to families' service involvements included descriptions,

perceptions, and assessments of services provided by the Children's Aid Society, as well as any

other professional services families may have received. It is these individual summaries, along

with the corresponding file data that were used in the comparative analysis of individual triads of

service provider, parent, and file perspectives.

In addition, aggregate summaries were created to summarize the content across all 15

parent interviews, as well as across all service provider interviews. Again topic areas mirrored

the original interview schedule. Both of these types of products, the 15 case by case analyses

and the aggregate parent and service provider summaries, formed the basis for our thematic and

interpretive analyses.

Cautions

There are several cautions that are unique to this comparative analysis. We must

consider that these are three subjective perspectives of the same series of events and

circumstances. Therefore, we approach these accounts as if we cannot know which version is

"correct" and do not assign superiority to one perspective over another. Our purpose is not to

determine the "truest" account of events; rather, our focus is on convergence among perspectives

and improving relationships between parents and service providers.

While parent and service provider interviews followed a parallel format, the same

questions were not always asked of the matched parent and service provider. The interview

method (open ended and semi-unstructured questioning) does not allow for standardization in

data gathering procedures across interviews. There was variance in how interviews were conducted across interviews and interviewers. Some interviewers were more systematic at covering topics than others and some parents and/or service providers were more talkative and insightful than others.

Because of the labour intensive nature of qualitative investigations, there are limits to the number of cases that can practically be included in a study. Our purpose, however, is not generalizability. We simply present this information as a comparative commentary on how these 15 service providers and parents engage with each other in hopes of making some suggestions for improving service relationships in child welfare.

We recognize that the nature of our analysis is interpretive; and, as such we acknowledge the presence of our own personal biases and assumptions in the findings of this study. In particular, we make the following assumption explicit: it is our position that the current climate of child welfare in Ontario is not conducive to positive and supportive relationships between parents and service providers. Increasingly interactions among child welfare service providers and parents can be characterized as adversarial.[2] By its mandate, under The Child and Family Services Act of Ontario, the Children's Aid Society is responsible for the investigation and assessment of all allegations of physical, emotional or sexual abuse and neglect towards children. The power the children's aid society possesses to take a child away is foremost in parents' minds when they find a child protection worker at their door for the first time. The popular media's fascination with sensationalist child abuse cases and the portrayal of child welfare workers as "baby snatchers" undoubtedly contributes to parents' fear, as well as fueling an increasing number of child protection cases being played out in court (an adversarial arena by design). At the same time, service providers are contending with increased documentation, the threat of

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[2] See other areas of study under the Partnerships for Children and Families Project.

liability exposure[3], and less and less time to devote to establishing human connections with parents. Cumulatively these factors create a climate in which it is a significant challenge for parents and child welfare service providers to engage in meaningful and supportive service relationships.

Our critical analysis of both the child welfare system and service relationships between parents and workers is not to be misconstrued as an attack on the work carried out by service providers, or of service providers themselves. There are many children and families for whom Children's Aid has provided a beneficial service. We see this study as an opportunity for those working in child welfare and those creating the policy that drives child welfare practice to take a step back and reflect on some of the assumptions, expectations, and paradigms implicit in the nature of child welfare work with families.

Part I: Deconstruction

Generally used as a tool in literature, deconstruction is a method of critical analysis which emphasizes the internal workings of language and conceptual systems and the assumptions implicit in forms of expression[4]. For our purposes, we apply the concept of deconstruction to carry out a conscious examination of the type and nature of the language being used by parents, service providers, and case files, as well as to bring to light some of the values, priorities, and emphases implicit in each of these three perspectives. Part I presents five key themes around which our understanding of information from parents, service providers, and files is organized. Each theme is briefly introduced below.

At perhaps the most overt level of our comparative analysis, we first note several patterns

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[3] In 1997 a Toronto CAS worker was charged with criminal negligence causing death.
[4] Pearsall, J. (Ed.). (2002). *The concise Oxford English dictionary*. (10th ed.,). New York: Oxford University Press Inc.

unique to parents, service providers, and files in their choice of language and presentation of circumstances that potentially put one or more perspectives at odds. Secondly, there is a general propensity for all three perspectives to employ a "problem-focused" account of events and circumstances. Consequently the strengths of parents, agencies, and communities are rarely identified or utilized. Thirdly, we identify a common gravitation toward a discussion of issues of mothering, such as mothers as targets for agency interventions and their sole accountability for family functioning improvements. Following from this, we observe little discussion of fathers, their roles, and responsibilities in any of the three perspectives as our fourth theme. And lastly, there is a clear gap in parents', service providers', and case files' inclusion of an awareness of structural inequalities in their dialogues. Overarching issues of poverty, limited access to resources for parents, and their impact on daily living are virtually absent from all accounts, most notably absent as a point of service intervention.

While our intention is to present a comprehensive analysis of each of the three perspectives, the key themes do not always apply equally to each perspective. Indeed, some key themes seem to emerge more clearly in one perspective than another. As such the data guides our discussion; however, where appropriate we touch on each of three perspectives in turn for each theme.

1. Language and Presentation

Our detailed comparative analysis begins with an examination of the type and nature of the language used by parents, service providers, and contained within the case files. In a comparison of the three perspectives, certainly parents' accounts contain the most information and the most detail about their lives and service experiences. Parent's discussions encompass a broad scope of information and reflect the passage of time. Indeed, we get a sense of parents'

life stories: childhood memories, marriages, the arrival of children, dissolutions of marriages, subsequent re-partnering, educational pursuits, and personal triumphs and challenges. Parents generally present a somewhat balanced discussion of various life domains such as work, family, and community pursuits. In addition, their discussions are interwoven with their thoughts and feelings about events, how events impact families, and capture the complexity of family relationships.

Service providers' accounts contain less information than parents' discussions; however, the information that is present is generally congruent with parents, albeit with less detail. Service providers are able to identify many of the same issues that parents identify as important in their lives. There is, however, an emphasis on the present or current family situation in service providers' accounts. We do not get a sense of the temporal sequencing of events, rather the information can be considered to present a "snapshot" of the family at a particular time. Events, families, and relationships are presented in a more simplified or compartmentalized fashion than in parents' discussions. The nuance related to the complexities of relationships and life stories is lacking. Service providers' accounts place greater emphasis on family functioning and the impacts it has on parents' capacity to care for their children. In other life domains, such as extended family, community involvement, or recreational pursuits, many service providers struggled to recall information about families in these areas. It was not uncommon to hear service providers concede that they simply "didn't know".

In our review of the language contained in the case files it was apparent that the files lack any of the same nuance we saw in parents' perspectives, and to a lesser degree in service providers' accounts. While the files generally contain less information and less detailed information about families than either parents' or service providers' accounts, in some cases the

files presents contradictory information or information not mentioned by either parents or service providers. This appears to be common and in part can be understood as a by-product of the transitioning of multiple service providers on any given case. Of the eight matched comparisons for which we have file information, there is only one case in which the service provider we interviewed was the same case worker to complete the file information.   Each service provider will have a unique perspective on what is "important enough" to document based upon their own set of values, expectations, and experiences. This emphasis is then captured in their "official" documentation of events at that time. Even when a piece of information in the file is determined to be false (perhaps through further investigation by a subsequent service provider), it is an ongoing challenge to have information removed from a file once it becomes part of the "official record". Each time the file is transferred this account of events gets carried forward. This speaks to the persistence and durability of file information

The information contained within the file is at best sparse: a series of standardized checklists and a short paragraph or two to accompany the numerical ratings generated from the checklists for a family. This raises some serious questions about the amount of information service providers are being asked to make decisions with, decisions that can have lasting impacts on children and families' lives such as apprehending a child. Furthermore, there appears to be little questioning of the adequacy of information on which decisions are made. Despite adjectives such as "alleged" or "suspected", the information is used to take action, guide interventions, and inform service plans. As an illustration, one file tells a story of a mother accused by her estranged partner of neglecting her child, self-mutilating, and threatening to harm her child, herself, and her estranged partner. It was also "alleged" that she suffered from anorexia given her emaciated appearance and required anti-depressive medication. Her child was

removed and placed in the care of her estranged partner's mother. Later it was determined

through a number of sources, including a formal psychological assessment, that this mother was

not suffering from mental health issues, did not require medication, and was not a threat to

herself or her child. The current service provider assigned to the case at the time of our

interview questioned the nature of the information on which actions were taken:

> I found the assumptions and questions being raised by the previous worker excessive and I also found it bordering on judgmental […] It puts me in a real difficult position of being careful that I'm not going to be heard or quoted as bad-mouthing the previous worker or being some kind of maverick saying, "I don't agree with the society," […] I am surprised at how quickly intake was labeling her." (Service Provider 5).

In combination, the lack of detailed information and sometimes contradictory

information, the biases imbedded in the documentation, and the unequivocal presentation of the

information amount to some serious questions around the nature and application of the

information contained in case files. Newly assigned service providers are using this information

to orient themselves to a family when in fact it may not be representative of the family's

situation, and regularly does not incorporate parents' perspectives in the situation. In addition,

these files carry much weight in a legal arena acting as the "official record" of events.

2. Problem focused/Deficit Model

In all three perspectives, we note little meaningful or useful identification of parents' or

families' strengths, such as familial supports, links to community resources, stable housing, or

steady employment. Granted, many of these areas are discussed, but rarely is their potential

recognized and consequently these strengths are not incorporated and built upon in interventions

with families. As an illustration, in one matched comparison extended family played an

important role to this particular parent. She states:

> [M]y grandmother and I were very close. […]I used to spend a lot of time with my grandmother. […] [M]y grandmother has taught me a lot of morals. She's taught me a lot of values. Uh my grandmother was very much a family oriented person. (Parent 2)

while her service provider minimizes the importance of family to her:

> I think family is pretty peripheral for her. [Parent's boyfriend] is her family now" (Service Provider 2).

