

**THE CLIENT-WORKER RELATIONSHIP
IN A CHILD WELFARE SETTING**

by

VICKI VERGE

A Thesis
Submitted to the Faculty of Graduate Studies
In Partial Fulfillment of the Requirements for the Degree of

MASTER OF SOCIAL WORK

Faculty of Social Work
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ABSTRACT

Social Work relies heavily on the client-worker relationship, as it is the primary method to initiate change. Social Workers are trained to work with voluntary clients who have sought out their expertise to help address a problem. In child welfare, services are mandated, clients are involuntary, caseloads are high and resources are few. These conditions make developing a positive relationship more complex. Unfortunately when a Family Service worker visits with a client the immediate effect is a loss of authority and self esteem for that client. This adversarial beginning is more likely to elicit defense and withdrawal rather than co-operation. However, without a positive relationship the ability to resolve the child welfare issue is jeopardized.

Roles offer us verbal and non-verbal rules about how we should behave in our relationships with others and they help us understand the actions of others. Roles are influenced by life experiences so there is often variation in the way people perform them. However, roles are highly resistant to discomfoting information, which can lead to misinterpretations, premature judgments and maladaptive responses. Both Family Service workers and clients have expectations about who they are suppose to be, what a Family Service worker or client is suppose to be and how their clients and Family Service workers are suppose to act. All these expectations will affect the execution of each other's roles as well as the interaction between them.

This study found that a positive relationship between a client and a worker in a child welfare setting did have a successful effect on the ability of the client to reduce the behaviors that led to the neglect of her children. The study found that the interactions between the Family Service worker and the client were influenced by their roles and their expectations. Family Service workers must focus on developing positive relationships, being empathetic, clearly expressing expectations, and discussing their roles as helpers in a mandated setting if they hope to be successful at reducing child abuse and neglect.

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1.0 INTRODUCTION

This document is a thesis outlining my exploration of the relationship between a social worker and a client in a mandated child welfare setting using narrative interviews as a qualitative research method.

The relationship between a social worker and a client is considered the “soul” of social work and therapeutic services (Biestek, 1957). The casework or helping relationship is defined as “the dynamic interaction of feelings and attitudes between the caseworker and the client, with the purpose of helping the client achieve a better adjustment between himself and his environment” (Biestek, 1994, p. 631). The importance of the client-worker relationship dates back to the emergence of the friendly visitors who used their relationship to gain the client’s cooperation (Petr, 1988). Without a positive, trusting relationship the client and the worker can not join and work towards resolving the client’s issues that brought them together in the first place. It is necessary to examine the relationship between the social worker and client to understand the effect of intervention. “Any attempt to understand practice would need to focus on the dynamic interaction between the social worker and the client, each affecting and being affected by the other” (Shulman, 1985, p. 276). Despite the importance of relationships in social work there is very little research on the matter (Perlman, 1979; Petr, 1988; Poulin & Young, 1997). There appears to be even less literature that speaks about the special relationship between a Family Service worker and her¹ client (Chapman, Gibbons, Barth, McCrae, 2003).

Child welfare is a specialized area of social work. It is different from some other social work practices because the work most often involves involuntary clients and it is a practice that is

¹ The feminine pronoun will be used throughout this thesis because the majority of Family Service workers are women as outlined later in this thesis in Table Three titled “Female to Male ratio of Family Service workers”. Furthermore, Swift (1995) asserts, along with other Feminists, that clients of child welfare services are most often society’s most vulnerable groups and most often women. Women have historically and now continue to be the primary caregiver for children (Sheppard, 2001).

mandated by provincial or state law. Involuntary clients are defined as those people who “feel forced to seek or pressured to accept contact with a helping professional” (Rooney, 1992, p.4). Involuntary clients can be further subdivided according to the source of pressure experienced. Rooney goes on to define a mandated client as those who “must work with a practitioner as a result of a legal mandate or court order” (1992, p. 4-5). These are most often the clients of child welfare services.

The functions of a child protection worker (CPW) or Family Service worker (FSW) are to protect children from harm, to minimize the child’s exposure to abuse and neglect while preserving her in her family unit whenever possible and to provide support services. Family Service workers need to balance these functions and ensure they do not become opposing dichotomies. A Family Service worker must visit families in their homes and evaluate parenting methods and behaviors to assess and understand if a child is at risk of abuse or neglect. The provincial child welfare law, the *Child and Family Services Act* (1999) guides FSW’s practice and provides them with the authority to remove children from homes that are assessed as being abusive or neglectful. This mandate, although it is not always spoken of, is always present and interferes with some clients’ ability to trust their worker, often leaving them guarded and suspicious (Fletcher, 1982). These reactions impede the development of a positive relationship and therefore affect the successful resolution of the child protection problems.

Family Service workers have feelings and expectations about who they are as helpers, the work they are doing and their individual clients. These feelings, coupled with the client’s feelings, impact the client-worker relationship and organize the way these two people interact. These feelings can make the required work more difficult and can create an adversarial and tense working atmosphere. Without a positive relationship the social worker can not help a client make changes. A positive relationship means that the social worker can work with the client in a constructive and helpful manner. She can motivate the client to resolve the child welfare issues.

There is trust and an atmosphere that is more relaxed allowing each other to feel some safety with one another. Conversely a poor relationship means that the social worker and client are to different degrees guarded, suspicious, adversarial and tense with one another. There is very little trust so the ability to work towards resolving the child welfare issues is jeopardized. The client tends to be resistant. In child welfare, when a poor relationship exists, both social worker and client often feel that the policing functions take over the helping functions of the role.

Rogers (1989) identified six necessary conditions for personality change: (1) a client and a therapist are in a relationship, (2) a client is in a vulnerable state, (3) the therapist is genuine while in the relationship and can be herself including being aware of her own feelings, (4) the therapist experiences a warm acceptance of each aspect of the client which is an unconditional positive regard for the client, (5) the therapist is empathic and understands the clients internal frame of reference and endeavors to communicate this experience to the client, and (6) the client perceives the therapist's empathy and understanding. However the relationship between client and social worker in a child welfare setting does not necessarily meet these conditions. For example, the relationship is usually imposed and the client is not always ready to make changes. Generally the Family Service worker has assessed a behavior of the parent as posing a risk to a child. This concern is identified to the client and they try to develop a mutual plan to address it. The assessment of a client and the way it is presented to a client can challenge a client's self esteem and depending on how it is received it can make a person feel worse about herself. Yet, if the client does not address the behavior in a manner that meets the Agency's expectations then the FSW may require a continued effort to change. During this process the child may or may not be allowed to live at home. This process can cause a client to feel as if she is inadequate, a bad parent, and a failure and perhaps cause her to relive past traumatic experiences.

Although a Family Service worker may try to be genuine and empathic during the child welfare process, many times the role expectations and the bureaucratic demands of the Agency

interfere with her ability to be viewed as a compassionate counselor and these varying roles make a positive relationship difficult to establish and maintain (Chapman et al., 2003). The Family Service worker is more often viewed as the authority that can remove a child and not as a helper. "The adversarial nature of the child welfare system may predispose parents to feel angry and hostile, raising the specter of a difficult encounter. Furthermore, the typically involuntary nature of the relationship raises the question of whether a caregiver can view a child welfare worker as an ally" (Chapman et al, 2003, p. 573). Generally clients are not aware of and do not understand the framework the FSW brings to the interaction, as they come with their own understandings and expectations based on their experiences and assumptions. During most interactions a person tries to sort out what is going on and tries to anticipate what the other is going to do or say. That person's responses are often based on the way she filtered these incoming messages. If a client or a worker is filtering the information differently than the way the sender intended, then their interactions will potentially be less successful or less compatible; thereby, decreasing the likelihood that they will be able to address the issues of maltreatment.

If Family Service workers and clients could better understand each other during their interactions one would hope that their relationship would be more positive and thereby more successful. This would mean that there would be the possibility of a positive working relationship and that the relationship might be less adversarial. This would allow them to address some of the issues that resulted in the involvement with the child welfare system. The relationship would be a success if, during the process the client's self esteem was maintained, trust was developed and there was a decrease in the parent's abusive and/or neglectful behaviors. "There is some evidence to suggest that when relationship conditions are high, the effectiveness of the treatment process is enhanced" (Greene, 1972, p.118).

This thesis is organized into sections, beginning with a discussion of the helping relationship particularly in a mandated child welfare setting. This is followed by an overview of

the evolution of the child welfare system including a summary of the child welfare system in the Province of Manitoba; a description about Aboriginal child welfare and an in depth examination of Winnipeg Child and Family Services, a mandated child welfare Agency in Winnipeg, Manitoba. A general description follows of a FSW and her job demands. The effects of the system on the client-worker relationship are then examined. The terms "client", a child "in need of protection", "abuse", "neglect", "intent", service categories, goals, and duties are then presented. A theoretical discussion regarding role theory including issues related to problems with role performance and the components that cause conflict in the relationship are reviewed. A definition of "success" and the problems with studying the helping relationship are then identified. Following this are the goals of the thesis, an overview of the thesis problem, along with my hypotheses. Subsequently the thesis moves into a description of qualitative research and an overview of my research design, my study sample and the methods used to collect data. The concluding sections include my findings, and conclusions. The thesis ends with references and appendices.

2.0 THE HELPING RELATIONSHIP DEFINED

Social work is a profession that relies heavily on the client-worker relationship. For the purposes of this thesis the term 'helping relationship' or 'relationship' will be used to mean the professional relationship between a social worker and her client; although, there are a variety of terms used throughout the literature.

In social work the helping relationship is the primary method used to initiate change. Richmond was one of the pioneers of the social work profession. In 1888 she began to work for the Baltimore Charity Organization society. She believed that the poor and helpless could be reformed. By 1897 she was advocating for the establishment of professional schools for the study of casework and introduced the idea of the friendly visitor. The relationship between the friendly

visitor and the poor or helpless person was central to their work. A friendly visitor was someone who was "to utilize the relationship to gain the client's cooperation with respect to the benevolent influences exerted by the worker" (Petr, 1988, p. 620).

In the 1930's Virginia Robinson believed that the workers in charitable organizations were more than visitors but were professionals who used themselves to help a client change. She formally introduced the term relationship between social worker and client. Specifically the "establishment of a positive relationship within the parameters of agency purpose was the essential key to the resolution of whatever difficulties brought the client and worker together" (Petr, 1988, p. 621).

Jesse Taft was a pioneer of the social work's functional movement in the 1920's and 30's. Her professional orientation developed out of the work of Otto Rank who was a contemporary of Sigmund Freud. Rank departed from the then traditional Freudian-influenced diagnostic school of social work (Furman, 2002). Taft's viewpoint evolved out of her professional relationship with Rank and focused on the importance of "client resistance and will; the fact that each client will accept help in his or her own individual way; and the centrality of the helping relationship as a vehicle for change" (Furman, 2002, p. 8). She believed that human growth only happened in relationship to another person. This focus on the importance of an empathic and supportive working relationship was a radical departure from earlier theories and contributed greatly to the field of social work.

By the 1950's the definition of a helping relationship had further evolved and took on psychodynamic influences. For example, "in 1951, Hamilton described the relationship as an association in which caseworkers give of their own understanding, of their own ego strength and attempt to use their whole self as consciously as possible in the interests of another person" (as cited in Goddard, 1991, p. 4). Later in 1954, Biestek offered the definition that "the casework relationship is the dynamic interaction of attitudes and emotions between the caseworker and the

client, with the purpose of helping the client achieve a better adjustment between himself and his environment” (1957, p. 12). He believed the relationship had an emotional component to it and that people with psycho-social problems acted out, perhaps unconsciously, feelings and attitudes that stem from seven basic human needs: (1) the need to express all of their feelings, (2) the need for someone to accept, understand and sympathize with these feelings, (3) the need to be respected as a person, (4) the need to be treated as an individual, (5) the need to not to be judged or found at fault, (6) the ability to make choices for oneself, and (7) the right to confidentiality. Biestek argued that these feelings and attitudes expressed by the client cause a response of feelings and attitudes in the worker and that the relationship becomes an interplay between the two. Biestek felt that these needs together created the elements of a good relationship and if one of these needs could not be met then the relationship was not a good one. “A good relationship is necessary not only for the perfection, but also for the essence, of the casework service” (Biestek, 1994, p. 634).

In her classic text, Relationship the Heart of Helping People, Helen Perlman (1979) stated that new social workers need to understand the qualities and purpose of a professional social work relationship to be able to consider how such a relationship will affect what the client will do or not do. She argued that the relationship is a “major motivate of a person’s acting, thinking, and feeling in some different ways” (p. 51).

Although the involuntary client makes the casework relationship more complex; a common element that runs through all the reports by people who feel they have been helped is that of a positive relationship (Fine, Palmer, & Coady, 2001; Partnerships for Children and Families Project, 2002). A positive relationship has meaning and the people in the relationship have feelings and emotions about one another. It involves trust and the willingness to follow through with what another might suggest you should do. Perlman (1979) agreed with other authors that the main attributes of a positive relationship are warmth, acceptance, empathy,

caring, concern, and genuineness; however, she goes on to state that a helping relationship is also client centered, has a purpose, is time bound and controlled, and is professional in the sense that the service provider has expertise and knowledge.

Horowitz (1991) argues that the relationship grows out of a series of emotionally charged personal exchanges where the client feels she is being supported, there is faith and hope and her self worth is affirmed. It is then that the rehabilitative work can be done.

Unfortunately when a protection worker visits a home the immediate effect on the parent is a loss of "authority" and "self esteem" (Sypnowich, 1983, p. 30). No matter how she might approach the situation the FSW is essentially pointing out to a caregiver the things she is doing wrong. Often the mere fact that the FSW is visiting the client suggests that there is a problem and this causes people to resent this perceived evaluation of their abilities as a parent. Weakland and Jordan state that "[s]uch an adversarial beginning is more likely to elicit defense and withdrawal than cooperation" (1990, p.51). "All too often those being served by child welfare agencies see themselves as failures" (Wharf, 2000, p. 135). A constructive and helpful casework relationship should not challenge or threaten a client's self esteem, a difficult task in child welfare.

The way a person perceives herself is a result of the experiences she has with other people, the way they act towards her, and the impression she gets of their opinion of her. If a client perceives that her FSW sees her as a bad parent this will influence the development of their relationship and the level of her cooperation. Conversely "a cooperative caregiver makes a worker's job easier. These caregivers are probably more likely to follow through on case plans, appear committed to change, and are relatively welcoming to the child welfare worker" (Chapman et al, 2003, p. 589).

The helping process can be broken down into four essential aspects: (1) the content or what is said, (2) the action taken or what is done, (3) the style adopted for saying or doing and (4)

the quality or how well the process is carried out (Elliot, Hill, Stiles, Friedlander, Mahrer, & Margison, 1987).

As stated previously there are essential elements in the helping relationship. Although various authors have different terms the common components are: (1) concern for others and the ability to communicate these feelings; (2) a commitment and obligation arising from the relationship; (3) acceptance of the client and expectation of the relationship; (4) empathy; (5) genuineness; (6) authority and power; and finally (7) a purpose (Compton & Galaway, 1994).

In summary, helping relationships are characterized as professional, emotional, temporary, interactive, have a purpose, are non-threatening and involve a level of trust. Additionally relationships with involuntary clients are more difficult to develop and this is an issue of particular relevance for child welfare work. A helping relationship is a form of communication that involves interaction between people. Often this interaction includes feelings, words, attitudes and behaviors that affect the other. A helping relationship has a purpose or a goal. As such this relationship solves a problem and the social worker and the client each come to the relationship with their own expectations on how this will be done. The social worker and the client each share parts of themselves with the other in a reciprocal fashion. There has to be some willingness to be open about themselves. These relationships take time to develop and can be affected by experiences, values, beliefs, and perceptions about the other person and the ability to be open and to relate on an interpersonal level.

2.1 COMPONENTS OF THE HELPING RELATIONSHIP--GENUINENESS & EMPATHY

A common theme among all the writings about the helping relationship is the aspect of genuineness. For example, when

best practice occurs, clients and workers connect with one another in a genuine way, setting aside their differences and getting down to the real business of jointly planning for the care of children and developing necessary and appropriate resources so that plans [can] be realized. Best practice is an authentic interchange between clients and worker that both recognize. There is a “click” between them. One word that captures much of what we learned about best practice from parents and workers is genuineness. In effect they moved from being adversaries to joining the same side and pooling their efforts on behalf of children (Wharf, 2000, p.134-5).

Similarly, empathy is often considered one of the core conditions of the helping relationship. “A preponderance of research supports the importance of empathy of the effective helping professional” (Keefe, 1979, p. 30). The word empathy has its roots in a German word to mean, “to feel into” and Freud used it in his work in psychoanalysis. Empathy is the ability to understand another person’s feelings and to accept them as valid for that person even though you might not agree with or accept these feelings. Kohut defined empathy as “vicarious introspection” (as cited in Raines, 1990, p. 58). Fliess stated that empathy is the “procedure of putting ourselves in another’s place, of stepping into his shoes, and of obtaining firsthand knowledge of the inside experience” (as cited in Raines, 1990, p. 61). Forte (1998) states the key elements of empathy are “a perceptual, cognitive, affective, and imaginative process used to anticipate, understand, interpret, and infer the covert and private feelings, cognitions, and intentions of another person or group of persons in order to coordinate one’s overt conduct, behavior, or actions with that other” (p. 29).

Empathy means demonstrating an awareness of the feelings, demonstrating an acceptance of the person and it is the ability to accurately identify with another’s experience. It is an interactive process that includes both affective and cognitive elements. The social worker begins

by listening to the client's words and the feelings associated with what the client is saying. The social worker acknowledges what she hears in a compassionate and timely manner and the client continues to open up and share more of herself as she feels accepted, understood and validated; thus causing a positive interaction between worker and client.

Empathy is not sympathy. Sympathy is a process where a person feels for another person. Empathy is a learned response where a person feels with a person (K. Minor, personal communication, October 30, 1991). With sympathy the response is to personalize the feeling for ourselves, the listener, whereas with empathy we let the person expressing the feeling own those feelings. To be empathic means to delay your own gratification and to be able to meet the needs of another without being concerned about your needs. In order for the sharer to feel the listener is truly empathic, the listener must be honest in her response and genuinely appreciate what is being shared with her. Underlying empathy is an attitude of caring and interest.

Empathy is important in the helping relationship because it allows the person sharing his or her feelings to be his or herself, to feel the way she feels, while being supported and understood by the listener. It is considered one of the basic elements for therapeutic change (Nerdum & Lundquist, 1995). Empathy enables the social worker to appreciate the client's perspective and to facilitate change for favorable outcomes.

[A]n interviewer's sensitivity to the moment-to-moment feelings of the client and the intervener's verbal facility to communicate this understanding in a language attuned to the client's current feelings are positively associated with the client's depth of self-exploration and are frequently associated with attitudinal, cognitive, and behavioral improvements in the clients (Raines, 1990, p. 57).

A study examining the impact of empathy on client satisfaction shows that clients who perceived their social workers as empathic and who understood their difficulties rated the social worker and service more positively than clients who felt that their workers were insensitive and

who did not understand them (Per Nerdum, 1997; Partnerships for Children & Families Project, 2002).

3.0 THE HELPING RELATIONSHIP IN A CHILD WELFARE SETTING

Much of what we know about social work has been based on the voluntary client. Most social work students are taught how to provide therapeutic or counseling services with a voluntary client, in a supportive work environment along with manageable caseloads and access to resources (Stein, 1982). The specific knowledge required for work in the field of child welfare is often not part of any professional's basic training (Fletcher, 1982; Azar, 2000). It is typically the role of the supervisor to orient and train new social workers on the job to the child welfare role.

The relationship between the child welfare client and her FSW is complex and more difficult to develop than traditional clinical interventions (Drake, 1994). Child welfare work is emotionally charged and clients are frequently involuntary. "The concept of a helping relationship is ordinarily premised on the existence of both a helper and someone who wants to be helped. Child welfare clients, as most of us know, are frequently hostile even to the presence of a worker; building a relationship often seems unrealizable" (Swift, 1995, p. 160). Furthermore in a child welfare setting caseloads are often too high, time is limited, resources are usually few and families' problems have few easy solutions (Lipsky, 1980; Azar, 2000). Social work intervention often occurs when families are in crisis and dealing with many competing problems; for example, poverty, addictions, violence, grief, lack of resources, knowledge and skills. As well clients can be from any culture, race, socio-economic background and gender putting increased demands on the relationship between social worker and client. "Frequently they are the most difficult clients to work with and often do not respond to traditional practice methods, which assume cooperation and responsibility on the part of clients" (Dworkin, 1990, p. 535).

In a child welfare setting particularly, social workers also have to address their own feelings, expectations and beliefs regarding the client's behavior which may raise further obstacles in the client-worker relationship. It can often be difficult for the social worker to be empathic towards someone who is being investigated for abusing a child. "For there are few topics in modern life that are more repugnant to consider than the abuse of a child by the very persons entrusted with his care" (Helfer and Kempe, 1968, v). Azar (2000) states that people who decide to work in child welfare typically have done so because they want to be helpful, especially to children. However, in child welfare, social workers often do not get to work with children but instead work on behalf of children. Social workers assume that their clients want to be helped and will reach out to them as practitioners, valuing what they do (Azar, 2000). Often new social workers have unrealistic expectations of what can be achieved (Fletcher, 1982). A social worker's assumptions begin to be violated when her client resists appointments, denies responsibility, when she continues to hurt her child even after the social worker has invested in her, or when the client is belligerent and threatening. "When the family fails to meet the worker's expectations, the worker's feeling of inadequacy are increased, leaving the worker feeling as helpless and angry as the abusive parents" (Fletcher, 1982, p.244).

Despite all these obstacles it is expected that the worker negotiate and maintain a positive relationship that will elicit some cooperation in order to successfully end the maltreatment of the child.

The dual goals of gathering information about possible neglect or abuse and facilitating change within a family--the only avenue toward lasting protection of children except the extreme measure of permanently removing them from their home--depend on establishing and then maintaining a cooperative relationship between parent(s) and caseworker (Weakland and Jordan, 1990, p. 53).

4.0 THE SETTING: AN OVERVIEW OF THE EVOLUTION OF THE CHILD WELFARE SYSTEM

The premise of modern day child welfare is that children are vulnerable and need state intervention, support and protection in circumstances where their caregivers abuse, neglect, or abandon them. However children have not always been valued by our society or accorded rights and privileges separate from their caregivers and families. There are many examples of children over the past centuries who have been physically beaten, abused, scarred or dismembered, sold as slaves or abused sexually.

The Bible and the Talmud...encouraged sex between men and very little girls in marriage, concubinage and slavery. The Talmud held that a female child of 'three years and one day' could be betrothed by sexual intercourse with her father's permission. Intercourse with one younger was not a crime but invalid (Rush, 1980, p. 17).

Although these beliefs are far from the norm in today's standards, these practices were considered appropriate for their time. Many of today's beliefs have evolved out of past practices, societal beliefs about what is right and wrong and painful experiences reported by survivors of abuse.

One of the first laws that spoke about children's welfare was written over four thousand years ago. Hammurabi's Code, written in approximately 2150 BC identified certain privileges a child would be provided if she respected her parents and did as she was instructed (Rycus, Hughes & Garrison, 1999). If the child disobeyed the parent or fell out of her father's favor she would not be entitled to receive the minimum care and treatment from her parents. Children were viewed as the property of their father and he could sell his child at his discretion. Children were often the subjects of physical punishment, including dismemberment and could be put to death if born with defects or sold into slavery. The state saw no reason to intervene in family matters and

children specifically were not seen as citizens. Subsequent laws upheld the idea that children were property (Rycus, Hughes & Garrison, 1999).

Religious beliefs have been used to condone the use of physical violence against a child. For instance, in the Bible, Proverbs 13:24 states "[h]e who spares his rod hates his son, but he who loves him is diligent to chasten him." Proverb's 29:15 states "the rod and reproof give wisdom, but an undisciplined child causes his mother shame." Many Christians came to use these scriptures as a way to validate their use of physical discipline towards children.

It was not until the Visigothic kingdom that evolved from approximately 476 to 711 AD in Europe that the duties of a parent, rather than the powers of a parent began to be expressed. Parents were given the authority by the state to use reasonable physical discipline but it was illegal to sell, kill or mutilate a child. Early English Law evolved to allow children to have some legal rights such as the right to own property (Rycus, Hughes & Garrison, 1999). Later, in English law, the parent-child relationship became defined as a trust. This meant that the "right of the parent was endowed by the state because it was assumed that the parent would faithfully discharge his duties on behalf of the child" (Rycus, Hughes & Garrison, 2001, p. 4). Fraser (as cited in Rycus, Hughes & Garrison, 2001) explained that if that trust was not properly discharged, then it was considered incumbent upon the state to intervene and to protect the child's interests. The state would act as the guarantor of the trust. At that time, the state generally only intervened in disputes when a child's right to his property was threatened by providing the child with independent representation.

Over the centuries, specifically in the United Kingdom, social problems have been addressed through charitable institutions with very little state intervention. Poor, sick and homeless people have had to rely on the good will of others, often organized by the church, to receive the basic necessities to survive. Outside the medieval ages (when a servant or serf was provided for by his lord in exchange for his labor), the Christian church has provided most social

services. In England in approximately 1348-49 when the plague killed many laborers, King Edward III established a law that made it illegal for any one who could work to refuse work (Turner & Turner, 1986). Edward III would not allow citizens to provide charity to those who could work for their keep. However despite punishing citizens for giving to the poor, people continued to be unable to work and required the benevolence of others to survive. When the relationship between the King and the church began to disintegrate in the sixteenth century the church began to provide less for the poor and homeless (Turner & Turner, 1986). The demand increased and began to overwhelm charities causing the state to reluctantly intervene. This intervention led to the Elizabethan Poor Laws in 1601. These laws introduced legislation aimed at helping the "worthy" poor. It laid the groundwork for future social security programs (Turner and Turner, 1986). Essentially these laws allowed for relief money to be raised through public taxation. These taxes were then used towards supporting the deserving sick, the deserving disabled, and the deserving homeless through the provision of workhouses and orphanages. Yet the predominant philosophy was that anyone who needed to access these services was considered weak, a personal failure and service provision was stigmatized.