In some service provider accounts, strengths are mentioned but the amount of attention or discussion they receive is minimal in comparison to the emphasis placed on problems and deficits. Even smaller yet is the attention a family's or parent's strengths receives in the case file. The required case recordings and accompanying terminology are by design, risk-focused (e.g. "safety intervention plan", "risk assessment"). As such, strengths are generally included only as an absence of risk or with respect to their importance in reducing other risk factors. Where strengths *are* formally documented in the risk assessment, for example, the instructions are to "explain how the strengths or lower risk elements [based on a numerical rating system where a 0 or 1 is considered a strength or low risk] reduce the impact of other risk elements to the children." Furthermore, while strengths or "low risk elements" may be discussed, the small proportion of actual text in the case file devoted to a discussion of strengths is severely outweighed by the large proportion of text that makes up the documentation of a family's risk factors, problems, and deficits.

The documentation of "risk" in child welfare files further reinforces a problem-focus for service providers and for parents as well. The primary job of service providers is to "assess risk" and in that sense the required documentation drives their information gathering, what they talk about with parents, and the type of service plans they devise. The concept of the "eligibility spectrum" in child welfare to determine which families receive services and which do not is an

example of the problem-focus inherent in the system. Parents who fall below the instituted eligibility "threshold" are regularly denied supportive services, in essence, there is not enough perceived risk to require agency intervention. As such, to be eligible for services (e.g. counseling referrals, subsidies) problems must be of a certain severity, or they need to be framed in a particular way:

> …sometimes you really want them [her child] gone 'cause you need a break from the behaviour and from the kid. And a lot of times I think maybe that's why I called them [Children's Aid] but to be told that there's nothing they could do because he doesn't fit, he's not an abused child […] if there's no protection issues then they don't want to be involved. (Parent 17)

> …she probably wondered, okay, here's another worker and what the heck is going on, you know, and why are you here? You know, in retrospect I think that that – and you know, they've been ticking along and they do tick along quite well without needing support from the agency and certainly we haven't had the protection concerns. […]…typically we won't get involved in custody and access if it's not a protection concern. We try and let people work that out themselves. So, there was sort of I think her hoping that I might become more involved than I was willing to… (Service Provider 17)

In summary, the presence of a problem-focus is evident in the perspectives of parents, service providers and, perhaps most notably, in the standardized documentation of risk in case files. This leaves little room for a discussion of strengths by any of the three perspectives and hinders any augmentation of families' strengths or their application in service provision.

While a focus on problems is shared by multiple perspectives, what each party defines as a "problem" and how these problems are understood can vary, particularly between parents and service providers. In our comparative analysis, it becomes clear that parents and service providers' understanding and perceptions of problem issues and their root causes stand in contrast. This is most evident in discussions of children's lives, more specifically, their "problems" such as behavioural, emotional, or developmental difficulties. For service providers,

the understanding of children's problem behaviours often lies in family dysfunction and reduced

parenting capacities:

> …ultimately she wanted what was best for her son. But I think she might have lost sight of what was best for him and replaced it with what was best for her. [mother] felt what son needed was a good stint on the streets and some tough love… (Service Provider 13)

> I remember the first thing she said to me. She said don't abandon me. […] I won't but at the same time I think a lot of the problems are about the relationship between mom and daughter but mom won't see that. […] She's got her set ideas, she knows her kids best so she likes having us back in the background there, but she's not changing the way she does stuff. She wants us to fix things, but she'll say 'I want you to fix this kid' and doesn't recognize the family dynamics. [...] It's all about (daughter) has been identified as the problem and there's nothing I can do to change that. (Service Provider 2)

In understanding some of these same problem behaviours, parents' explanations tend to

focus more on medical and developmental conditions, negative behaviours, and factors of

influence that may be perceived as external to parenting, such as the nature of a child or a

particular disorder.

> "…he's clumsy for some reason and his temper, he's like a light switch. He's kind of like I was when I drank. I'm a moody person and I think he is sort of too. One minute he'll be fine…and the next he'll be throwing something against the wall." (Parent 3)

More frequently, service providers offer interpretations and assumptions based on

parental inadequacies and family dysfunction. Parents, on the other hand, tend to more often

state in general terms that "there's something going on" or attribute difficulties to children's

temperaments. For example, one parent describes her frustration with her son,

> It's just we've gone through a lot with him like the listening and the frustration and you know, he don't listen a lot of the days and it makes it harder on you… But when you talk normal to [son], I don't know if he ignores you or shuts you out, but when you raise your voice, or sometimes you yell, then that gets his attention. (Parent 3)

This parent's service provider describes the same situation differently:

> She seemed like a very stressed, impatient mother, and just almost had such a negative view of this child. It was almost like he was the scapegoat of her frustration. How she would scream at him, and everything was negative. The little boy would just stand there and look at her, which infuriated mom. He didn't respond anymore, because he was used to it. (Service Provider 3)

Similarly, another service provider understands the behaviours of a young teenage girl as the product of her upbringing:

> …she had a girlfriend who had gotten on the Internet and met a guy from Windsor who came to pick them up to take them out to dinner. […] This guy picked them up and wanted to know if he was going to get some loving. […] she's looking for someone to love her because her dad doesn't and her mom has a real hard approach to her. Like she'll say you know I love you. But affection stuff isn't (parent)'s style and I think (daughter) is really looking for it and she's looking for it in older men. (Service Provider 2)

This child's parent describes the same situation differently emphasizing the poor choices her daughter makes:

> …she's hanging out with the wrong crowds, very much putting her personal safety at risk. […] I had an episode where a pimp was gonna take her to Windsor. She was running around telling everybody she had an apartment and a job. I knew what that consisted of. She had no clue. […] Even the police have stated, she's the type of kid that will be dead by the time she's 18 because of the poor choices she makes… (Parent 2)

While this divergence is more apparent between parents and service providers, the file content generally reflects the same understanding of problems shared by service providers. Again, we observe little representation of parents' understanding or perspectives in the case files. To return to the matched comparison presented above, the corresponding case file state that:

> …[Mother] and [father] are unwilling to consider adapting their expectations of [daughter] or their behaviour management practices, since they believe that it is [daughter's] behaviour—and not their parenting—that is too blame for the problems that the family is experiencing. (Case File 2)

While the file identifies these parents' sentiment that their daughter plays a pivotal role in the situation, it does not reflect their opinion in any nuanced way. Our purpose here is not to assert

the superiority of one perspective over the other, rather our intent is to identify areas of convergence and divergence among these perspectives and suggest that there are implications for the way in which parents and service providers engage with each other.

3. Issues of Mothering

In our matched comparisons, all 15 parents interviewed in this sample were mothers. It is standard practice in child welfare for agency files to be open in mothers' names. In our interpretive analysis of all three perspectives, there is a clear emphasis on women as "mothers", as well as an intense focus on mothers as the target for intervention and as the individuals held most accountable and responsible for family functioning improvements.

Mothers are repeatedly the focus of interventions, with particular emphasis being placed on addressing mothers' unresolved personal issues, such as childhood trauma, alcoholism, or abusive relationships. This was observed in all three perspectives:

> We talked about the drinking, I tried to kind of go a little bit deeper and suggested to her that because there were lots of things that were bothering her emotionally and […] really deep down the hurts that she had as a child […] that those things she really needed to address and really needed to seek some help and some counseling […] I don't think I see any improvement there… (Service Provider 20)

> [Mother] demonstrates the inability to protect her children from witnessing domestic violence…[…] [Mother] has not been formally diagnosed with a mental/emotional disturbance, however, she exhibits feelings of powerlessness, isolation and low self esteem due to being in a domestic violence relationship. […] Allegations of [mother's] alcohol problem affects her ability to meet the children's minimal emotional need(s)… (Case file 24)

> I had to tell them everything about my whole life […] because I'm too skinny they thought I was anorexic, or because I was raped, they thought I was an unfit mom. […] Everything that had nothing to do with how I am as a parent. (Parent 5)

Mothers' own unresolved personal issues are frequently identified as "risk factors" in assessing parenting capacity. Certainly this amounts to great pressure on women as mothers to

deal with their own "problems" while still being expected to manage their often stressful and chaotic daily lives. When mothers do not meet these expectations, there may be serious consequences, such as the removal of a child. Holding mothers accountable for family problems or for problems with children is not uncommon:

> She's looking for someone to love her because her dad doesn't and her mom has a real hard approach to her. Like she'll say you know, I love you. But affection stuff isn't (mother)'s style and I think (daughter) is really looking for it and she's looking for it in older men. (Service Provider 2)

> if people weren't marching to the beat of her drum, then forget it. She didn't want what was being offered […] ultimately she wanted what was best for her son […] but I think she might have lost sight of what is best for him. And replaced it with what was best for her. Or for what she perceived to be best for him. (Service Provider 13)

> for the longest time I don't think she [daughter] had any respect for her caregivers because she herself is very resentful of her mother for not providing the supervision and safety she needed from her brother and other caregivers […] …she was sexually abused by her brother. (Service Provider 21)

> Given her resourcefulness and her cognitive ability I would expect her to do better. To do a better job with her children and I do suspect strongly that there are neglect issues […]from my understanding of their situation she's more attentive to her partner than the children […] I've never seen her playing with them, talking with them, being in direct conversation or direct interaction with them (Service Provider 23)

In the same vein, mothers are frequently held responsible and accountable for making improvements in family functioning. This is evidenced most strongly in the case files, particularly in the language used to document plans of service. For example, in a documented plan of service with ten stated objectives, six of these objectives solely identify the mother as the person most responsible to meet these objectives:

1. [Mother] is to reside apart from [violent husband].
2. [Mother] is to attend individual counseling…
3. [Mother] is to attend counseling to deal with issues of domestic violence…

4. [Mother] is to have psychological assessment…and is to follow through with treatment recommendations.
5. [Mother] is to take all medications prescribed.
6. [Mother] is to attend individual and/or group counseling for parenting…

Granted there are also other objectives that identify children, service providers, or partners as persons most responsible; however, even in cases where a partner is identified as responsible, mothers' are usually added as part of the couple.

Not all references to mothers identify their deficiencies. There are acknowledgments of mothers' abilities and dedication to her children by service providers and in case files:

> [Parent] really hangs in there and she really does her best, you know and she works so hard to try to make things better for her kids […] and to keep them busy and to keep positive things in their life. (Service Provider 8)

> There's often like cookies like sitting on the table, you know, that they've made together […] she plays with her […] I get a sense that that mothering role is very important for her […] She repeatedly says that this girl is all she has, and she's right. (Service Provider 20)

As encouraging as some of these sentiments are, the intense focus on mothers remains suggesting that these women are narrowly defined as "mothers" and not as whole persons with their own needs, challenges, and triumphs. Again, when mothers' issues are addressed in the case files and by service providers it is primarily to assess their impacts on helping or hindering parenting capacity. To a lesser extent, mothers themselves identify with the mothering role as they often see themselves as the primary person responsible for child care. This focus on mothers' accountability and responsibility for proper child care and healthy family functioning takes the focus away from any consideration of community solutions and shared responsibility and support for parenting.

4. Fathers As Stereotypes or Absentees

With a focus on mothers as targets of intervention and most responsible for improvements in family functioning, it is not surprising that a discussion of fathers is largely absent in all three perspectives. While parents and service providers alike may mention current or past partners, the amount of discussion they receive is minimal. Several service providers state that they did not meet male partners involved or only spoke to them briefly on the telephone.

> "From my perspective, [partner] was pretty much out of the picture. He had access and did some custody stuff, but other than that he wasn't a big player." (Service Provider 5)

> "I never had contact with her husband." (Service Provider 18)

As such, there appears to be little expectation that male partners will be involved in agency services. When fathers or male partners *are* discussed, the dominant stereotypes associated with male partners in child welfare are present. Male partners may be regarded as a "risk factor", "abuser", "dead-beat dad", "non-compliant", or alternately as a key stabilizer in the traditional family model:

> [husband] had a short fuse […] they had little little kids. And swearing at them. Telling them to f*** off […]It was both of them, um…[husband] more so than [mother]. […] I assumed there was [domestic violence] […] I had no proof […] my…guess to be it was more emotional than physical […] I don't remember what she said about [the relationship] she said they were childhood sweethearts. (Service Provider 4)

> [Father] was indifferent when worker called to request he come to F&CS for an interview. He did not agree until the worker advised him his wife would be detained by police [for physically striking their child causing injury]. (Case File 4).

> According to […] my client, the father didn't really want anything to do with having a child and she insisted that that name be put on the birth certificate and she has said many times since then how she wishes that she hasn't done that…

[…] she really believes that his whole thing for wanting to take primary care is just a vindictive thing, that he couldn't possibly care for his daughter. (Service Provider 20)

…it's diminishing for me to say this about him [client's boyfriend] but often times I look at the women I'm working with and say this guy is better than the last…. He doesn't beat her. He's not verbally abusive from what I can gather. He respects her, he cares about her in a way that I don't think she's ever experienced. (Service Provider 2)

I know that [client] wasn't supposed to have her friends over when [husband] was home […] there was some problems in the relationship there but no violence or anything like that between her and her husband. I think that he used to be a drinker but for some reason I think he wasn't actively drinking anymore […] the controlling behaviour […] a lot of those dynamics that kind of come along with that and then trying to manage the children and probably keep them in line so dad wouldn't get mad […] I think that they'll probably still be together within the next year […] I think she's financially dependent on him. (Service Provider 18).

I don't know about her family life but I may suspect she hasn't had any positive modelling in her life before. Well, she certainly would benefit from a stable male partner. I do believe that she is - well, her needs haven't been met. She has trouble… (Service Provider 23)

The presence of such stereotypes has implications for service delivery involving male partners. Fathers or male partners may be advised to attend anger management counseling, reside separately from the children, or agree to a supervision order. There appears to be a limited range of service options available for addressing issues specific to male partners.

5. An Unawareness of Structural Inequalities

Of approximately the 100 interviews conducted with parents involved with child welfare services as part of the overall Partnerships Project research, only a handful of families could be described as other than "working poor" or "low income families". Historically child welfare has focused on impoverished or low income families[5]. Many child welfare service providers work with disadvantaged families on a daily basis, and, the presence of structural

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[5] Freymond, N. (2003) Child placement and mothering ideologies: Images of mothers in child welfare. Waterloo, ON: Partnerships for Children and Families Project, Wilfrid Laurier University.

inequalities are regarded as the established norm for these families[6]. "Structural inequalities" include, but are not limited to, poverty, living in disadvantaged and dangerous neighbourhoods, limited affordable and adequate housing, limited access to resources such as transportation and education, limited opportunities and choices, and oppressive employment realities.

> She lives with another family and I think she's a bit concerned about her being able to keep it all afloat, like financially […] having space for him, being able to feed him, you know, and just meeting those needs. (Service Provider 17)

> It wasn't a house. It was a building […] far as furnishings and everything, but I mean, she was a 16 year old parent with public assistance trying to make ends meet (Service Provider 11)

> …there's a lot of lower income housing around there. […] They were in a townhouse. […] …it was fairly like clean. […] they had stable housing […] I think they had enough to keep the family going and keep the townhouse. They had a vehicle. (Service Provider 18)

> They were a family who didn't have an abundance of cash […] [mom] is on, definitely on, disability. The partner didn't seem to work either and I can't remember again if he was on disability… […] They had a fairly nice home and stuff […] it was semi-detached […] it looked like what a middle-class house would look like […] My guess would be that they were renting. If you are dependent on a baby tax, your baby bonus on a monthly basis […] chances are, you're not owning a home. (Service Provider 13)

> their resources are limited […] they don't have oodles of cash. But fortunately, I think [parent] does get [daughter]'s child tax credit […] he makes a good living, but it's one income. (Service Provider 21)

> Finances are […] a struggle for this family partly because it's a one income family […] I don't know a lot of the details around their finances […] [father] makes […] reasonably good money I think but they have financial problems. […] They rent an apartment […] it's actually quite a nice location. It's on a small residential street […] It's sort of a triplex that's built on the back of the house […] reasonably well kept and furnished […] the physical environment of the home is completely acceptable. (Service Provider 24)

> I know that she wanted out of that apartment […] [husband] was the only one working […] They were in subsidized housing […] before that, they were at

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[6] For a detailed discussion of child welfare service providers' reactions to structural inequalities among child welfare recipients please refer to Cameron, G. & Hoy, S. (2003). Stories of mothers and child welfare. Waterloo, ON: Partnerships for Children and Families Project, Wilfrid Laurier University.

ah…a farm here, in City […] And it was an awful place to live. (Service Provider 4)

I think she provides a decent place for her daughter […] the apartment is pretty, you know, tidy, clean. she gets support regularly from her ex […] she either gets mother's allowance or disability allowance. She has spoken of disability […] The only time that she talks about her financial status is in comparison to his. She has a strong sense that she's judged […] by not being a working mom. (Service Provider 20)

These systemic issues are common enough among the child welfare service population but rarely are they the focus of service intervention. The standardized recordings used to document service intervention allow for little inclusion of such issues. In our examination of the required paperwork for the completion of a "safety assessment" and a "comprehensive assessment" there were few items that pertained to a family's financial well-being: "Caregiver has not, or is unable, to meet the child/children's immediate needs for food, clothing, shelter, and/or medical care."; "The child/children's physical living conditions are hazardous and may cause serious harm to the child/children". These items are designed to assess the impacts of inadequate resources or hazardous living conditions on child safety specifically. Indeed, there appears to be little recognition of the impacts that a strained financial situation (such as being able to "keep it all afloat") can have on, not only parenting capacity, but general functioning as well. The discussion of structural inequalities was more apparent, and of a more critical nature, in our conversations with parents than service providers as illustrated by the following comments from two matched parents and service providers:

she has had a number of health concerns recently and one was having a whole bunch of dental work done and that was a great expense to her so we helped out with [baby] formula at that point but just the other day she needed a ride and had spent lots of money on taxis and I don't think I had ever told her that we might be able to help out with rides. (Service Provider 19)

I wish I could just, you know, grab a diploma right now, go get a job, so I make more money […] I'm on basic cable, and basic phone, and on basic everything. I

pay my hydro, and everything, and I have to pay for my teeth. And they only pay for the fillings, which got screwed up […] it's difficult […] the house is…it's okay. The paints peels […] in the winter, it's really bad […] (Parent 19)

she's now living […] in a quiet and questionable neighbourhood. She's renting part of the house, I assume […] she makes complaints about the living conditions, broken windows, her inability to keep the place for some reason. […] We can't help them with their financial struggle… [...] we've helped her with vouchers, with bus tickets and I've helped her to get more routine in their lives […] I wrote a letter for housing authorities because I do believe that she needs something more appropriate and affordable. (Service Provider 23)

It was a nice house […] it wasn't dirty or anything, it's just not a really good place. Nothing got done. The heat went out constantly… (Parent 23)

In this sample there are also service providers who recognize the impacts struggling with limited resources can have on families and acknowledge the efforts taken by parents to overcome these challenges. In addition, these service providers prioritize their service delivery to include meaningful support in these areas.