As the English and French influenced the development of North America, they brought with them their beliefs and practices to the new world. Some of their values were different than some First Nation cultures. In some of these First Nation cultures children, the poor, the unfortunate, or the sick were viewed as being the responsibility of the community. If a child's parents could not meet his or her needs, then the members of these communities came together to provide for the child, often without having any formal laws influencing their response. As well, many cultures around the world have depended on extended family or friends to meet the needs of orphaned children or adults in need. These informal child allies have existed and helped children get the housing or basic necessities that they needed (Rycus, Hughes & Garrison, 2001).

Over the centuries children were often placed in the same shelters as adults who were physically or mentally ill. Children were not viewed as initially needing or deserving their own services that focused on their developmental needs.

With the onset of the Industrial Revolution in the late 1700's, the demand for labor increased and children were often viewed as cheap laborers who could work for long hours with little need for food or rest. A long-standing image of this time is that of a child chimney sweep or a factory laborer being whipped by her boss for the smallest indiscretion (Helfer & Kempe, 1968).

In North America one child in New York city brought the issues of child labor laws and child abuse to the attention of the authorities. Before this there were no laws protecting children from maltreatment even though there were many situations where children needed protection from their caregivers. Child welfare did not evolve into a field of its own until the late 1800's. Shelman and Lazoritz (1998) describe a story about the first formal investigation and apprehension of a child by the state. In 1874 there was a nine-year-old child named Mary Ellen Wilson living in New York city, who had been illegally adopted by a family when she was about 18 months of age. Her adopted father died and she was left to live with her adopted mother. Her adopted mother, Mary Connolly would often beat Mary Ellen with her hands and slash her with things such as her sewing scissors. Ms. Connolly would leave Mary Ellen home alone locked in a closet. Mary Ellen was inadequately fed and clothed and she was never sent to school. She had no toys and had no friends to play with as she was rarely let out of her apartment. Her adopted mother's second husband allegedly sexually assaulted Mary Ellen when she was a young girl. People in the neighborhood were aware of Mary Ellen and knew that her mother often physically abused her as they could hear her screams and her cries of pain. When a church volunteer named Mrs. Etta Wheeler came to the apartment buildings to visit elderly people, she began to learn about Mary Ellen and her predicament. Mrs. Wheeler was appalled at the child's situation and

tried to deal with the matter through her church and the local authorities; however, she was unsuccessful in gaining support in helping the child as many felt it was not their place to intervene. As well at the time there were no laws that protected children in these circumstances. Not to be defeated Mrs. Wheeler spoke to a man named Henry Birgh. He was the recent founder of the Society for the Prevention Against Cruelty to Animals. She argued that Mary Ellen was a member of the animal kingdom and as such should be protected from further abuse under these laws. He agreed to tackle the matter and took the case to court and a hearing was held on April 9, 1874. Mary Ellen and her mother were brought to the court hearing where all the evidence about Mary Ellen's abuse was brought forth through the testimony of witnesses in the neighborhood as well as Mary Ellen herself. After hearing the documentation and seeing the child's poor physical condition, the judge ordered that Mary Ellen be removed from her mother's care and placed with Mrs. Wheeler's family (Shelman & Lazoritz, 1998). This was the first time in history that "the court acted in a manner that recognized children did have a right to be treated humanely" (Rycus, Hughes & Garrison, 2001, p. 5) Mary Ellen's adopted mother, Mary Connolly was sentenced to one year of jail for the abuse of her daughter.

In 1875 Henry Birgh created the first child welfare agency called the New York Society for the Prevention of Cruelty to Children. Subsequently in the early 1900's the first child welfare legislation was developed in the United States and as a result public and private child welfare agencies were established. It was no different in Canada. "In Canada, the *British America Act* ...the foundation of the Canadian constitution implicitly allocated child welfare ... to the jurisdiction of provincial governments" (Yelaja, 1987, p.198). In the late 1800's legislation evolved that recognized the state's role in ensuring the safety of children. It resulted in the establishment of provincial Children's Aid Societies. These societies were overseen by community or church boards. These new societies of the late nineteenth and early twentieth century focused on such things as compulsory school attendance, management and prohibition of

child labor, and protection of children against neglect and abuse (Bremner, 1995). These reforms challenged family autonomy and began to limit parental authority. For example,

...historians generally view child neglect of this period in its relation to broader social conditions, social reformers of the day perceived neglect of children as the outcome of 'improper parental training, indifference and drunkenness'. In keeping with notions of individual responsibility embedded in Poor Law beliefs, these middle-class reformers directed their most vigorous efforts towards changing the morals and behavior of neglecting parents (Swift, 1995, p. 74).

5.0 OVERVIEW OF THE MANITOBA CHILD WELFARE SYSTEM

In 1898, in the province of Manitoba, *The Act for the Better Protection of Neglected Children*, otherwise known as *The Children's Protection Act* gave voluntary agencies the authority to deal with the dilemma of orphaned, abandoned, poor or neglected children and provided for the formal establishment of organizations to address the needs of children (Attorney General of Manitoba, 1910; Rycus, Hughes, & Garrison, 1999). "To ensure the carrying out of this *Act*, an association was formed in [Winnipeg] called the Children's Aid Association" (Bryce, 1899, p. 29). The goals of the Children's Aid Association, later the Children's Aid Society (CAS) of Winnipeg was "first to seek to improve the condition of children in their own homes, by encouraging or, if need be, warning parents of their responsibility towards their children. Then where necessary to receive the guardianship of children found destitute, or committed by proper authority" (CAS, 1900, p.15). In 1900 the Children's Aid Society investigated 203 cases and had annual funding from the government of \$500.00, the city \$500.00 and \$1213.75 in donations. Ten years later the CAS dealt with 1,552 juvenile delinquents and neglected children (Manitoba Department of the Attorney-General, 1912). Across Canada other provinces created similar societies in order to deal with similar issues.

The Manitoba government has taken a largely facilitative role in the carrying out of child welfare services in the province. "Government was to provide the legal framework needed to enable religious and charitable citizens to intervene in the lives of mistreated or misguided children and inadequate and unco-operative parents" (Hurl, 1985, p. 93). As such the government provided administrative services and limited amounts of public funds. For the most part the provincial government viewed its financial support as a good will measure and provided only a small annual grant (Hurl, 1985). These "quasi-public" or "quasi-private" arrangements have been cited as the traditional approach in Manitoba, which has continued to this day (Hurl, 1985).

In 1922 *The Act Respecting the Welfare of Children* replaced the previous Act in Manitoba. This Act began to regulate apprehensions, placement and guardianship of neglected children; however, only as a last resort for children at imminent risk (Sigurdson, Reid, Onysko, Rodgers, Prefontaine, 1987). This Act was reworked in 1936; however, no major changes were made to child protection services.

By 1939 there were six Children Aid Societies operating in Winnipeg, Manitoba. This included two sectarian Societies, the Jewish CAS and the Catholic St. Adelard CAS. All of the Children Aid Societies were structured in a similar manner. For example each had a private Board and a few paid workers. The day to day case decisions were made by members of the relevant committees to which paid staff were invited to provide their advice (Hurl, 1985). It was not until the late 1930's that the Boards began to "accept the expertise of the trained workers, allow them authority over case-oriented decisions, and begin to withdraw from actual service provision" (Hurl, 1985, p. 109). However, it was not until the 1950's, after years of debate over whether child protection was a necessary service, did child protection win professional recognition as a child welfare service and a form of social casework (Anderson, 1989).

In 1942 the CAS of Winnipeg accepted responsibility for delivery of child welfare services east of the Red River which had been previously serviced by the St. Adalard CAS. "To acknowledge the new territory served by the Society, and to signify its change to a non-denominational status, the Society changed its name to the Children's Aid Society of Eastern Manitoba². In 1944, after an internal survey was conducted, legally mandated activities were considered essential services recognized as part of the public function (Hurl, 1985). However, municipalities objected to the costs for which they were liable even though they regarded the child protection work as an important and essential service. As such "officials sought ways to avoid, or at least to reduce, the costs of maintenance orders for wards in care of the CASs" (Hurl, 1985, p. 202).

In 1954 the Manitoba *Child Welfare Act*, replaced the previous child protection Acts and addressed the issue of abuse for the first time. However, the Act did not use the term "abuse." Previously child welfare services were based on a residual model and the primary goal was rescuing children from their abusive environments. The 1950's witnessed the increase use of foster homes and the replacement of orphanages as the standard for placement of children. These changes were a reflection of the attitudes and beliefs in society that children were better cared for within a family structure versus institutions. During this decade there were developments and research that examined the effect of abuse, neglect and foster care had on children and their overall development (Rycus, Hughes, & Garrison, 1999).

In the next decade Dr. C. Henry Kempe published his findings about the "battered child syndrome". This study brought the issue of child abuse into the public eye as well as shocking people with the scope of the problem. This study also helped with the creation of mandatory reporting laws; thereby ensuring that those professionals or citizens who knew of child abuse

² Winnipeg Child and Family Services continues to serve this catchment areas and has rural offices in Steinbach, St. Pierre, Oakbank and Beausejour; however, this is under review as part of the Aboriginal Justice Inquiry--Child Welfare Initiative.

were lawfully required to report it to a child welfare agency so that the matter could be officially investigated (Helfer & Kempe, 1968).

With the increased awareness of child maltreatment, an increased demand for services led to the need to rescue children from abusive environments. Provinces were strained in their financial effort to meet the needs of families and children. In 1966-67 the Canada Assistance Plan (CAP) increased the funding level between provincial and federal government. This plan provided a fifty-fifty cost-sharing arrangement between the province and the federal government for child welfare services. CAP was eventually eliminated ten years later in 1997. In 1998 the Canada Health and Social Transfer (CHST) legislation was put in place which resulted in capped levels of federal funding. Through transfer payments, the federal government provides financial support to provincial and territorial governments on an annual basis to assist them in the provision of programs and services (Government of Canada, 2004). These transfer payments help ensure that all Canadians receive reasonably comparable levels of public services. The transfers support provincial programs such as health care, post-secondary education, social assistance, social services and early childhood development. Every year the federal government provides resources to the provinces and territories under four major programs: (1) the Canada Health and Social Transfer, (2) Health Reform Transfer, (3) the Equalization program and (4) Territorial Formula Financing. It is estimated that in 2004-05, these transfers to Manitoba will total approximately \$2.7 billion. In 2003-04, federal transfers were estimated to account for about 35 per cent of the province's revenues (Government of Canada, 2004).

In 1974 child welfare legislation in Manitoba was changed and the amended *Child Welfare Act* began to emphasize the provision of preventative services to families; although, the primary premise of the child welfare legislation continued to be the protection of children. In 1986 the Act was revised and renamed the *Child and Family Services Act*. This Act "strengthened and expanded the protective and service components of past legislation and has done so within a

particular philosophical context which stresse[d] the importance of the family and community involvement" (Sigurdson, et al., 1987, p. 21). The CAS underwent changes at the same time due to these philosophical changes as well as reasons of financial restraint.

In 1992 the Child's Advocate Office was created to ensure that children involved with the child welfare system had their interests and rights protected and to investigate complaints about the treatment of children by child welfare professionals.

Within Manitoba, the Child Protection Branch, a division of the Department of Family Services and Housing, oversees the delivery of child welfare services. The Protection Branch is made up of child welfare specialists, an Executive Director who report to an Assistant Deputy Minister, Deputy Minister and the Minister. The protection branch is responsible for administering the *Child and Family Services Act* (1999) across Manitoba. Child welfare services in Manitoba are presently delivered through a service structure, which consists of both private, non-profit, and government sectors. Residential care programs are offered by both non-profit and for-profit community agencies. Therapeutic programs are offered through Winnipeg Child and Family Services and various community organizations.

Child welfare services are mandated by provincial legislation, specifically the *Child and Family Services Act* (1999) and the *Child and Family Authority Act* (2003). Practice is further guided by the Provincial Program Standards, Case Management Standards, Foundational Standards and individual Agency policies. With respect to relationships the Provincial Standards state under Section 460,

that the worker establishes a positive relationship with foster parents through open and honest discussions...The agency worker makes all attempts to form a positive relationship with the parents/guardians through open and honest discussions of the circumstances that caused their child to enter foster care, the child's placement, and the care plan (Manitoba, 1999, September, p. 4).