She's living in subsidized housing and she doesn't feel like it's a safe place for her children […] she sees a lot of drinking in the complex there. She sees drug use […] She sees fighting, she sees the police called on different families. She knows of […] family violence […] she doesn't want her kids […] leading that kind of a lifestyle. She wants better for them and so she tries in her own way to separate them from that. […] Money is always an issue but [client] is a really hard worker […] works at two or three part-time jobs usually like cleaning jobs and supplements the income that she gets from social assistance and because she does that she's able to provide for the kids a whole lot better than […] a lot of other families are that are on assistance. […] She had this great big cupboard that she'd keep all these snacks that she'd buy for the kids […] they're nicely dressed and everything. And it really shows that she's really […] ready to work to provide the kids needs. (Service Provider 8)

…she does not want to be on social assistance forever. She wants to get a good job. She wants to work at a bank […] it's important to her to get this schooling done so she can get a good job. I think partially because she wants more than what she's able to have on social assistance income. She struggles, you know, to provide for her kids for food and everything and I don't think that she wants to - to do that. (Service Provider 19)

<u>Concluding Comments</u>

The purpose of our exercise in deconstructing the accounts of parents, service providers, and case files is to identify some of the values, priorities, and emphases we see represented in one or more of these three perspectives. In identifying some of the areas of convergence and divergence across perspectives, we can begin to discuss how these areas impact the patterns of engagement between parents and service providers.

At the most overt level of analysis, there is a general congruency between parents and service providers in identifying key events, relationships, and issues in families' lives. The case file however appears to fall short in providing any of the same nuanced information. Across all three perspectives exists the common tendency to focus on problems or deficiencies in families leaving little room to identify and enhance the strengths of families in significant ways. Particular emphasis is placed on problems associated with mothers' reduced parenting capacities such as unresolved personal issues, as well as mothers' accountability and responsibility for improvements in family functioning. Consequently more meaningful inclusion of male partners in service involvement or family support is lacking. Also underestimated is the role of structural inequalities, such as poverty, in parents' daily living realities and in the delivery of services.

In combination, the focus on parenting deficiencies, mothers' accountability, and the minimization of fathers' involvement leads to some questions about how service providers and parents engage in service relationships and the perceived appropriateness and efficacy of services. Part II of this report explores some of the assessments of child welfare services held by parents and service providers, as well as some of the patterns of

engagement that serve to either bridge or maintain the distance between parents and service providers.

Part II: Perceptions of Service Involvement

One of the features unique to this study is the opportunity to examine not only parents' perceptions of child welfare services[7] , but to view them in conjunction with service providers' perceptions. In addition, including the case files allows us to comment on how the delivery of services and service relationships are documented. This section is organized into a discussion of parents' and service providers' assessments of agency involvement, including an examination of some of the areas of agreement and disagreement across these perspectives. This is followed by our understanding of some of the patterns of engagement employed by each perspective, such as attitudes, actions, and expectations of one another. Finally, we suggest three "typologies" of service provider engagement based on profiles emerging from the data. Implications for service delivery are discussed.

1. Assessment of Agency Involvement

Given the intrusive nature of child welfare work, we might expect that parents would be overly critical of their agency involvement and that the congruency between parent and service provider perspectives would be at best minimal. While parents were generally critical of the delivery and adequacy of child protective services, service providers were equally as critical of the way in which they provide services and the limits to the types of services that they can provide under the current child welfare mandate. Across both parent and service provider

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[7] For a summary of parents' assessments of child protective services using data from the Partnerships Project, please refer to Maiter, S., Palmer, S. & Manji, S. (2003). Invisible lives: A qualitative investigation of 61 parents receiving child protective services. Waterloo, ON: Partnerships for Children and Families Project, Wilfrid Laurier University.

perspectives, there are some common key issues that are clearly identified while other issues put parents and service providers at odds.

In regards to parents' and service providers' overall assessments of involvement with the Children's Aid Society, there is generally agreement between both perspectives. That is, when a parent identifies the agency involvement as helpful, the matched service provider also makes the same assessment as in the following comparison:

> [husband] and I are getting better along […] we would have never really noticed the problem. That our family was having with domestic violence and alcohol abuse. We would have never noticed it, if they hadn't become involved […] we're going to be a better family for it, hopefully, down the road. (Parent 24)

> I think that it's very helpful […] this […] has and will continue to impact in this family for a long time […] this is going to be a considerably changed family in terms of some of these dysfunctional things that went on behind the scenes. (Service Provider 24)

Similarly, in the next matched comparison both the parent and service provider are in agreement about the outcome of services. In this case agency involvement is described as unhelpful:

> […]I think she perceived her experience with us as being a negative one, so I doubt that she would [refer the agency to a friend]…I don't feel that they had good service at all… […] Even if I could have met with mom and just had that opportunity to offer services and have a face to face and if she wanted to vent at me then that's fine too but there was none of that. (Service Provider 15)

> …the daycare people won't release him to me. […] It's children's aid and a cop. […] They detained me for two hours at that school. Questioning me…[…] [Service Provider] was the one that had come to my house and told me three-quarters of a year prior to that, 'I see no problem, Where do you want me to help you? You're handling things fine.' The same bloody woman from Children's Aid. I think that's about the last time I had a good relationship with anyone from Children's Aid. Because they used information that they had obtained from coming into my home when I asked for help, they used that information against me. (Parent 15)

Moving beyond overall impressions of service involvement, however, there appears to be a divide among parents and service providers in their reported satisfaction with the *type* of

services delivered. More specifically, parents report an appreciation for services such as referrals, links to other services such as counselling, subsidies, and concrete support.

> [Worker #2] was absolutely wonderful when it came to vouchers or cribs. […] It was resources kind of thing. I just needed to know where things were and how to get around. […] How do I get to a food bank if I need it? […] When me and my husband broke off and I needed counselling, where do I go? (Parent 23)

> She laid out all the papers and she said to me, "Um, well, I suggest you go to this counselling, and [husband] go to this counselling." […] F&CS, they know a lot of places to go to for help. […] She asked me to make out a list, for the kids, for Christmas, if they wanted something special, which was pretty nice. […] They gave pretty generously at Christmas time. (Parent 24)

> Like the families that are on low income. If you need a sitter or daycare for your child while you work or go to school or something. They subsidize, they pay for your child to be there instead of you. Now that's like us. She [service provider] helps find providers. (Parent 3)

While service providers acknowledge the usefulness of such tangible services, they also report frustration with not being able to address what they perceive to be "root causes" for family or individual dysfunction. In focus groups conducted as part of an investigation of service providers' experiences as employees in child welfare (another area of study within the Partnerships Project), service providers consistently identified their own dissatisfaction with the little opportunities available to engage parents in "clinical social work"[8].

> I hoped that sometime down the line, [parent] would seek out other forms of counselling […] It would really affect her parenting and…and her choice in partners. (Service Provider 4)

> I would have liked to have her look at where her stress really came from. Why she had such a difficulty coping with this guy. Try to get her to explore some issues in her life that I really wasn't aware of. Most of the instrumental work had been done before I got the case by the previous worker. So I think she had what she needed, and I was not really necessary. (Service Provider 3)

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[8] For a detailed discussion of service providers' experiences as employees in child welfare please refer to Harvey, C., Mandell, D., Stalker, C. & Frensch, K. (2003). A Workplace Study of Four Southern-Ontario Children's Aid Societies. Waterloo, ON: Partnerships for Children and Families Project, Wilfrid Laurier University.

The practice of transferring a family's file across multiple specialized workers throughout the stages of an ongoing child protection case is identified as an area of dissatisfaction by both parents and service providers. The reasons for dissatisfaction, however, appear to be slightly different for each perspective. Parents, on the one hand, express frustration with having to tell "their story" over and over every time there is a new service provider:

> I ended up with a new worker. Well I was getting sick of workers after workers because they ask you the same questions over and over again. (Parent 5)

> Every time I have to deal with a new person that doesn't know my situation with my daughter and doesn't know the history of what I've done and haven't done, always thinks they're the miracle worker that can fix it in one conversation…[…] I really don't appreciate these new kids on the block assuming that I'm this nasty awful mother and that I'm not doing the best for my child. I'm really sick of explaining myself. (Parent 2)

> [Worker] went on vacation the next day. I wouldn't have picked her. If I'm going to be dealing with the stress situation, I'm going to want someone here for more than two weeks. […] …it takes a lot to build up that, you know, I felt like I had to tell her things over and over things over and over again. (Parent 8)

Whereas for service providers, the frequent transferring of cases is associated with feelings of not ever really getting to know a family in the little time that they work together. Sometimes the involvement of multiple service providers complicates communication between old and new service providers around sharing details of the circumstances:

> there's no continuity of service or not continuity of information […] because of the workload […] it's really hard to read every new file that you get from beginning to end and place all the pieces together […] people get lost in there somewhere […] no one is really watching, you know, on a long term basis […] the little girl slips through the cracks. (Service Provider 20)

> I don't know them very well. They were already three months into their involvement or four months when I came along. I took over the case from a previous worker… (Service Provider 5)

> …that has been a beef of [parent]'s, that she's had a variety of different workers in a short space of time […] her feeling that some […] things fell through the cracks in the transitions from worker to worker and I think that's a realistic

concern […] and certainly it's not the best way to do things […] her getting very frustrated and really quite angry with me about those rides not always being there and you know, some errors, one of which was mine. And I think I did tell her that. (Worker17)

Another common concern identified by both parents and service providers is the potential negative impact of using intrusive interventions early on in service involvement. The use of early intrusive interventions is described as an impediment to establishing effective service relationships, as well as inducing trauma and fear among parents. Intrusive interventions characteristic of the initial investigation of a family include, but are not limited to, unannounced home visits, the accompaniment of police upon the initial visit, immediate apprehension of children, and searching through a family's home, including kitchen cupboards and the refrigerator. Parents clearly identify the impact that these sorts of procedures have on their own experience of services. For parents, immediate intrusive measures evoke fear, helplessness, hostility, and feeling that their rights have been violated. The power of Children's Aid is discussed by several parents:

> …when it was time to have my son, they came to the hospital and said, 'These are your choices: You have no where to live, you're underage, so you either go into foster care without him or with him, or if you don't agree with it, we take your baby.' (Parent 11)

> …it scared my husband […] to be thinking that…he could be charged with sexual misconduct with these young teenage girls […] He can't stand the sight of a kid walking in our front door anymore. It was so bad for so long, he hated kids around. I finally got him softened up […] I'm a bit angry and bitter. Not at children's Aid […] I'm more bitter at people now, than I ever was […] because you can't even just live your life without the threat of some crazy person, having power over you […] it was very unpleasant […] lies are very powerful […] I have a lot of fear, for my husband […] If this woman was able to end up calling [Children's Aid][…] There is no suggestion, this is nothing I can say. (Parent 18)

> I think Family and Children Service workers have too much power […] I'm sure that there are a lot of decent people in the Family and Children Services work but I think what they need to do is to pare out the ones that think they're God and they're really easy to spot […] It is disgusting the way they trick you […] they'll

lie, they'll intimidate, they'll blackmail […][worker #3] starts going through my house […] Bullshit! You don't go sauntering into somebody's house like you own it. I'm sorry! (Parent 13)

Like the first minute [Children's Aid] walk in that door, you can't breathe. You don't even know what to do. And then before you know it, your whole life's gone […] I went [to counseling] the next day after they took her […] the part I didn't like was what you said to your counselor, they had to know. And I felt like my privacy was being totally invaded. (Parent 5)

…surprise visits? If I'm not home, you ain't coming in. And if I'm not expecting you, and it's you, believe me I'm not letting you through the door. (Parent 23)

Service providers also discuss the potential impact of intrusive measures on working relationships and service delivery. In an effort to build more positive relationships with parents, a few service providers talk about avoiding any tactics that could be perceived as overbearing:

I mean you're trying to develop a relationship with these people that they're going to trust you and that they're going to feel that they're able to speak to you about anything. So if you're throwing up barriers off the bat, anything, in your body language, your voice, I don't think you should do it. (Service Provider 13)

One of the things I'm very bad at is checking out the whole house. I hate walking in people's homes and saying show me your house and opening cupboard doors. I feel so rude and so intrusive, like I'm only going to do it when I have a suspicion of my own […] And I get into trouble from the society for not being that suspicious […] that probably helped that I didn't [check the house too thoroughly] (Service Provider 5)

I think through the whole thing, she felt pretty intimidated by us […] I don't know if she ever saw us as being particularly helpful. (Service Provider 4)

A final area of convergence we note in parents' and service providers' assessments of agency involvement, and perhaps the most striking, is the identified need to establish more meaningful connections between parents and service providers. This sentiment is heard clearly in both parent and service provider accounts. Service providers acknowledge the challenge of getting to know the parents they work with, as they are faced with the reality of heavy workloads (high caseloads and extensive paperwork requirements) and the unfeasibility of visiting with

parents on a more regular basis. Over 60% of service providers, surveyed as part of our

examination of service providers' experiences as employees in child welfare, report spending

more than half of their time documenting their work with families[9]. Consequently, service

providers have little time remaining to spend with the families they work with (sometimes up to

25-30 families). One worker warns of the dangers in adhering to "a military model of 'name it',

'respond', and 'move on'". At least a third of workers talk about wanting the opportunity to gain

a fuller understanding of the parents they work with:

> …people really need to feel valued and worth something, you know, and that all
> comes back to my frustration then with this job because we get so very little time
> to do that […] I think that's really the way that people will make changes that,
> you know, positive changes in their lives and not by doing it because we say so or
> we'll take your children. (Service Provider 20)

> Sometimes you get families and you'd love to know after you're done with them,
> but it's not realistic. You don't have the time. (Service Provider 13)

> If I could do it over again, I would've maybe tried to follow up right away and
> tried to see her alone, like in the week. Maybe if I could have made a connection
> earlier, it might have been more effective. (Service Provider 3)

> Parents also identify this same gap in service delivery, often commenting on the

infrequent and short visits made by their service provider:

> I haven't really talked to [service provider] much lately. It kinda varies 'cause she
> hasn't been here I'd say maybe...I'd say more than three months. It might even be
> six months. And when she does come she kinda just updates, or sees if anything
> is new. But if nothing, she's here maybe ten minutes and she's gone for another
> three months. (Parent 3)

> At first like I said, I wasn't finding them [CAS] very helpful. […] I felt like they
> didn't understand what I was telling them… […] She [daughter] was portraying
> herself as this cutesy little girl and I just felt that by them coming out once a week
> or once every two weeks, I felt it wasn't enough and they weren't doing any more
> than what we were. (Parent 2)

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[9] Harvey, C., Mandell, D., Stalker, C. & Frensch, K. (2003). A Workplace Study of Four Southern-Ontario
Children's Aid Societies. Waterloo, ON: Partnerships for Children and Families Project, Wilfrid Laurier University.

> They need to sit back out of their own world, get to know the people and put themselves in their place […] If they sat down with people and actually talked to them instead of throwing things up like allegations and stuff …[…] Generally Children's Aid hasn't gotten to know me at all. […] They come out with these ten minute appointments and run in and run out. […] Get to know the person […] that's what they need to do. (Parent 23)

Overall both parents and service providers identify similar procedural concerns around the delivery of services, such as the transfer of families across service providers and the use of early intrusive measures; but, perhaps what is most compelling is the identified need to establish better connections between parents and service providers. We see the mutual desire to establish more meaningful connections as an area of common ground that holds potential for shaping the way in which parents and service providers engage with one another.

2. Patterns of Engagement

In our matched comparison of parent and service provider discussions of service realities, we note several patterns of parent-service provider engagement emerging from the data. Our conceptualization of "patterns of engagement" encompasses the ways in which parents and service providers act toward each other within the service relationship. These ways of engaging with one another are influenced by the attitudes, ideas, and assumptions each party makes of the other and of the service situation. There appears to be several patterns that are unique to parents and to service providers.

Parents' Patterns

Overall when parents talk about their reasons for involvement with the Children's Aid Society, they express limited understanding of why the agency is involved beyond the reasons for a specific referral (such as the school called CAS after seeing bruises on a child's arm).

> I thought at one point that they would have took [son], but I didn't know. I thought well [this city], it's a lot bigger, everywhere is different. I just thought

that they would've kept in contact with us to see if there is anything new. Pretty much what they do [the agency] is what [service provider] does. (Parent 3)

The origins of this lack of clarity for parents are unknown; however, possible explanations may include a failure to clarify the role of CAS with families, the general public's misconceptions around the purpose of the CAS, parents' immobilizing fear, or parents' reluctance to see that they might in fact need assistance from the CAS. From the data, there are only a few instances where parents mention that service providers took the time and effort to adequately explain the purpose of CAS, as well as their rights as parents.

> She laid out all the papers. And she said to me, 'um, well, I suggest you go to this counseling, and [husband] go to this counseling.' […] F&CS, they know a lot of places to go to for help […] they introduced themselves well, and you know, they told me everything that was going on, and they just guided me. […] They're pretty friendly… […] They were concerned… […] They made me feel comfortable. (Parent 24)

> I don't think […] she knew what to expect so I did some explaining about how things work when a call is made into the office and so I think she was pretty overwhelmed at first but kind of realized […] that we're going to take things a step at a time (Service Provider 18)

Most parents, at some point in their involvement with CAS, express the sentiment that they "just want CAS to go away". Parents talk about complying with the demands of CAS in hopes that it will expedite the agency's departure.

> They were more headaches and more stress on me than any other. And I told them I want this file closed and I don't ever want to see them again. (Parent 23)

> none of my experiences have been pleasant […] Helpful? Well really the only thing that they helped me do was to try to learn now to stay away from them. (Parent 13)

> I wouldn't say contact Children's Aid because they are hard people to get out of your life once they're in […] nobody wants people looking at your life under a microscope…(Parent 20)

While this theme of wanting CAS out of their lives is more prevalent in discussions with parents, some service providers are also able to identify parents' desires to have the agency close the file:

> I had no idea…what was really going on […] they both presented, a fairly wary caution […] they wanted us out of their lives, as soon as they could get us out. […] …they agreed to work with us […] using a service plan, rather than a court order […] I think they would do anything just to get us out of their lives, 'cause it's embarrassing… […] There are some clients that sort of say like, what they think you want them to say. (Service Provider 4)

> Their impression of the agency would be, you know, 'this is an agency that can take my children away. And I don't want my children taken away. I don't want to have anything to do with this agency.' (Service Provider 24)

Patterns of engagement common to parents in their involvement with Children's Aid appear to be driven, in part, by their fear of the agency, not knowing what to expect when the agency becomes involved, and the desire to see Children's Aid leave their lives. This has the potential to set up barriers between parents and service providers, even before they actually meet. Encouragingly, there is a handful of service providers' in this sample for whom addressing parents' fears is incorporated into what they do with families. While we are not suggesting that individual service providers be solely responsible for dispelling misconceptions about Children's Aid within the community, sensitivity to the realities of child welfare involvement for parents, including an awareness of the power wielded by each service provider, is called for.