5.1 ABORIGINAL CHILD WELFARE SERVICES IN MANITOBA

The evolution of child welfare services took a different route in Aboriginal communities. Although this thesis will not be able to provide all the facts related to why child welfare services took a different path in Aboriginal communities I will try to highlight some of the key events and experiences. In 1920 the *Indian Act* was amended and gave the Canadian government greater control over Aboriginal people. This Act legitimized many of the attitudes and beliefs of that time and it defined the relationship between state and Aboriginal people. Specifically Canada's first prime minister, Sir John A. Macdonald pursued a policy that Aboriginal people would be assimilated over time. So under his governance there were no plans to assist Aboriginal communities with social programs, economic development or any community infrastructure. This included child welfare services. This attitude prevailed for many years. Part of the way mainstream society controlled Aboriginal people was to remove Aboriginal children from their families and place them in residential schools, where under the name of Christianity, Aboriginal children were taught that their native beliefs, languages and traditions were wrong (Rycus, Hughes & Garrison, 1999). While placed in residential schools caregivers, teachers and spiritual advisors physically and sexually abused many Aboriginal children.

In the 1950's the *Indian Act* was amended to allow the laws that were applicable to all Canadians to be extended to Aboriginal people. This included child welfare services, which had been previously offered in urban centers but not First Nation communities. This resulted in inconsistent provision of child welfare services across Manitoba to First Nation communities: "some agencies in some provinces extended services to some reserves, some extended none, and some acted to apprehend children only when they considered them to be in a 'life or death' situation" (Hamilton & Sinclair, 1991, p.517).

The 1960's witnessed the initial stirrings of activism in the Aboriginal community (LaRoque, 1975; Ponting, 1986). Ponting states that changes took place in legislation and policy as a result of global changes in beliefs about discrimination and segregation. The Canada Assistance Plan provided a fifty-fifty cost-sharing arrangement between the province and the federal government for child welfare services. Under this plan child welfare services were extended to Aboriginal people; however, there was still little understanding and appreciation of culture and traditions as many services were offered by non-Aboriginal social workers who had little experience or training. Therefore many of the mainstream child welfare services focused on removing Aboriginal children from their families and placing children in middle class, non-Aboriginal foster homes. This practice, commonly known as the Sixties Scoop, became the standard and the residential school system replaced previous practices as a way to assimilate Aboriginal children (Teichroeb, 1997).

In 1986 the *Child and Family Services Act* provided for Aboriginal communities to have more control over child welfare services and provided a legal base for First Nation communities to deliver child welfare services to their people. Although previously there were a few First Nation communities that had signed agreements with the Federal government that allowed them to provide non-mandated services within their reserves. Essentially this change in legislation meant that Aboriginal child welfare organizations could provide both preventative and support services and could now apprehend a child and place a child in protective care within their own community. However the changes did not allow Aboriginal organizations to provide services outside of their communities; for example, in other rural jurisdictions or in urban centers such as Winnipeg.

In 1991 the report of the Aboriginal Justice Inquiry was released. In this report a chapter was dedicated to the history of Aboriginal child welfare services and how the mainstream system has not been helpful to Aboriginal people. Numerous recommendations were made that would

rectify some of these historical developments. In the year 2000, the Manitoba Métis Federation, the Assembly of Manitoba chiefs and the Manitoba Keewatinowi Okimakanak signed agreements with the Province of Manitoba that will result in First Nation and Métis communities providing concurrent mandated child welfare services within Winnipeg and throughout the province and not just the piecemeal services they were being funded to provide previously. The present child welfare system will transform into four authorities, each with legislated mandates. As of November 24, 2003 the *Child and Family Authority Act* was proclaimed which will allow for the devolution of services to these four authorities.

The Aboriginal Justice Inquiry--Child Welfare Initiative's (AJI-CWI) mission is, to recognize the integral rights of Aboriginal and Métis people to provide child welfare services to their own people and

to have a jointly coordinated child and family services system that recognizes the distinct rights and authorities of First Nations and Métis peoples and the general population to control and deliver their own child and family services province-wide; that is community-based; and reflects and incorporates the cultures of First Nations, Métis and the general population respectively. (AJI, 2001, p.1).

Throughout 2004, resources and services will begin to devolve to one of the four authorities; (1) the Northern First Nation Authority, (2) the Southern First Nation Authority (3) the Métis Authority and (4) the General Authority. Preliminary results from Winnipeg Child and Family Services indicate that "80.8% of the cases (2,581 of 3,196) involving only Aboriginal people will have their case(s) transferred to one of the Aboriginal Authorities" (AJI-CWI, November 2003, p.4).

5.1 (A) FUNDING

First Nations child and family services are funded by the Department of Indian Affairs and Northern Development (DIAND). Historically there has been no federal child welfare legislation so the Government of Canada, starting in the 1960's, through Indian and Northern Affairs Canada (INAC), began forming agreements with provincial and territorial governments for the delivery of child welfare services for on-reserve First Nation children and families or those who are registered and originally resident on reserve (INAC, 2003, May; INAC, 2002, December). The First Nation child and family programs are accountable to the provincial legislation but the DIAND program funds and promotes the development and expansion of culturally appropriate First Nation child and family services. DIAND provides funding to First Nation agencies based on child maintenance dollars. This means if a child is brought into a First Nation agency's care they are reimbursed the dollars it cost for her time in care. DIAND is presently exploring the use of initiatives such as block funding arrangements so that the First Nation child and family agencies can re-allocate a portion of these maintenance dollars to offer flexible programs based on their own priorities (INAC, 2003, May).

5.2 WINNIPEG CHILD AND FAMILY SERVICES

The 1980's saw an increased identification of child abuse and neglect which resulted in an influx of referrals to the CAS of Winnipeg, an increased demand for foster homes and increased financial strains on CAS. The costs to the Children's Aid Society of Winnipeg increased and the government's response was to disband the organization and create agencies that would be linked to the communities they served. The Children's Aid Society of Winnipeg remained in effect until 1985 when it was disbanded into six community agencies under regionalization. As indicated by McKenzie, Kristjanson and Penner (1989) the restructuring of services was intended to lead to three key changes:

- a) a re-orientation of services with greater emphasis on prevention and early intervention;
- b) the development of community-based agencies to respond more appropriately to local needs, and to enhance participation from, and accountability to, local community residents, including consumers; and
- c) improved co-ordination and integration with other services provided to families and children within communities (p. 1).

Effective April 1, 1985 mandated child welfare services within Winnipeg were provided by six Agencies with six different Board of Directors: Northwest Child and Family Services (CFS), South CFS, West CFS, North East Family and Child Extended Social Services (NEWFACES), Central CFS, and Eastern CFS. Each Agency provided child protection services as well as child and family support services. Within the first year of their existence, the six Agencies saw an increase in the number of children in its care (McKenzie, et al., 1989; CUPE, 1997), the number of cases (Sigurdson, et al., 1987) and deficits increased (McKenzie, et al., 1989).

In 1985-86 there was a change in the child welfare legislation. The *Child and Family Services Act* expanded child welfare services to include preventative and support services for families. The guiding principles of the Act changed to reflect a shift in attitude from rescuing and removing children from their homes to providing service to children and protecting children within their families. The Act also allowed for more community involvement which recognized that the child welfare system could not meet the needs of all children and families and the best way to protect children was to do so with they help and collaboration of their community, family and extended family.

However as a result of high deficits, a high number of children coming into Agency care, duplication of services and a lack of resource distribution, the Agencies came under criticism

once again. The Agencies were restructured hoping that if the six Agencies remained within their communities in a decentralized fashion they would still be able to have a link to community and client need but if they were operating as one organization then practices and procedures would be more consistent across the city. Therefore in 1991 the six Child and Family Service Agencies were amalgamated and centralized into four operating areas and housed under one operating Agency called Winnipeg Child and Family Services (WCFS). This was considered to be a positive change to respond to services across the city "...the move to one administrative structure will enable partners in the system to address system-wide issues more effectively and deliver consistent standards of quality of care and treatment" (Manitoba Government, 1991, p.1). Within the city of Winnipeg both protection and support services were provided by Northwest Area, Southwest Area, East Area and Central Area but components of the accounting and the legal departments were consolidated.

Winnipeg Child and Family existed under this structure for approximately four years. In August 1996 the Agency commissioned Prairie Research Associates (PRA) to conduct an environmental scan of its services. Subsequently the Department of Family Services commissioned Prairie Research to conduct an operational review, which was completed in July 1997. A key goal of this review was to examine increased Agency costs (PRA, 1997). Among the many recommendations was one that the Agency needed to reorganize and "develop a coordinated, city-wide child welfare system using decentralized services through local satellite offices" (PRA, 1997, p.135).

Consequently the Agency undertook a strategic planning process and in 1999 WCFS reorganized itself from an Area-based model to a Program Model with some services continuing to be geographically based. WCFS currently receives its mandate from the 1999 *Child and Family Services Act*. The Child and Family Services Program Standards Manual that was written in 1988 and revised in 1999 also govern the Agency. This manual outlines the provincial standards (also

referred to as the minimal requirements) and procedures (suggested directions that can be both discretionary and mandatory) that are required under the Act. The standards manual allows for the Agency to develop further policies and procedures appropriate for meeting the needs of children and families.

5.2 (A) WINNIPEG CHILD AND FAMILY SERVICES FUNDING

Up until April 1, 2003 WCFS received a grant from the Provincial government to operate as a private agency. However, in April 2003 the Agency became a stand alone Branch of the Department of Family Services and Housing. Funding remains primarily linked to the number of children in Agency care (CUPE, 1997). WCFS receives 70% of total provincial funding to mandated child and family service agencies.

Historically it appears that Winnipeg's child welfare budget has consistently surpassed government funding. This appears to be a primary reason behind the previous reorganizations despite the rationale professed that restructuring is being done to provide better services. Nationally public opinion has supported government's focus on reducing deficit. "Whatever the explanation, the facts are that, since about the mid-seventies, the Canadian governments and, if one believes the opinion polls, the Canadian public started to ease off their support of increasingly expensive child welfare programs" (Yelaja, 1987, p.219). At Winnipeg Child and Family Services for example, in 2002 a budget presentation to the Board of Directors projected the Agency to be overspent by \$9.3 million (WCFS; 2002, May, p.5). Since WCFS was reorganized in 1991 the Agency has run a deficit each year as the table below outlines.

Table One: Ten-Year Financial Review of Winnipeg Child & Family Services

Year	Budget	Actual	Deficit	Cases	Cost/Case
1992/93	\$42.4 mil	\$45.6 mil	\$3.1 mil	6,975	\$6,546
1993/94	\$43.5 mil	49.0 mil	\$5.5 mil	7,069	\$6,932
1994/95	\$46.5 mil	\$54.0 mil	\$7.5 mil	6,778	\$7,962
1995/96	\$52.6 mil	\$56.3 mil	\$3.7 mil	6,376	\$8,829
1996/97	\$55.4 mil	\$59.7 mil	\$4.3 mil	6,228	\$9,593
1997/98	\$57.4 mil	\$65.9 mil	\$8.5 mil	6,096	\$10,826
1998/99	\$63.1 mil	\$67.8 mil	\$4.7 mil	5,775	\$11,732
1999/00	\$68.7 mil	\$73.4 mil	\$4.7 mil	5,716	\$12,839
2000/01	\$74.5 mil	\$80.1 mil	\$5.6 mil	5,673	\$14,114
2001/02*	\$77.0 mil	\$86.3 mil	\$9.3 mil	5,803	\$14,872

*Projected. Printed with permission from WCFS. Personal Communication, Budget Presentation, May 2002

5.2 (B) THE FUTURE OF WINNIPEG CHILD AND FAMILY SERVICES

As indicated previously, child welfare services in Manitoba are evolving once again. The Aboriginal Justice Inquiry--Child Welfare Initiative is under way with the four separate Authorities beginning operation both individually and concurrently as a system. Over the summer of 2003 social workers applied the authority determination protocol to their clients about their choice of the four authorities for service provision. Preliminary data suggests that 80 % have chosen to be served by one of the three Aboriginal or Métis Authorities and not the General Authority (AJI-CWI, 2003, November). Work has now begun to sort out how and when to transfer resources (i.e. staff, funding, buildings), services and children and families to their Authority of choice now that the new Act has been proclaimed.

As part of this process WCFS will also transfer resources and services from the WCFS rural east units to the Regional offices of Eastman and Interlake.

Although not slated to take place until after the devolution under AJI--CWI, a further change that will affect the make up of child welfare in Winnipeg are those related to the Winnipeg Integrated Service Initiative (WISI). The Winnipeg Regional Health Authority (WRHA) and Manitoba Family Services and Housing (FSH) have been working together on an

integration of health and social services. "The vision of integrated community-based social services is to provide efficient, effective and holistic services which are person or family focused and recognize the principles of population health and primary health care" (WRHA, 2003). Part of the integration of services is the creation of access centers. The first one-stop access center opened in February 2004 in the River East area, which is on Henderson Highway in Winnipeg. An access center is a provincially funded site that will provide community-based, integrated health and social services. Each access center will offer a broad range of services that reflect the needs of the communities they serve, such as Daycare, Employment and Income Assistance, Public Health, Children Special Services, Mental Health, Home Care, Housing, Services to Seniors, Services for the Disabled, Child Welfare and Supported Living. The goal is to improve the coordination of services. Where services are not available within the center, the client will be referred to resources in the community. Winnipeg Child and Family Services, under the General Mandate is slated to be integrated into these access centers but there is no date at this time.