Service Providers' Patterns

Service providers' patterns of engagement appear to be influenced by a number of factors. In particular, service providers are limited by the finite number of services that they can offer families. Service providers often prescribe families a standardized service "package". This

"one size fits all" model may limit the conceptualization of service plans that are perceived as more individualized, creative, or negotiated which families may find useful. Moreover, the standardized response is predominately geared toward protection issues leaving little room to offer supportive services for families who need assistance but may not meet the criteria for a protection concern.

> We asked the basic that we always ask for: go to a parenting group; go to counseling; get a drug alcohol assessment; get a psychiatric assessment. (Service Provider 5)

> [Parent] got caught up in the system in that she called a few times and asked for help and we said we can't help her, it's not child protection. […] …this is probably one of those families where I felt like the system just couldn't do what needed to be done… […] I feel we have nothing to offer. (Service Provider 2)

> [Parent] was quite frustrated that our agency was called because she thought she had done everything right and I reiterated that to her. I said […] 'It's almost standard response that we went through […] don't fret or worry about it.' (Service Provider 11)

In addition, frequently employed service options target mothers' unresolved personal issues and their impact on child safety by way of her capacity to parent. One service provider articulates that "you help the child best by helping the parents" (Service Provider 20). The following quotes speak to mothers' unresolved personal issues:

> The fact that [mother] went looking for the therapy to deal with sexual abuse was different […]What rarely happens is for somebody to recognize what their core issue is, and go after it. (Service Provider 5)

> The children were apprehended from - and brought into care because basically [mother] - there was an incident - there were several incidences that led up to this where we were greatly concerned about [mother]'s stability and functioning but it sort of culminated in an incident where she was mixing alcohol and prescription medication and basically was incoherent and didn't know where her son was and hadn't gone to school to pick him up (Service Provider 24).

With a limited range of options available to service providers for helping families, child welfare is rarely thought of as a negotiated service between service providers and parents. In a

system where the intended recipients of service (i.e. parents) have little say in decision making

processes, such as which services they receive, the potential for adversarial relationships to

develop exists. Service providers articulate the expectation that they will face a certain level of

"resistance" from the parents with whom they work:

> We are confronting them, the clients and they're confronting us in all aspects. In every single meeting they do have to confront us. (Service Provider 23)

> …when I arrived and she was yelling and screaming and just absolutely belligerent on the other end of the door […] she wouldn't open the door […] she did […] let me in and ranted and raved and really smelled of alcohol…(Service Provider 20)

> I'm also realising that with every other client there is inevitably a term or two that we have to argue about why they should do it. (Service Provider 5)

When parents refuse services or are perceived as non-cooperative, parents may be blamed for

allowing a situation to continue or escalate:

> …what strikes me most is that they wouldn't agree to keep him in care when the information that was given to them was that it would be in his best interests to stay in care. (Service Provider 13)

> [birth mother]'s very resistant to working with us […] we're having some difficulty with them right now as we speak, in terms of getting papers served and her being cooperative with the society, and her new partner has some choice words for me. (Service Provider 21)

> I do want them to change whatever they need to change but her lack of acknowledgement…of any protection concerns. It makes it difficult for us to work on anything. If there was no problem why are we here? […] Oh, there's always an explanation for everything. That's what I call not working. (Service Provider 23)

> Even if I could have met with mom and just had that opportunity to offer services and have a face to face and if she wanted to vent at me then that's fine too but there was none of that. […] I think if mom doesn't get the services involved or doesn't have the right services for this child, this child is going to be involved in the criminal justice system which he already is… […] There are support services for mom. […] …you can't offer that because they didn't want to come in and you don't have the opportunity to listen to see what, you know, are there any services we can offer. […] They'll [the next service provider] see it when they read the

paperwork that family refused service and you know you need to put all that into the recording. (Service Provider 15)

…the family was highly uncooperative and very verbally abusive with the intake worker. That's the reason why a court order was sought. (Service Provider 24)

In summary, there appears to be a limited range of service options that service providers are able to offer families and these services are primarily geared toward child protection and addressing mothers' unresolved personal issues. Service providers' patterns of engagement appear to be shaped in large part by the focus on child protection required of them to carry out their work. This leaves little space for creative or negotiated interventions with families.

Despite service providers' awareness of the ability of parents to resist prescribed interventions, there appears to be an expectation that parents will eventually comply with the service plan. When parents resist service involvement, the process of obtaining compliance may move to into the legal arena. Coupled with parents' desire to have the agency "go away" and parents' fear and limited understanding of the agency's purposes and expectations, these patterns of engagement create the potential for conflict-laden interactions between parents and service providers. Beginning to expose some of these negative patterns may provide the groundwork for challenging some of the ways parents and service providers engage with one another.

2. Service Provider Typologies of Engagement

The purpose of this section is to propose three "typologies" of service provider engagement based on profiles we see emerging from the data. Our notion of "typology" is the identification and classification of service providers' ways of working with families such as their frequency of contact, level of knowledge, and intervention emphases with families. The small sample size of 15 service providers dictates that these characterizations of service providers are

not to be used to make generalizations about all service providers in child welfare in Ontario.

Rather, we regard them as a tool for discussion and reflection on some of the ways in which

child welfare services are delivered. We must clarify that this exercise is not an identification of

"good" and "bad" service providers. Nor is it a critique of the talents or skills of individual

service providers. Ultimately, in presenting these typologies of service providers, we aim to

comment on the functionality and feasibility of the various ways of working with families in the

current child welfare system.

Type I

Type I represents the service provider who, often by their own admission, knows little

about the family. At the individual case level matched comparison, the type I service provider

reports significant gaps in the volume and detail of information about the family.

> I don't recall that she had too much in the way of connections. […]I don't know
> how much contact she's had with her - with her mother, [mother], and I'm still
> not sure if that was her mom or step mom. (Service Provider 11)

> I don't know what the relationship [with husband] was really like […] he would
> have benefited from a men's' group […] I mean, I think if…we had time, maybe,
> sometime, I'd confront them with it. […]So I wondered about…where her anxiety
> level was at, and she presents so sweet and kind and nice, you just wonder what
> all is going on […] I wonder what she's really thinking, feeling, and what she
> wants out of her life. […]I don't know anything about structure in [client] own
> life… […]I can't remember now if she was getting her high school, or what she
> was doing. […]I just can't remember how much she got out on the road. I don't
> think it was too much. (Service Provider 4)

> There are things I don't know and at times they're trying to pull the wool over my
> eyes. […] I don't know how long ago she got re-involved with her father in whom
> she advised me that he's now good. He was a drug user and alcoholic… (Service
> Provider 23)

> There's stuff that I'm not familiar with. Relatives, religion, neighbours, I can't
> say. It wasn't brought up. […] I don't even know how long they've [parents]
> been together, to be honest… […] I don't know if I'm totally making this piece up
> or not, I don't know, to some piece with mom herself around sexual abuse or not

[…] I think there might have been a connection there, so that would've brought forth her own stuff. (Service Provider 13)

This last service provider also describes her limited involvement with the family:

My contact with that family in particular was very limited, very short-term. I think I met with the parents on two occasions. I got the file, I believe that transfer was June 29th; the child was signed into care on June 23rd for a month. File transferred to me on the 29th, and he was signed out. He was out of care, umm, by July 18th I believe. (Service Provider 13)

Interaction with the family is sparse, with several months sometimes passing between visits. Type I frequently applies to service providers assigned to a family after the bulk of services have been delivered by either intake or the initial "family service worker" and is usually a family's third or fourth service provider with Children's Aid. Consequently, the family is not always clear in identifying who the service provider is and can "lose track" of the sequence of workers involved.

Type II

The type II service provider knows more about the family than type I and covers many points similar to the family's account, such as important events or significant relationships. The nature of the information provided, however, lacks much nuance or richness. There is still not a lot of contact with the family.

I'm their current family service worker and I'm very happy to be there, but along the way there's a ton of other people involved who probably know more than I do. […] I talked to [biological relative child placed with] on the phone over the summer quite a bit and I wrote up their court documents. You get to know the family pretty good after you do that… (Service Provider 21)

Our agency became involved approximately a year ago on sort of a full-time basis. We had had some - a couple of brief contacts with the family prior to that […] my knowledge of the facts around our involvement is second-hand because it would have been an intake worker that did the investigation hand then it's transferred over to an ongoing worker […]the first meeting with the agency […] I don't know a lot of specifics other than the fact that the family were quite angry and quite aggressive and quite verbally - and this included - this was - I'm trying

to remember, this is mostly [father] but I think it included [mother] as well to a certain extent verbally abusive [with agency] (Service Provider 24)

I actually know a lot of the families that I work with better than I know [parent]'s family […] We don't have a huge, long history with them and just because of the context of the work that we've been doing which is a lot of support in helping with this transition of [parent's grandson] coming to the home, I haven't needed to know a lot of that background information on them. (Service Provider 17)

Type III

The type III service provider spends more time in face-to-face contact with the family than either the type I or type II service provider. This service provider has a fairly solid grasp of the significant events and circumstances central to the family and is able to recall these circumstances with almost as much detail as parents themselves. The type III service provider acknowledges parents' (more specifically, mothers') strengths and works to support mothers' initiatives by moving resources in as a significant part of the treatment plan.