As you can see the child welfare system in Manitoba has undergone numerous changes since its development one hundred years ago. Unfortunately when so much change is occurring it does not allow social workers to become secure in their knowledge of the system and the system processes. Much of the recent energy has been focused on learning a new culture and adapting to new operations. Social workers are just learning how to walk and then the system undergoes some type of change taking them back to infancy. These reorganizations challenge an already difficult system and affect the social worker's ability to concentrate on the work that she needs to do with her children and families, often leaving little time or energy to advance relationships.

5.2 (C) PROGRAM DESCRIPTIONS

As of April 2003 the Agency comprises three programs areas: Resources, Intake and Early Intervention, and Services to Children and Families. The Agency's orientation manual (2001) and the 2000/2001 Annual Report describe the Agency's programs as follows,

(I) Resources:

(a) Family Support Services--family support workers, teaching homemakers, youth and adolescent support services and respite providers are accessed through this centralized program. These workers are managed by the FSWs to go into the family's home to help provide in-home support through teaching, mentoring or baby-sitting type services.

(b) Family Reunification program--three teams are staffed by social workers who carry small caseloads so that they can provide intensive in-home support services. The primary focus of the program is with the reunification workers who work intensively with families to help prepare them and ready them to be caring for their child after a period of time in Agency care. The Reunification and Preservation workers take an auxiliary role and work with the FSW to address the issues that have led to the child maltreatment.

(c) Health care coordination-- the Agency has a Nurse and an administrative support person who coordinate the health care of all Agency children in care under the age of 6 years through the provision of health care clinics and liaison with other health care providers.

(d) Independent Living program--this program has five auxiliary workers who provide services related to independent living preparation and supportive supervision of youth in independent living situations.

(e) Transportation Services--this program provides drivers that transport children in care to and from their visits with their family.

(f) Child Placement Services--this program has six teams that are centralized. This program recruits, assesses, orientates, trains and supports place of safety homes, general and treatment foster parents. Additionally it provides short-term shelters through the Emergency Assessment Placement Department. There is a centralized placement desk where FSWs call and request a placement for a child who is being apprehended or whose present placement is breaking down. There is a worker in this program who coordinates all residential placement referrals with the Province.

(II) Community Outreach and Early Intervention:

(a) Community based program--this program is decentralized throughout the Agency's catchment area and is comprised of community development, community outreach, and parent support neighborhood networking. There are also two joint initiatives with the Intake and Reunification programs. Staff in this program have formal linkages with their communities and with the Intake and Family Service teams. Within this program there are group facilitators, school-linked services, French language response and community liaison functions.

(b) Volunteer services--there are three coordinators who are assigned geographically. Coordinators recruit, support and maintain volunteers in over 30 roles such as special friends, and drivers.

(c) Intake Services-- when a client is being referred to the Agency she is referred to the Agency's Crisis Response team. These first responders review the complaint or referral whether it is a phone call or a walk in. The social workers collect all the information from the referral source or the client. They then determine:

- ◆ does the referral meet Agency guidelines?
- ◆ is the referral credible?
- ◆ is there a mandated child protection concern?

- ◆ what, if any, risk is there to the child?
- ◆ what is the urgency of the risk?
- ◆ is there a need for support services by the Agency?
- ◆ can or should the client be referred to a community resource for assistance?

Once this initial assessment is completed the matter is triaged to one of the four general Intake teams or one of the two Abuse Intake teams, or the client is linked to the appropriate service in the community. The Crisis Response worker records and documents her intervention and places this recording on an Agency file as well as the computerized Child and Family Services Information System (CFSIS).

Once the client has been assigned at Intake the social worker follows up on the initial assessment and completes a further investigation into the presenting problem. At present all child physical abuse and child sexual abuse investigations are managed by the Abuse Intake teams while the issues of neglect and the general Intake teams manage general parenting issues. Intake provides initial services to help ensure a child is safe within her home and provides interventions aimed at supporting the family in caring for that child.

Once the initial crisis or investigation is complete the Intake worker records her assessment and interventions and recommends a case disposition. There are three potential outcomes at Intake: (1) the case is closed, (2) the family is linked to services in the community, or (3) the family is referred to the appropriate geographically based Family Service unit for follow up on the initial plan, further assessment and planning.

All Intake services are housed in a main office with each team responsible for certain catchment areas. However, the Intake program covers the entire city of Winnipeg, including some of the surrounding municipalities such as Steinbach, St. Pierre, Oakbank, and Beausejour.

(d) After Hours-- All programs except the After Hours operate between 8:30 a.m. to 4:30 p.m. Monday to Friday. In the evenings, weekends and holidays the Agency After Hours has two teams that respond to all emergencies. It is a centralized service.

(III) Services to Children & Families Program: This program is a core program of the Agency. Agency staff ensures that children are protected and that families receive rehabilitative services so that they can ensure the safety and well being of their children and meet children's developmental needs. "To fulfill these primary purposes, ...staff must successfully address the ethical conflict of developing a helping relationship with the child and family within the context of the legal nature of [child welfare]" (DePanfilis and Salus, 1992, p.5).

(a) Kinship Services-- this function provides for the timely completion of homestudies of applicants who have filed to be guardians of children in care. Applicants have to be extended family, relatives or affiliated to the child.

(b) Perinatal Services--this program is designed to assist all expectant single parents under the age of eighteen who are voluntary or involuntary clients. Social Workers help with decisions regarding parenting or around alternative options. Staff are centralized but provide service across the Agency's entire catchment area. Perinatal workers are the case managers to these adolescent parents and their children.

(c) Permanency Planning and Adoption Program: This program is dedicated to providing services to the children who have been made permanent wards of the Agency or who are eligible for adoption. Permanent ward service is provided by one of the five service teams that are geographically based. There are two service teams that offer adoption services.

Permanent ward workers are essentially the guardians of the children on their caseload. They are responsible for locating long term culturally appropriate foster homes for children. They work with foster families and care providers to ensure that the children understand why they

are in Agency care and help process the grief associated with the loss of their birth families. They often offer ongoing access with birth families and they ensure all education, medical, developmental and emotional needs are being met.

Adoption workers, following the *Adoption Act* prepare children for adoption, prepare families for adoption and provide post adoption services to birth families, the adoptee and the adoption family.

(d) Family Services--The family service program is organized into sixteen service teams based throughout the Agency's catchment area. This program is responsible for managing all the protection or voluntary service cases open to the Agency. Family Service workers provide a range of services and interventions to children both at home or in temporary Agency care. The Family Service worker is responsible to select and arrange for the most appropriate services from a network of Agency and community resources.

(d) (i) Family Service Program Goals:

- 1) Services will protect children from maltreatment and wherever possible maintain children in their own home or relative placements.
- 2) Services will strengthen family functioning utilizing formal and informal support systems.
- 3) Services will recognize the importance of the family unit without compromising the safety of the child.
- 4) Services will recognize family strengths, accept limitations and allow for autonomy.
- 5) Planning will be done in conjunction with the family and wherever possible the community.
- 6) Services will be timely, effective and focused on improving family's strengths and reducing the risk of child maltreatment.

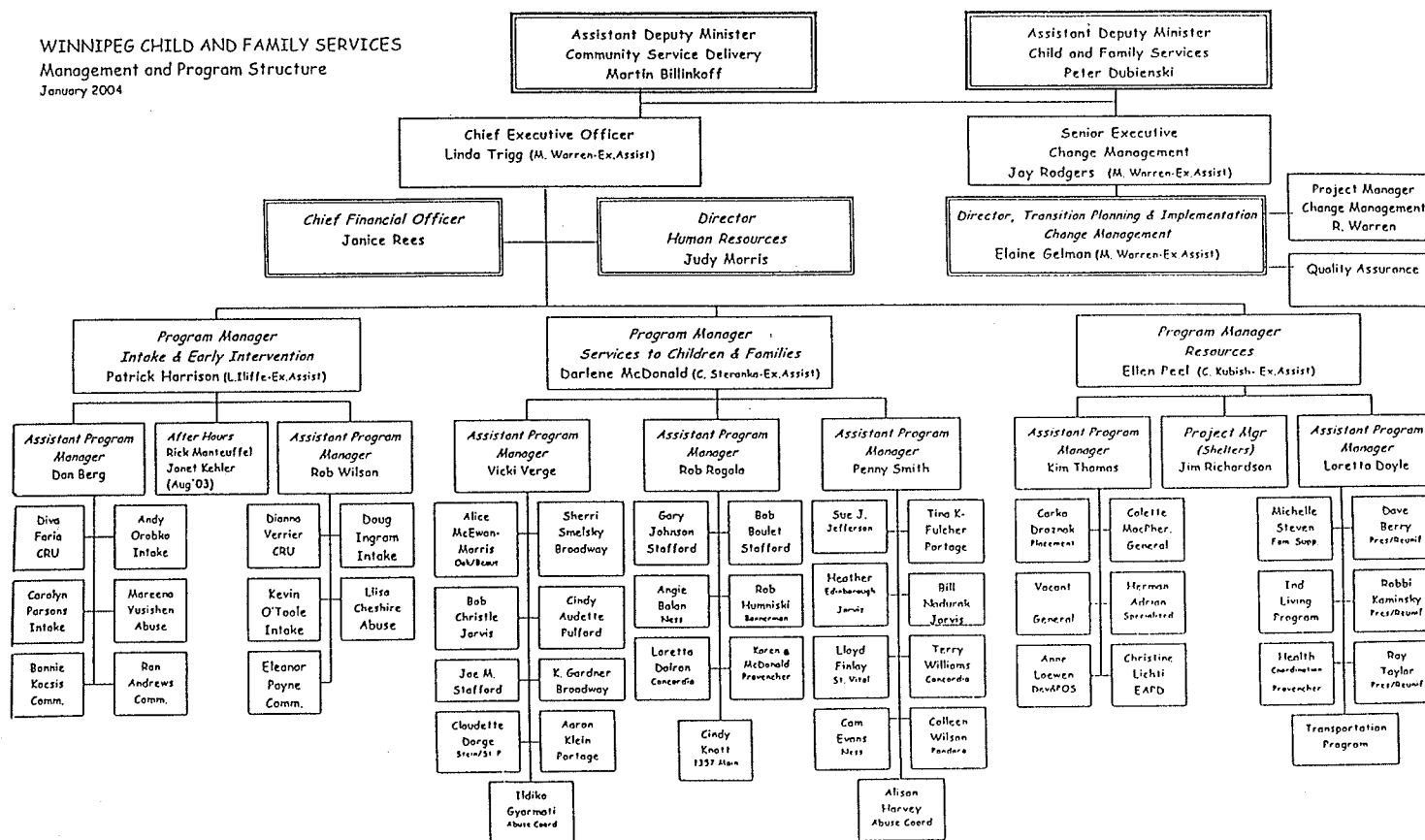
- 7) Services will be customized to the individual family and child to appropriately respond to their unique circumstances.
- 8) Wherever feasible children in Agency care will be returned home to their families. Permanency planning arrangements will be made where family and kinship care is not an option.
- 9) The Program will adhere to "best practice" principles currently embodied in Canadian Child Welfare practice. (WCFS, 1999, p.3)

Although not depicted as a program the Agency has a corporate body whose functions support the Agency by ensuring accounting and payroll services, hiring and recruitment of staff, staffing and compensation services, benefits, legal services, administrative support, computer and technology, property management and purchasing.

Finally the Quality Assurance, Research and Planning program used to be a centralized program that had the responsibility for service reviews, program research and evaluation, policy analysis, coordination of response to external reviews, Agency risk management and change management. It also took the lead role in the Agency's accreditation process. However, this program is now separated from the day to day Agency operations and focuses on research and change management as it relates to AJI-CWI and WISI.

An organizational chart of Winnipeg Child and Family Services and its various programs (Figure 1) visibly depicts the programs and services described above.

WINNIPEG CHILD AND FAMILY SERVICES
Management and Program Structure
January 2004



6.0 THE FAMILY SERVICE WORKER

6.1 DESCRIPTION OF THE FAMILY SERVICE WORKER

A Family Service worker is the primary person in the Agency assigned to assess and work with a client to address the problems of child maltreatment after the family has been initially assessed at the Intake level. There are a variety of terms used to describe this role: 'child protection worker', 'front line worker', 'caseworker', 'case manager', 'ongoing worker', 'social worker', and 'worker'. The term 'Family Service worker' (FSW) is the term used by Winnipeg Child and Family Services in their phone listings, union agreements, job postings and job descriptions.

Family Service workers require many different skills and knowledge in order to perform this complex and specialized role. Although there is some diversity in the skills and education FSW's bring to this position; presently Agency practice and policy expects the FSW to have a general academic education most frequently a Bachelor degree in Social Work (BSW) from a recognized University (CUPE, 2000). However, there are FSW's who do not have an undergraduate degree. This Agency instituted an official equivalency policy in 2002 that allows a family service position to be filled by a candidate with a degree in a related field if there are no BSW candidates available at the time of hiring.

The Agency recognizes that a minimum standard of theoretical, conceptual, and critical thinking and analysis is required for today's complex child welfare practice, but also recognizes that this knowledge and skill may be acquired through a number of combinations of experience and education (WCFS, 2002).

Equivalents that are recognized are Masters Degrees in Social Sciences, Bachelor of Arts in Sociology and Psychology, Family Studies and Bachelors of Human Ecology. Although the Agency only established a formal equivalency policy in 2002 there are many FSW whom over the years have been employed and performing the role without having a BSW.

Although there may be diversity in the skills and knowledge base, FSW tend to be predominantly female and this is no different in child welfare (Swift, 1995; Azar, 2000). An attempt was made to locate the ratio of male to female FSW through WCFS's Human Resource department; however, this was unable to be obtained as there are no statistics kept on this subject. Therefore a review of the Agency's telephone listing was undertaken. Table 3 reflects the ratio of female to male Family Service workers employed at WCFS as of November 12, 2003.

Table 3 Female to Male Ratio of Family Service workers

	Females	Males	Total
Number of FSW	97	18	115
Percent	84%	16%	100%

(Printed with the permission of WCFS).

The Family Service worker represents the Agency and she fulfills the mandate of the *Child and Family Services Act*; the dual goals to protect children and to preserve families. The Family Service worker, along with her supervisor has the power and authority to remove children from families if they are assessed to be at high risk of abuse or neglect. The Family Service worker is responsible for helping clients address the issues that led to their involvement with the Agency.

The Family Service worker is expected to do many different things in order to achieve these goals. She must be a vigilant child protector and an empathic counselor at the same time. She wears many different hats and fulfills many different roles at any given time. In order to protect children the FSW must introduce the Agency and herself in a supportive manner to the family. Immediately she must begin to develop a positive, trusting relationship with the parents, the children, any extended family members, and collaterals while attempting to address the issues that led that family to come to the attention of the Agency. "[E]very client-worker interaction

requires gathering, storing, and retrieving information, which in turn involve such complicated operations as comparing, correlating, and predicting" (Witkin, 1982, p. 389).

One of the ways she can build trust and cooperation is by meeting regularly with her clients, members of the family and collaterals despite high caseloads and workload demands. One of the ways to develop a positive relationship is for the FSW to meet regularly and consistently with her client so that the client can get to know her and understand her role. Similarly as the FSW becomes familiar with the client she will learn and understand how that particular client interacts with others and how she manages and treats her children beyond what the initial complaint may have been. Consistent and regular contact allows people to get to know one another, to understand one another and to get to know each other's framework for viewing and interacting with the world. Out of this consistent and regular contact trust will begin to develop and as trust develops a positive working relationship will begin to evolve. Naturally there will be ups and downs in the relationship as the worker encourages and tries to persuade the client to change the behaviors that contributed to her abusive or neglectful parenting practices. The onus is on the FSW to try and remain connected to the client while she expresses her will, her different emotions about the child welfare process and her feelings about the FSW specifically (Furman, 2002). Although most FSWs recognize the need for consistent and regular contact, maintaining this contact is one of the hardest tasks of a FSW because of the high number of families that they are working with and providing service to and the many competing demands they are faced with on a daily basis.

Agency documents indicate that a goal in 1999 was to adjust caseload size (caseloads include both family and children files) for complexity of cases, the range of family support services made available to augment the worker's role, the number of cases per worker which involved intensive investigation or intensive intervention, travel and other non-direct time required to fulfill the worker's responsibilities. It was determined that for effective and

responsible execution of the Agency's statutory responsibilities in no case would case loads exceed fifteen cases involving intensive intervention or investigation or thirty case coordination/continuing services or follow-up cases and/or a proportional mix of the above (WCFS, 1999, p. 4). However, the Child Welfare League of America (CWLA) recommends that a workload analysis be done and in the absence of such an analysis that caseload standards for ongoing cases be no more than seventeen and that investigative and ongoing case work be no more than ten. Additionally one supervisor should only supervise five social workers (CWLA). A review of Agency CFSIS case management data in July 2003 indicates that caseload counts are ranging from 25 cases per worker to as high as 38 per worker; however, these numbers do not reflect the complexity of the cases nor the availability or lack thereof of resources to assist in helping these clients. Supervisors at WCFS supervise from five to eight workers each. Table 4 outlines the number of cases per Family Service Supervisor.

Table 4 Caseload numbers per Family Service Supervisor as listed on CFSIS, July 2003

Name of Service Unit	Number of Cases	EFT's/Unit	Average per worker
Stafford (Charleswood)	268	7	38.29
Keewatin (North End)	258	8	32.25
Maryland (Core Area)	175	7	25
Wolseley (Core Area)	192	7	27.43
Pulford (Osborne Village and St. Boniface)	267	8	33.38
Redboine (Core Area)	197	7	28.14
Logan (Core Area)	235	7	33.57
North Rural (Oakbank, Beausejour)	164	6	27.33
South Rural (St. Pierre, Steinbach)	151	6	25.17
Jefferson (North End)	218	7.5	29.07
Jarvis-B (North End)	268	8	33.5
Jarvis-H (North End)	234	8	29.25
St. James	234	7	33.43
St. Vital	183	7	26.14
Concordia (River East)	213	7	30.43
Pandora	149	5	29.8
Totals:	3, 406	112.5	3406/112.5 = 30.28 cases/FSW

Note: These case numbers reflect all open protection, voluntary family services, and child in care case; however, not cases listed as waiting closure nor the number of children per cases. This data is just a snapshot on one day. Case numbers can change daily depending on the number of children coming into care or being reunified, and/or the number of cases being transferred from Intake. Additionally these statistics do not reflect the number or the effect of the turnover in staff or the vacancy rates. The number of FSW does not include the Float Family Service workers.(Printed with the permission of WCFS).

Using data from the working group proposals (WCFS, 1999) the number of hours a FSW has to work with these families is estimated to be 3.04 hours per month per family (please refer to Table 5 for further particulars). Included in these limited hours are direct client services such as counseling, home visits, office meetings, apprehensions, placement of children, case conferences, review meetings, travel time to and from appointments, transporting children and parents to visits and appointments, phone calls, checking voice mail and email and assisting co-workers or covering emergencies for co-workers. Finally administrative requirements such as daily contact notes, court particulars, trial preparations, family assessments, social histories, referral applications, abuse reports, financial disbursements, child care instruction sheets, memos and

letters must be completed. Although court work is estimated to be three days a month for Core Area FSWs, this does not include trials, which can involve five hours a day, five days or even ten days in a row. Table five outlines the breakdown in the number of hours per month a FSW has to work with her clients; however, it does not take into account all of the above responsibilities as these are difficult to breakdown into hours. In essence a Family Service worker has fewer than 3 hours a month to work with any given client. With an average of 30.28 cases a worker has limited time to establish a positive, trusting, empathic relationship or to try and resolve the issues that led to the maltreatment of children.

Table 5 Number of hours per case

Hours Expanded:	
Hours per year (52 weeks x 40 hours/week)	2080 hours
Statutory Holidays (11 days x 8 hours)	-88
Average Vacation (20 days x 8 hours)	-160
Average training and team days (5 days x 8 hours)	-40
Lunch hours and breaks	-195
Sick time (industry average is 8 days/year x 8 hours)	-64
Unit and other meetings	-104
Court work	-288
Supervision	-48
Total hours per year	1093 hours
1093 divided by recommended caseload of 30	36.43 hours/year/case
1093 divided by 12 month/year	91.08 hours/month
36.43 hours divided by 12 months	3.04 hours/month/case

(Adapted from WCFS, 1999; and from L. Burnside, personal communication, October 4, 2002.)

Despite the number of cases, the high workload, the ever changing environment, the limited time and the limited resources, the FSW must sustain her relationship with each of the family members and collaterals involved with each of her clients. She will have to always be honest about her abilities, her role and her expectations.

Effective child protection workers have skills in clarifying their role. They have frequent, open and honest discussions about: the purpose of the intervention, the dual role of the worker as an investigator and helper; the client's expectations of the worker; the nature of the worker's authority and how it can be used; what is negotiable and what is not; and the limits of confidentiality (Trotter, 2002, p.39).

Family Service workers support the parent in changing the abusive or neglectful parental behaviors while they decrease client resistance, client defensiveness and hostility. At the same time they try to help clients' express their feelings and reactions to the child welfare involvement. In order to do this she will need to be genuine, empathic, assertive yet respectful. However, once she establishes a relationship it can quickly be jeopardized, especially if she has to investigate an allegation of maltreatment. Then the client may feel betrayed by her behavior. "For many parents (particularly those who are suspected of abusing their children), the experience of child protection intervention is a negative and problematic one. The overwhelming impression given by parents/carers of their experiences of the child protection system was one of alienation" (Corby & Miller, 1997, p.82)

The Family Service worker is responsible for creating and repairing this relationship despite the antagonism, the fear, the anger and the hurt. At all times, despite the response, despite the feelings, despite the presenting issues, the FSW needs to engage with the client to influence and support their commitment to a service plan. The Family Service worker must enable, facilitate, model and educate as required. The Family Service worker teaches her client new skills, increases their knowledge and awareness of the abuse or neglect and its affects on the child within a world of limited and inadequate resources. When a child can no longer be protected in her home the FSW uses her authority to apprehend the child and seek court orders mandating treatment and conditions of change in order for that child to be reunified to her parent. After the removal she helps her clients deal with the feelings associated with the apprehension and

placement of their child in Agency care. She supports them as they work through the grieving cycle whether it is the first or the tenth time their children have been removed from their care. A Family Service worker serves her clients with court documents and explains the legal process. She may help them seek out legal council all the while trying to remain supportive, offering them help yet challenging the client to address the issues. The FSW is responsible for preparing the Agency's rationale for the apprehension and researches the client's history looking for the evidence to rationalize her guardianship request at court. These papers will document many personal details about the client's struggles and the events that led up to the child's removal. She attends court and testifies and presents the Agency plan while standing beside her clients and offers them the support and counseling they require. She explains to parents and children the outcome of the court hearings and its implications.

Realistically it is difficult for a FSW to provide all these services and many focus on the court work because of its priority within the system. Unfortunately "at the investigative stage many social workers [are] seen as concentrating on issues such as writing reports...but in the process significantly failing to respond to parent's needs for support and understanding in what was often a traumatic experience" (Corby & Miller, 1997, p. 83).

The Family Service worker tries to maintain positive relationships with children and tries to respect their wishes where possible. At times it is necessary to limit the contact between children and parents until the parents have made changes in their abusive or neglectful behaviors. FSWs have to balance parent's rights with children's rights and decide in a timely manner when to place children in permanent homes or when to reunify children with their birth families. She is always negotiating with parents, role modeling appropriate interactions, and teaching information about child development, discipline strategies, household management, budgeting, nutrition, anger management, stress management, coping mechanisms, problem solving skills, and how parents should and can delay gratification for the well-being of their children.

The Family Service worker also works with schools, day cares, medical professions, justice, and other collaterals to support and teach families, even when these service providers criticize her decisions and intervention plans as they also monitor children's well being while they are in care and once they are returned home. Family Service workers educate communities about family needs and about child maltreatment. Each time a worker liaises with another service provider, refers a family member to a resource or attends a resource with the client, the worker is affecting the community and educating this part of the community about the needs of families and the issues of child maltreatment. All the while she is working with her client and the community she must document her interventions, contacts, and decisions. She will need to be vigilant for future occurrences of maltreatment. If she allows a child to remain at home and he is hurt she will be accused of not doing her job properly. If she removes a child from his home she will be criticized for breaking the family apart.

A Family Service worker tries to address multiple goals at once as the goals of child welfare are not mutually exclusive. A Family Service worker must address and correct the abusive or neglectful behavior of a client. Without excusing the behavior, the worker must establish a positive relationship with the client in order to influence some change. The FSW must be empathic and genuine. "You have a social worker taking a call in the morning, conducting an investigation throughout the day, apprehending the child from the parent that evening and then trying to engage that very same parent as a supportive partner the very next morning" (Greenland, 1996, p.43). Often times the worker has to accept the responsibility for placing a child in care while still trying to help the family heal and reunify. Clients are not always aware of the multifaceted roles of their workers and can be confused by the worker attending to the child protection process yet offering to help them work on the issues that brought that process about. Workers have to help clients understand these conflicting and connected roles.

6.2 FAMILY SERVICE WORKER ROLE DEMANDS

The following elements are necessary for the description and evaluation of the job; however, it is not an exhaustive list of the duties to be performed and in fact there are often other duties as assigned. They are outlined in order of importance.

QUALIFICATIONS: Bachelor of Social Work; plus two years previous Social Worker experience in child welfare or one year experience on the job. When there are no candidates meeting these qualifications then WCFS hires social workers without experience. If no candidates are available with these qualifications then the equivalency policy is applied.

JOB SUMMARY: Under the supervision of an Unit Supervisor, responsible for providing service to children and families under the mandate of *The Child and Family Services Act*.

DUTIES AND RESPONSIBILITIES: In accordance with the Agency vision, mission, and values statements:

A. Child Protection/Safety and Risk Assessment:

- 1) Identifies and investigates complaints of neglect, abuse or where children are at risk and in need of protection.
- 2) Gathers pertinent information about the family situation from the child, family members, and collateral sources.
- 3) Interviews children and other family members using a variety of age-appropriate methods or counseling interventions.
- 4) Conducts assessment of risk factors, family strengths and capacity.
- 5) Provides services and supports to families in their homes, or apprehends and places child(ren) as deemed appropriate.
- 6) Assesses the needs of children requiring placement and in collaboration with Child Placement staff identifies appropriate placement resource.