I really have met many women, many single moms that I really respect. I respect their resiliency, their ability to cope […] [client] is one of those women I really respect because I don't know that I could cope with parenting her kids. […] Her sense of humour is one of the most amazing things about her because that comes through so loud and clear all the time […] so funny and I think that helps her ride through a lot of the rough times. (Service Provider 8)

I think what happened was that she didn't really want to meet to talk about the stuff in the beginning, but, then I ended up being there for probably over an hour from what I remembered. So I think that she just wanted somebody to talk to and I think she felt a certain comfort level with me. […] I was open to listening to her and I was pretty honest with any questions she had. […] I'm really open to answering any questions and I think that she knew that there was the option to talk to me. (Service Provider 18)

Parents' often describe the type III service provider as "going the extra mile" and taking the time to listen to and understand parents' perspectives.

I knew a man that was a social worker and I know that there isn't anything that he wouldn't have done for his clients […] I've run away from home when I was about 15 and Family and Children's Services got involved and I ended up with him […] I ran into him one day and he came over for a visit and I had (son) by

that point […] we had a great visit and we kept in touch and he was the best […] I was so sad when I had heard that he had died. […] He told it like it was and he listened to all sides and he gave loving criticism […] it was done in such a way that you could take it. (Parent 13)

[Worker] was here, and was very supportive […] she basically has a really good sense of humour. I really appreciate that. (Parent 8)

[worker 4] didn't jump in like the other workers and say how it is. She listened and understood what I was saying. (Parent 5)

Note that in this last example, this was the fourth service provider assigned to the family.

As a more detailed illustration of the type III service provider, we next present another case study consisting of a mother's description of her circumstances and the matched service provider's articulation of the issues for this mother. This is followed by an excerpt from the corresponding agency file.

Case Study: Kelly and Pam

Kelly[10] is a 21 year old woman with two children. At the time of our interview, she had been involved with the Children's Aid Society for seven months and the status of her service involvement was still active. The following is an overview of Kelly's situation using her own words.

> *I have a seven month old son and my daughter, Amber, is only a year and a half. Troy, the father of both my children was verbally and mentally abusive, not too much physically. I broke up with him in October. He still thinks he owns me. We both wanted Amber, but he didn't want my son. I was supposed to have an abortion. Troy started cheating and he pushed me around when I was pregnant with my second one. A good friend of mine told me that's not right to be treated like that. She showed me the light. Thank God I didn't stay. I have a new boyfriend now. I get treated like gold and so do my kids. I do everything for my kids. The reason I am back in school is for them. I'm getting my grade 12. I wish I could grab a diploma right now, go get a job, and make more money. Where I live, it's okay, but the paint peels. In the winter, it's really bad. I don't really want to know some of the parents around here. I don't agree with some of the things they do to their kids. My whole family lives near by. I call my mom everyday to say hello. But my dad abused me when I was younger. And that's*

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[10] All names and details of living circumstances have been changed to protect the identities of research participants.

where all my problems came from. After I broke up with Troy, I went from shelter to shelter. It was then that I called F&CS up, 'cause I was pretty much losing it. I was hysterical. I was still very dependent on my ex and I needed them to get me out of that. So they did. The doctor assessed me and the intake worker wanted my kids to leave. I told them no. F&CS got me set up with mental health. I have a pretty good relationship with my worker, Pam. I like that she has a kid just a little bit older than mine. Friendly. Amber is going to daycare. She likes it. I liked the postpartum group a lot. They're there to chat and stuff. It was fun. There's my parent aide, my counselor, community health, and the social worker. I've got lots of people I can talk to. I just don't like getting switched around like that. I don't like having to repeat myself time and time over again.

Pam is 35 years old with one child of her own. She is Kelly's family service worker with the Children's Aid Society. At the time of the interview, Pam had been employed by Children's Aid for two years. Using Pam's own words, the following is an overview of Pam's perspective on Kelly, her living circumstances, and service involvement.

Kelly has two children. I can't remember if they were sick or just, you know, demanding as young kids would be. She knows how to care for her children, but her relationship with her son is certainly different than the relationship she has with Amber. She's not as in tune to Andrew. She will hold him but not necessarily be engaged. Kelly struggles to provide food and everything for her children. It's important to her to get this schooling done so she can get a good job. She lives in subsidized housing and you hear of the fights in the neighbourhood. Her sister is pretty close by. Her brothers will often come to her house. Kelly's mom remarried. Her biological father sexually abused her and her older sister when they were visiting them. When she talks about her past relationship with Troy, he was verbally abusive. He did not want her to have that second child. She left before Andrew was born. From my perspective, it's been smooth sailing and she sees F&CS as a support. I think that we will keep the case open for a little while. I would like to see her be able to get her mental health issue sort of stabilized. But I don't think she and I are completely in synch around her relationship with her son Andrew. I try to get there fairly frequently because of the age of the kids. But here she is a single parent with a very small baby and three year old. She's an incredibly competent woman. She got herself on her feet. She's gone back to school full time. Kelly gets overwhelmed and she gets really tired. But I think her personality really helps. I think she is sort of a go-getter. She's incredibly giving and a nice person.

The third perspective is information contained in the agency file about Kelly and her situation. In this case, the file perspective is represented by Pam's documented summary of the immediate safety intervention plan for Kelly and her children:

> *Kelly was in need to talk to someone about the problems that she was experiencing around the loss of her relationship with her children's father, and the realization that she was having problems coping with two young children as a young single mother. Public health was subsequently called and arranged to meet with Kelly and her children on (date). The public health nurse, (name), reported that she did not have any concerns medically about this family. I purchased some food and diapers and formula for Kelly on (date) as she had been having some difficulty leaving her home due to illness of two-year old daughter. Kelly will contact Family &Children's Services to arrange to speak to a counselor about personal problems that she has been experiencing.*

Pam provides a nuanced description of Kelly acknowledging both her strengths and challenges. Kelly is a "competent woman" and a "go-getter", but also struggles with becoming "overwhelmed" and "tired" as a single mother with two young children. Pam is responsive to the challenges Kelly faces in her daily living reality. At the time of contact, Kelly is unable to leave the house to purchase needed diapers and formula due to her daughter's illness. Part of Pam's immediate intervention is to purchase these items for Kelly.

Kelly clearly identifies her personal goals of resolving negative feelings around leaving her abusive partner and finishing her education to make a better life for herself and her children. Pam helps Kelly to move toward being successful in these areas by arranging supports to fortify Kelly's efforts as part of the "treatment plan". Kelly states that she has "a pretty good relationship" with Pam and "like[s] that she has a kid just a little bit older than mine". The type III service provider often values the sharing of some personal information in their work to establish a more genuine connection with parents.

Our presentation of the three typologies of service provider engagement suggests that there is more than one avenue for the delivery of child welfare services. We see types I and II as

a product of the current structure of "name it, respond, and move on" and as functional to some degree in a system that mandates quick responses (within 12 hours in cases of alleged serious abuse) with increasing numbers of families. In this climate, type III service providers are rare and the opportunities for this type of engagement are limited. There are, however, some service providers who are able to carry out their work in a way that is sensitive to parents' perspectives and responsive to their daily living realities. Parents know when they encounter a service provider who fits the type III profile, often describing these service providers as "going the extra mile" and taking the time to "listen and understand". We are not suggesting that because *some* workers can do this in the current system that others should be able to as well, simply by working harder. Current high individual caseloads and emotional burnout among direct service workers present a real challenge to this way of working for service providers. Consideration must be given to incorporating, as part of the official job description, the elements of the type III service provider that parents appreciate and perceive to be beyond the expected conduct and responsibilities of child welfare workers.

Part III: Frames of Reference

The final section in our presentation of matched parent and service provider realities and service experiences in child welfare is a discussion of parent and service provider frames of reference. In this context, the use of "frames of reference" is primarily as an organizational tool: a way to understand how some of the concepts discussed earlier fit together to create a lens through which parents and service providers view each other, their interactions, and service involvement.

Based on our presentation of the data thus far, it can be said that both parents and service providers view each other with a particular frame of reference. These frames of reference are

comprised of overt and hidden considerations for each party, which we refer to here as "foreground" and "background" considerations respectively. Considerations found in the foreground are conscious ways of thinking that are frequently accessed to "frame", or understand, behaviours (of self or others), events, and circumstances. The foreground influences what parents and service providers pay attention to and how they understand things.

Attitudes, beliefs, or ways of thinking that are not readily acknowledged, or in some instances not even known to parents and service providers in their interactions with one another, make up our proposed "background" to this structure. While background items may be hidden from parents' and service providers' awareness, they can still influence the ways in which each party thinks and behaves. Table 1.1 presents an overview of the elements that we perceive to make up the foreground and background of the frames of reference both parents and service providers have of one another, as well as of the child welfare services in which they are engaged. As we move down the list of considerations in each of the four quadrants, the items become more hidden in the dialogue of parents and service providers, until we reach the most obscure elements which rarely surface at all. To further clarify our use of frames of reference for understanding how and why parents and service providers engage with each other in the ways that they do, we present a brief discussion of the four quadrants and identify areas of common concern that hold potential for creating new ways of interacting.