B. Legal/Legislative Functions

- 1) Prepares and presents findings and conclusions to the Abuse Committee.
- 2) Gathers pertinent evidence and prepares case for presentation in Docket Court.
- 3) Prepares and presents particulars and case plan for Court of Queens Bench.
- 4) Compiles and documents information for pre-trial and collaborates with the lawyers and/or legal representative to implement legal action.
- 5) Prepares testimony and testifies in contested Court hearings.
- 6) Prepares children for testimony in court.
- 7) Serves Notices of Hearing.

C. Administrative

- 1) Completes written file recording and other documentation, as per Agency policy and Provincial Standards. Prepares closing and transfer summaries.
- 2) Records and maintains daily contact note journal.
- 3) Prepares written correspondence i.e. letters, memos.
- 4) Prepares written service contracts.
- 5) Completes forms i.e. Collateral referral forms, service contracts, placement forms, agency forms, etc.
- 6) Participates in regular supervision and provides updates on case status and plans.
- 7) Utilizes the Provincial case management system e.g. CFSIS.
- 8) Operates equipment e.g. computer, telephone, audio-visual, fax, photocopier, camera, Dictaphone.

D. Family Centered Casework

- 1) Engages the parents into a cooperative relationship with the Agency to protect the children in their own home.
- 2) Conducts assessment of risk factors, family strengths and capacity.
- 3) Conducts an in-depth assessment within 60 days and prepares a detailed case plan including clear goals, objectives and activities.
- 4) In collaboration with Agency and system collaterals, coordinates and ensures delivery of services to meet identified needs through case management, including providing and/or coordinating counseling and other supportive services, referral to agency and/or community resources, and advocacy. Ensures that these services are delivered in a culturally competent manner.
- 5) Evaluates the client's progress in meeting the service goals as set out in the case plan.
- 6) Reviews the formal case plan to determine if goals/objectives have been met or require revision, if service must continue, if out-of-home placement is required, or if service can be terminated.
- 7) Completes file recording consistent with Agency policy.

E. The following duties could be performed when risk determined child comes into care:

- 1) Prepares the child for admission to care and placement.
- 2) In collaboration with Child Placement or Place of Safety staff, prepares foster parents, relatives and other substitute caregivers to receive children in placement to minimize trauma and facilitate adjustment.
- 3) Assists parents in understanding the reasons for the temporary care placement and works through their reactions towards the return of the child.
- 4) Maintains regular contact with child, parent(s) and caregiver(s).

- 5) Evaluates the client's progress in meeting the goals, as per the case plan.
- 6) Coordinates and supervises or ensures the supervision of family visits, assessing impact of visits.
- 7) Assesses family functioning through home visits and consultation with collaterals.
- 8) Collaborates with caregivers, Child Placement staff, collaterals and parents to help identify child's needs and provides direction/support in responding to the needs.
- 9) Identifies child's needs and if indicated, refers child for further assessment and/or treatment.
- 10) Reviews the formal case plan to determine if goals have been met and child can be returned home.
- 11) If child can be returned home, prepares child for return and implements transition plan.
- 12) If return home can no longer be considered, initiates and completes permanent planning and transitions child to relatives or prepares the child for permanent placement.

F. Work With Caregivers/Collaterals

- 1) In collaboration with Child Placement staff and Place of Safety staff, prepares foster parents, relatives and other substitute caregivers to receive children in placement to minimize trauma and facilitate adjustment.
- 2) Develops collaborative relationships with caregivers and Agency and system collaterals in order to promote healthy development and delivery of services for the child in care or in their family homes.
- 3) Works cooperatively with community agencies to strengthen family functioning in accordance with the objectives set out in the service plan.
- 4) Maintains contact and works with the child's family.
- 5) Attends placements regularly to observe child's behavior in order to monitor progress of service goals and directs modifications to plan.

- 6) Collaborates with caregivers to assess the special needs for a child in care.
- 7) Investigates allegations made against a caregiver, where appropriate.

G. Team Membership

- 1) Maintains a respectful manner and a high level of professional conduct towards clients, colleagues, and to collaterals.
- 2) Provides input towards improving service delivery.
- 3) Provides coverage when team members are away.
- 4) Attends staff meetings as a productive, active member.
- 5) Works within the Agency's values and policies.

(Winnipeg Child and Family Services, 2001, September).

7.0 EFFECTS OF THE CHILD WELFARE SYSTEM ON RELATIONSHIPS

Child welfare across North America is in a state of crisis and has been for many years. "The child welfare system is understaffed, under-funded, under-trained, and limited by legal constraints and judicial decisions" (Gelles, 2000, p.11) In my own experience on my first day of work I was shown to a desk covered with some forty files and expected to immediately respond to a variety of parents, children, extended family and community professionals. While becoming socialized to the role, I tried to respond to and sort out all the demands and expectations required of me, but there was very little time left to consider issues related to relationship building.

Other Family Service Workers have their own horror stories about the fear, stress, and overwhelming feelings that arise while performing the job. Common reactions a FSW may experience are: "denial, anger, guilt, fear, despair, horror, jealousy, resentment, and omnipotence" (Goddard & Tucci, 1991, p.8). Swift (1995) outlines common feelings as anxiety, "worry", and "dread" (p.65-66). Family Services workers are often criticized for removing children from their

homes too soon and scrutinized if they don't remove a child from her home and that child becomes seriously harmed. "Sometimes, whatever they do, they can not do right" (Kanani, Regehr & Bernstein, 2002, p.1031). This is often evident in media articles after a child dies or is hurt while in the care of her parent. Although hindsight is always very illuminating, FSWs are expected on a daily basis to protect children by predicting future parental behaviors and to use this prediction as information to develop a positive relationship. This dual role of providing child protection while offering family support services can be seen as competing dichotomies. Although many FSWs are able to perform these competing tasks with competence and integrity, it is not an easy thing to manage or maintain with all clients.

In response to the need to protect children and to minimize any error on the worker's part, the system has begun to focus more on standardized procedures and assessments that address parental pathology and risk. This approach, if not used wisely can lead to the worker spending less time really getting to know and understand a family because she is spending the time back in the office completing paperwork (Hutchison & Charlesworth, 2000). The trend has been to move towards a legal model of child welfare practice where social workers investigate risk, justify their actions judicially through formal written comprehensive assessments (Stein, 1982; Davies, 1989; Swift, 1995; Corby & Miller, 1997; Hutchison & Charlesworth, 2000). Although risk assessments can be used to collect information and to help a worker understand the family better, the investigative focus can cause social worker and client to become adversarial as it forces the FSW into the role of "social cop" if not used as a tool to develop relationships, assess families and to help develop intervention plans (Wharf, 2000). "The consequences within a risk management environment, such as child protection, are more worrying still: blunted emotional responsiveness, reduced sensitivity, inadequate reflection, and dangerous decision-making" (Morrison, 1997, p. 193). Although social workers need to be accountable and paperwork is necessary to ensure proper monitoring and documentation, these tasks can be added burdens that

can feel oppressive and irrelevant when workers are faced with so many other pressures that are not related to the actual helping work with clients.

Although the client-worker relationship is still considered important, the profession has shifted its attention away from an emphasis on relationship. Despite this shift many in the social work field today advocate for a stronger emphasis on the client-worker relationship as a means of effective social work practice. For example,

[a] Child Protection orientation is characterized by a primary concern to protect children from abuse, usually from parents who are often considered morally flawed and legally culpable. The social work processes associated with this orientation are built around legislative and investigatory concerns, with the relationship between social workers and parents often becoming adversarial in nature...By contrast, a Family Service orientation is characterized by a tendency to understand acts, or circumstances, thought as harmful to children, in the contexts of psychological or social difficulties experienced by families. The responses to such difficulties emphasize further assessment and the provision of therapeutic and practical services. The resulting relationship between social workers and families is based on the partnership ideal (Spratt, 2001, p. 934).

Spratt (2001) further points out that social workers need permission from their agencies to make changes in their practice otherwise the emphasis will continue to be on risk management causing a poor client-worker relationship that is largely conflictual and unsuccessful.

8.0 DEFINITIONS

8.1 CLIENT

A client is defined as the person who is receiving service from the child welfare agency. At Winnipeg Child and Family Services the case is referenced to the primary caregiver, usually

the mother of the children in the family. A file is opened under her name on the Agency computer system, the Child and Family Services Information System (CFSIS). The Act defines a family as the child's parent, step-parent, sibling, grandparent, aunt, uncle, cousin, guardian, and spouse or any of these people (Manitoba, 1999). A parent can be the biological or adoptive parent.

A Family Service Worker will try to help a parent address the issues that led to the referral to the Agency. In most cases the mother as the parent is the primary client and the one identified as requiring services. Interventions are aimed at addressing the problems that are causing the child abuse or neglect and therefore are largely focused on the mother and what this client needs to change in order to safely and effectively parent her child. Although the majority of the work is done with the parent the ultimate client is the one that the FSW is trying to protect, the child or the children living in this family. No matter what work is done with the parent, the child should always be the focal point.

8.2 CHILD IN NEED OF PROTECTION

In *The Child and Family Service Act*, a child "in need of protection" is one where the "life, health or emotional well-being of the child is endangered by the act or omission of a person" (1999, p. 40).

8.2 (B) ILLUSTRATIONS OF CHILD IN NEED OF PROTECTION

The Act states that a child is in need of protection where she

(a) is without adequate care, supervision or control;

(b) is in the care, custody, control or charge of a person

(i) who is unable or unwilling to provide adequate care, supervision or control of the child, or

- (ii) whose conduct endangers or might endanger the life, health or emotional well-being of the child, or
- (iii) who neglects or refuses to provide or obtain proper medical or other remedial care or treatment necessary for the health or well-being of the child or who refuses to permit such care or treatment to be provided to the child when the care or treatment is recommended by a duly qualified medical practitioner;
- (c) is abused or is in danger of being abused;
- (d) is beyond the control of a person who has the care, custody, control or charge of the child;
- (e) is likely to suffer harm or injury due to the behavior, condition, domestic environment or associations of the child or of a person having care, custody, control or charge of the child;
- (f) is subjected to aggression or sexual harassment
- (g) being under the age of 12 years, is left unattended and without reasonable provision being made for the supervision and safety of the child;
- (h) is the subject, or is about to become the subject, of an unlawful adoption under The Adoption Act or of a sale under section 84" (1999, p. 40-41).

8.3 ABUSE

In this Act, abuse means an act or omission by any person where the act or omission results in

- (a) physical injury to the child,
- (b) emotional disability of a permanent nature in the child or is likely to result in such a disability,
- or
- (c) sexual exploitation of the child with or without the child's consent (1999, p. 2).

8.4 NEGLECT

As outlined under illustrations of a child in need of protection, many times FSWs are intervening in situations where parents have failed to take proper care of a child but may not have physically or sexually abused a child. These situations are termed neglect and include such things as lack of supervision, lack of proper care, or lack of control of a child.

Winnipeg Child and Family Services implemented a training program in the early 1990's called the Competency Based In-Service training program. It is a fourteen-day program broken up into four modules. Each module contains the knowledge, skill and values that a FSW needs as a foundation to provide culturally competent, family-centered child welfare services. In the first module, Family Centered Child Protective Services, the curriculum describes neglect as "the net result of parenting which fails to meet the child's most basic physical, nutritional, safety, and emotional needs" (Rycus, Hughes & Garrison, 1999, p.45). The curriculum provides the following as examples of neglect:

- ◆ children who are abandoned by their caregivers or left for long periods of time with baby-sitters,
- ◆ children who aren't properly supervised for their age and development,
- ◆ children who are not fed adequate amounts of food, who are not fed properly or not provided with food that is minimally needed to meet their nutritional needs,
- ◆ children who are not taken to see a medical practitioner when they are ill,
- ◆ children who lack basic physical care and hygiene,
- ◆ children who are left in a dangerous physical environment, or unsanitary conditions,
- ◆ children who are not adequately clothed for the weather,
- ◆ children who are not sent to school,
- ◆ children who are not provided with attention, interaction and emotional stimulation.

Some of these examples are evident in the *Child and Family Services Act*; however, what makes neglect so difficult is that it is often subtle. It is difficult to provide evidence of the damage of neglect because there is often no injury yet. Each of these examples have gray areas and are harder to assess and prove than physical abuse or sexual abuse. Neglect is more frequent however less evident than abuse (Rycus, Hughes, & Garrison, 1999).

8.5 INTENT

Underlying both abuse and neglect is the issue of intent. Intent means to purposefully do something. Intent implies that the person knew that what he or she was doing and made a choice to do it. There may be many factors involved in coming to that choice; however, ultimately a choice was made and in child abuse and neglect it means a child was put at risk.