Table 1.1 An Overview of Parent and Service Provider Frames of Reference		
	Foreground	*Background*
Parents	§ Daily living stress § Personal struggles and pursuits § Getting rid of CAS § Conflict, problem-focus	§ Need for genuine connections with service providers § Impact of parenting environment on children § Identification of strengths § Structural inequalities
Service Providers	§ Child protection and safety § Unresolved personal issues of mothers § Conflict, problem-focus, dysfunction § Parental accountability and responsibility § Parents' compliance with agency	§ Need for genuine connections with parents § Daily stress of parents § Identification of strengths § Structural inequalities § The right to judge

Foreground-Parents

For many parents in this sample, the struggles of daily life are central to their discussions. Parents talk of their challenges in raising children, maintaining relationships, the realities of oppressive employment situations, and securing adequate housing. Daily stress is a common topic across parents' perspectives. In the same vein, parents readily discuss their own personal struggles and pursuits. Parents are generally able to identify difficulties they may be having with addictions, emotional issues, health, relationships, or finding employment. They also identify personal accomplishments and goals, albeit with less frequency, such as returning to school or leaving an abusive partner.

Colouring much of parents' discussions, however, is the tendency to "frame" situations with a problem-focus, particularly in their descriptions of children. Parents focus on medical and developmental conditions, negative behaviours, and factors of influence that are external to parenting, such as the nature of a child or a particular disorder when explaining problems with children. Following from that, parents clearly articulate their need for help in dealing with "problem" children. Equally as apparent is parents' frustration in securing services that they perceive to be helpful.

At the same time, parents frequently describe their tumultuous relationship with the Children's Aid Society. Often citing traumatic first encounters, inflexible services, and infrequent contact with service providers, parents express the sentiment that they just want the agency to "go away". Many parents recognize, however, that this is not easily accomplished as the agency wields enormous power in affecting families. Certainly in this study, as well as in other areas of study under the Partnerships Project, parents are willing to express their dissatisfaction and frustration with the perceived gaps in child welfare service delivery. Not only do parents share criticisms of the delivery system, but, many are able to offer suggestions for providing more responsive services to families. Most notably, parents identify the need for parents and service providers to establish more genuine and honest connections with one another.

Background-Parents

While parents express a need and the desire to engage with child welfare service providers on a more human level, parents stop short of conceptualizing what this might look like in practice. The idea of parents and service providers working collaboratively in child welfare remains somewhat hidden. Some parents are beginning to ask for what they need, negotiate, know their rights, and demand responsive services, while others continue to be locked into a

pattern of passive, or sometimes unwilling, service "recipient". Certainly we recognize the complexities of the power and status imbalance between parties in the service relationship.

As we move down the list of "background" items, each consideration is more hidden from parents' awareness than the last. While parents clearly articulate their struggles with difficult or high needs children (foreground item), they appear less able to see the impact of the parenting environment on children. Indeed, this was an area of significant difference between parents' and service providers' understanding of children's difficulties and related family dysfunction. Again, are parents minimizing their own contribution to a difficult situation?

There is a lack of the identification of strengths possessed by parents, children, and families in parents' discussions and its absence most likely is not easily recognized. Parents devote a significant amount of conversation to the discussion of problems with children, in families, and in relationships at the expense of any expanded discussion of strengths. Indeed all three perspectives are missing any expanded discussion of strengths, not just parents. As such, an unawareness of the potential for strengths to be built upon limits the possibilities for service delivery.

And finally, we suggest what is most hidden from parents' awareness is the pervasiveness of structural inequalities in their lives. Structured inequalities impact the options parents have to choose from, such as the neighbourhoods in which to live, employment opportunities, and affordable housing. In this sample, many families are struggling financially and this is perceived to be a part of daily life for these families and common to the families around them. From our discussion earlier, service providers also rarely question the prevalence of poverty among the families with whom they work. Again, this has consequences for the responsiveness and usefulness of services provided to families.

Foreground-Service Providers

Considerations found in the foreground for service providers generally stand in contrast to issues central for parents. Child protection, child safety, and assessing risk to children (mandates central to child welfare work) greatly influence how service providers engage parents in their work. Integral to the protection of children is the assessment of parenting capacity. In most cases this focuses on the assessment of mothers' mental, emotional, and physical well-being and the impact on caring for children. Consequently, mothers' unresolved personal issues receive a lot of attention, most notably as the focus of agency interventions.

In the same way that parents emphasis deficits, problems, and conflict in their discussions, service providers also adhere to this problem-focus when describing families, events, or circumstances. The language and structure used in mandated recordings reinforce this frame for service providers. Required documentation keeps track of parents' and families' deficits and problem areas. Furthermore, prescribed service plans often read like a checklist for mothers' accountability and responsibility for making improvements in child and family functioning.

Perhaps somewhat less apparent to service providers is the expectation of parental compliance with agency interventions. In several cases, we hear service providers identifying the added challenges of working with "non-compliant" parents. Service providers acknowledge having to sometimes "confront" parents on disputed agency interventions. Increasingly this can lead to court ordered involvement with families. Faced with the realities of working in adversarial service relationships on a daily basis, service providers articulate the need for more meaningful connections with parents. Many service providers are aware of the negative impact

that intrusive and insensitive interventions can have on any hopes of establishing supportive service relationships with parents.

Background-Service Providers

In the same way that parents are just beginning to articulate the ways toward more meaningful connections with service providers, service providers also seem to identify a desire to engage in more genuine connections with parents. Established patterns of engagement within the current system continue to present challenges for making this a reality; but, certainly we see great potential in this common need and desire for bridging the distance between parents and service providers.

Other items that become increasingly more hidden from service providers' awareness, yet still hold influence over the way in which they interact with parents and provide services, include the underestimation of the stress of daily survival for families and the pervasiveness of structural inequalities in the lives of families. Examples of the "type III" service provider who encompasses not only an awareness of these issues, but prioritizes them in her or his work with families is rare. Parents know when they have encountered this type of service provision and identify the impact this way of working can have on providing responsive and useful service.

The perceived "constant" that almost all of the families involved with Children's Aid are economically disadvantaged precludes a discussion of parent's lives of lesser privilege or addressing structural inequalities as a focus of intervention. In general, the "standardized" service plan does not appear to relieve pressures on stressed families; rather, in its focus on parental capacity and accountability, it keeps the pressure on mothers as the individual most responsible for improving child and family functioning. Furthermore, service recommendations, or assigned objectives, that do not take into account the realities of parents' lives, potentially

position parents (in essence, mothers) to fail; for example, prescribing a mother attend counseling without consideration of adequate child care or feasible transportation, or recommending a mother protect her children from witnessing domestic violence when she is also a victim of the violence herself.

Implicit in the job of child welfare workers is the task of making judgments about parents' capacity to care for their children. These judgments are often made quickly and may be based on little information available at the time. In this sample of service providers, we do not hear much doubt or discomfort in making judgments or unequivocal statements about parents. Any questioning of this right to judge appears to be buried deep within service providers' frame of reference. As an exception, one service provider tells us:

> I found the assumptions and questions being raised by the previous worker excessive and I also found it bordering on judgmental […] I am surprised at how quickly intake was labeling her. (Service Provider 5).

Judgments about parental capacity and family functioning are documented in case files and become part of the "official record". Once entered into the official record, these statements can become difficult to reverse or remove, even when they are determined to be false or inaccurate. In the case quoted above, this service provider also describes her repeated efforts to have incorrect statements removed from the case records. We also note that there is no place for parents to make counter statements (outside of court involvement) and the possibility that this could be a collaborative process of assessment and an agreed upon description of circumstances tends to be missing.

Conclusion

Our matched comparison of the perspectives of service providers, parents, and files highlights some of the barriers and assumptions at work when service providers and parents engage with each other to improve family functioning. In contrasting these three versions of events we identify areas of convergence and divergence that act to maintain or bridge differences across these perspectives.
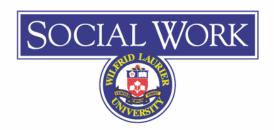
From the outset, we state that the distance between parents and service providers is perpetuated by the policy and practices of the current child welfare system and our data supports this. Both parents and service providers identify practices that reinforce a disconnection between perspectives as sources of dissatisfaction such as infrequent visits, short visits, multiple short term service providers, and early intrusive interventions. Furthermore, common patterns of engagement for parents such as their fear of the agency, not knowing what to expect when the agency becomes involved, and the desire to see Children's Aid leave their lives sets up barriers in the service relationship. How can the distance between parents and service providers be bridged?

By beginning to identify and discuss areas of common concern among parents and service providers we are working toward bringing each perspective closer together. In addition to shared criticisms of child welfare practices, both parents and service providers agree that there is an immediate need and a desire to foster more genuine connections with one another. This mutual desire to establish more meaningful connections holds much potential for shaping the way in which parents and service providers engage with one another.

Sensitizing service providers to parents' daily realities, such as the impact of structural inequalities on parents' life choices and opportunities, and to some of the assumptions on which

service provision is based (i.e. bring some of service providers' "background issues" into awareness) holds promise for changing the ways in which service relationships can play out. Our presentation of the type III service provider suggests that there is more than one avenue for the delivery of child welfare services. Currently the opportunities for this type of engagement are limited; however, there are some service models and individual service providers that are able to carry out child welfare work in a way that is sensitive to parents' perspectives and responsive to their daily living realities.

Bridging distance between parents and service providers also requires expanding parents' awareness to include some of the considerations presently categorized as background issues for parents. Taking steps to understand the impact they, as parents, have on the well-being of children and to identify the ways in which structural inequalities shape their lives can only help in the effort to bring parents and service providers perspectives closer together. Ultimately both parents and service providers need to challenge their own assumptions of one another, as well as question current child welfare practices that work to maintain distance between parents and service providers. And, as a community we must consider advocating for a child welfare service model that not only allows, but institutes, genuine connections between parents and service providers and the provision of services that are useful and meaningful in the daily lives of families.

SOCIAL WORK

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