It is important to discuss the issue of intent in child welfare because a FSW needs to determine whether maltreatment of a child was accidental or not. The first time a child is harmed by her caregiver may be attributed to ignorance and can be defined as an accident because the caregiver may not have known any better and may not have been able to prevent it. However, if a parent has been educated and warned about the dangers of a particular action and she commits it a second time, then it is less likely an accident and more likely maltreatment.

8.6 SERVICE CATEGORIES

The Act outlines under its principles that services to children and families should be based on the best interest of children and that in the majority of cases children are best served within their own families. The principles outline that the parent has the primary responsibility to meet the needs of its children in the manner they feel is best as long as they are not abusive. When parents abuse or neglect their children the Agency is obligated to intervene but to only remove a child if it is in the child's best interest.

8.6 (A) VOLUNTARY FAMILY SERVICES

Under *The Child and Family Services Act* “[a] member of a family may apply to an agency for and may receive from the agency counseling, guidance, supportive, educational and emergency shelter services in order to aid in the resolution of family matters which if unresolved may create an environment not suitable for normal child development or in which a child may be at risk of abuse” (1999, p. 30).

8.6 (B) PROTECTION SERVICES

In situations where the FSW believes a child is in need of protection as per the illustrations outlined in Part III of *The Child and Family Services Act*, she must intervene to protect that child. Although there are a variety of measures a FSW can employ to protect a child, if she apprehends that child, the matter will be heard at a child protection hearing in the Queens Court of Manitoba within seven days of that apprehension. Parents have the right to consent or to contest the Agency’s application to keep the child in Agency care. If they choose to contest then the matter proceeds to a pretrial conference and ultimately a trial. Upon the completion of a hearing, a pretrial or trial judge who finds that a child is in need of protection can order:

- (a) that the child be returned to the parents or a guardian under the supervision of an agency subject to the conditions and for the period the judge considers necessary; or
- (b) that the child be placed with such other person the judge considers best able to care for the child with or without transfer of guardianship and subject to the conditions and for the period the judge considers necessary; or
- (c) that the agency be appointed the temporary guardian of a child under 5 years of age at the date of apprehension for a period not exceeding 6 months; or

(d) that the agency be appointed the temporary guardian of a child 5 years of age or older and under 12 years of age at the date of apprehension for a period not exceeding 12 months; or

(e) that the agency be appointed the temporary guardian of a child of 12 years of age or older at the date of apprehension for a period not exceeding 24 months; or

(f) that the agency be appointed the permanent guardian of the child (1999, p.68).

8.7 GOALS OF CHILD WELFARE WORK

The Child and Family Services Act (1999) provides the legislative basis for child protection services in Manitoba. It also outlines the duties of an Agency. The first two statements of this section of the Act state that an Agency works with other Human Service organizations to resolve problems and to provide interventions that prevent the removal of children from their homes. The third and fourth statements outline that the Agency has a duty to provide services to protect children and to protect children from abuse and neglect. Thus the goals can be identified as:

1. to protect children from maltreatment (physical abuse, sexual abuse, neglect, emotional harm) within the mandate of the Manitoba *Child and Family Services Act*,
2. to provide services that strengthens and preserves families,
3. to provide a child with a safe and permanent home,
4. to educate and work with communities around child maltreatment and families' needs.

8.8 DUTIES OF AGENCIES

The Act (1999) states that according to standards established by the director and subject to the authority of the director every Agency shall work with other human service systems to

- a) resolve problems in the social and community environment likely to place children and families at risk;
- (b) provide family counseling, guidance and other services to families for the prevention of circumstances requiring the placement of children in protective care or in treatment programs;
- (c) provide family guidance, counseling, supervision and other services to families for the protection of children;
- (d) investigate allegations or evidence that children may be in need of protection;
- (e) protect children;
- (f) develop and provide services, which will assist families in re-establishing their ability to care for their children;
- (g) provide care for children in its care;
- (h) develop permanency plans for all children in its care with a view to establishing a normal family life for these children;
- (i) provide adoption services under *The Adoption Act*;
- (j) provide post-adoption services to families and adults under *The Adoption Act*;
- (k) provide parenting education and other supportive services and assistance to children who are parents, with a view to ensuring a stable and workable plan for them and their children;
- (l) develop and maintain childcare resources;
- (m) provide services, which respect the cultural and linguistic heritage of families and children;
- (n) provide such reports as the director may require;
- (o) take reasonable measures to make known in the community the services the agency provides;

- (p) conform to a written directive of the director;
- (q) maintain such records as are required for the administration or enforcement of any provision of this Act or *The Adoption Act* or the regulations;
- (r) provide any other services and perform any other duties given to it by this Act or *The Adoption Act*, or by the director in accordance with this Act or *The Adoption Act* (*The Child and Family Service Act*, 1999, p. 15-17).

9.0 THEORETICAL BASIS OF THE THESIS

9.1 ROLE THEORY

Symbolic interactionism is a theory developed by Mead that is premised upon the claim that all individuals living together in society are thoughtful and interacting beings possessing individual selves. "In referring to the human being as having a self, Mead simply means that such an individual may act socially toward himself, just as towards others" (Manis & Meltzer, 1972, p.8). This self identity is formed through the definitions made by others and in the course of interacting with others an individual can also make changes in herself. Society and the individual are in a reciprocal relationship with one another because the expectations and behaviors of each influence the expectations and behaviors of the other (Anderson, 1984; Feld & Radin, 1982).

Mead states that all group life is a matter of cooperative behavior and that society developed out of shared meanings (Meltzer & Petras, 1970; Manis & Meltzer, 1972). In order for members of society to cooperate there must be some mechanism present that helps each individual to (a) understand the action of others, and (b) guide her own behavior to fit in with those actions (Manis & Meltzer, 1972). Meltzer states that individuals can choose to respond to one another on the basis of what they believe is intended by a gesture or based on the meanings of gestures. This renders the gesture symbolic and the individual interprets this symbol both emotionally as well as intellectually. The individual then responds to that gesture based on her

own perception as to what that gesture stands for in her mind. These perceptions are created through her experience, her socialization and development, her personality, her culture, and her own individual characteristics. Every individual has the ability to respond to herself as well as to respond or adjust her behaviors to others. In order to understand the other, the individual must occasionally role-take, which enables her to share the perspective of others. It is argued that when individuals interpret gestures similarly they engage in cooperative action. Society rests on common understandings and expectations; however, these can evolve and change over time.

In 1945, Linton referred to role as the “sum total of the culture patterns associated with a particular status. It thus includes the attitudes, values and behavior ascribed by the society to any and all persons occupying this status” (p. 77). To him a role could be learned because a role is a social construction. Bernard defined a role as a basic script for behavior that allows the individual wide play for ad libbing (as cited in Perlman, 1968). Perlman articulates role as:

some recognized social position carried by a person into action. A status is recognized and regulated position in society. Because it is recognized and regulated it offers some firm footing, some ground rules for what and how and with whom the person claiming that status is suppose to act. The moment he acts he may be said to be carrying the role...(1968, p.41).

Sheppard (2001) states a role is “generally defined in terms of a collection of rights and duties, which give rise to a set of actions or behaviors the performance of which characterize an individual in that role” (p. 5). Albas & Albas define roles by stating that role theory “assumes that a society, organization, or group is composed of a network of interdependent positions defined by reciprocal ties to other positions. These ties may be conceptualized as expected behavior on the part of people occupying these positions” (1984, p.7). Goffman cautions against using the term role as he feels it is equivalent to a specialized function when in fact it is part of an

individual's personal identity, that individual claims a multitude of capacities or functions--occupational, domestic, political, and so forth (1974).

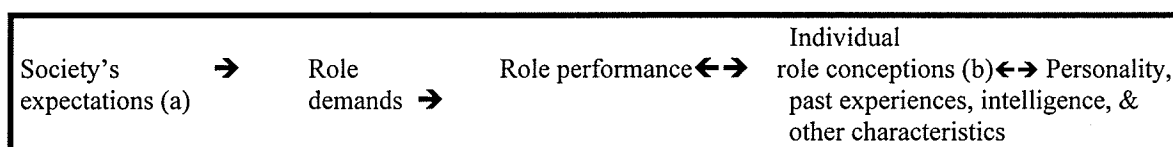
While people play out their roles they communicate expectations of other's roles through an exchange of verbal and non-verbal cues (Thorman, 1982). A person's role is defined by the set of expectations for her behavior held by others and by the person herself. Expectations are prescriptions about what a position ought to do or ought not to do under given circumstances (Allen & Van De Vliert, 1984). These expectations thus influence how a person performs her role as well as how that person expects other's to perform theirs as well as how others will view that person's. Because roles are influenced by life experiences, there is often variation in the way people perform them (Azar, 2000). However, Azar argues that once they are "established, they are highly resistant to disconfirming information. This can lead to misinterpretations, premature judgments, and maladaptive responses in our interactions to others" (2000, p.652). Kuhn argues however, that behavior is determined by the actor's definitions and that behavior can be somewhat predicted based on these internal expectations (as cited in Meltzer & Petras, 1970). He states further that the individual

derives his plans of action from the roles he plays and the statuses he occupies in the groups with which he feels identified--his reference groups. His attitudes toward himself as an object are the best indexes to these plans of action, and hence to the action itself, in that they are the anchoring points from which self-evaluations and other-evaluations are made (as cited in Meltzer & Petras, 1970, p.13).

A person's roles are the major determinant of her conception of self and social identity (Allen & Van De Vliert, 1984). The individual defines who she is and where she stands in society by interpreting other people's gestures (Segalman, 1978). Goffman (1961) argues that doing is being. A person will, in performing a role, try to be like what she envisions that role to

be. Not only will she act as that position would act but she will develop the personal qualities she thinks belong to a person in that role (Figure 2 (a)). This in turn develops the person's image of herself as she begins to attach herself to the performance of that role and the qualities she associates with that position and who she wants to be seen as (Figure 2 (b)). "When we get close to the moment-to-moment conduct of the individual we find that he does not remain passive in the face of the potential meanings that are generated regarding him, but, so far as he can, actively participates in sustaining a definition of the situation that is stable and consistent with his image of himself" (Goffman, 1961, p. 92). Figure 2 illustrates the basic assumptions of role theory.

Figure 2 Basic Assumptions for Role Theory



(Adapted from Feld & Radin, 1982, p. 63)

People distinguish themselves by playing out their roles and by making roles. "In this sense, behavior does not involve necessarily following a prescribed role but rather devising one's performance on the basis of roles one 'makes', attributes, and plays to others" (Brissett & Edgley, 1990, p.29). We are what we do and in different situations we may behave and do things differently than in other situations. "According to the symbolic interactional theory, individuals, in the process of interaction, take each others' roles and jointly fit their acts into evolving activity systems" (Albas & Albas, 1984, p. 9).

An individual's own unique interpretation of their role determines their style of interaction (Munson & Balgopal, 1978). Individuals do not perform one role at a time and they do not perform them exactly the same. They can choose to act in the name of some other socially created identity depending on the interaction that is taking place (Goffman, 1961). People can construct themselves so that they appear proper in other's eyes. While interacting, individuals

have expectations of themselves and of others based on the roles being performed. These expectations can lead to stereotypes. These are beliefs which "can be thought of as expectations about how members of the group in question should behave, think, or feel; thus they can function as informal role demands, and communicate to members of the group in question how others expect them to behave" (Feld & Radin, 1982, p.65)

Social workers are socialized to perform according to certain norms and professional expectations (Munson & Balgopal, 1978). As stated previously the worker in a child welfare setting has two competing demands she must meet while performing as a FSW. She must ensure that children are protected and safe from maltreatment and she must preserve families. How she performs and views these demands will influence her relationship with her clients. Family Service workers have expectations of who they are supposed to be, what a FSW is supposed to be and how their clients are supposed to act. Clients have expectations of themselves, of who a client is suppose to be and what a FSW should be like. All these expectations will affect the execution of each of their roles as well as the interaction between them. For example,

[w]e ourselves have been so immersed in our functions and skills, and so sure about our helping intents and services, that we have quite lost sight of the possibility that the person who faces us across the desk may have very little idea if any of these. On the other hand, he may have many ideas about all of these, and all of them may be seriously mistaken. Sometimes as the applicant presents himself and his story with one part of his mind, considerable mental juggling is going on, unspoken, in another part of his mind, in his effort to determine just who and what the potential helper is or can be to him (Perlman, 1968, p. 168).

9.2 PROBLEMS IN ROLE PERFORMANCE

Part of the child welfare process is helping a client accept and learn their role as a client and understand and learn the role of a FSW and how these two interact in a child welfare setting.

Perlman stated that

to bring a person who needs [or] wants help to the point where he perceives what help is available for his problem, what possibilities, limits, and conditions are involved, what he may expect and what may be expected of him as a participant, and then to come to mutual agreement as to where and how he and the caseworker can move ahead-this, I believe, is to help a person consciously to undertake to become a client (Perlman, 1968, p. 171).

It is during the interaction between worker and client that meaning emerges. People are always role-making as well as role-taking because people do not do just one thing at a time. With role-making the worker or client revises her actions as the other reacts to her changes. With role-taking the client or worker deciphers in her mind what the other meant by her actions (Albas & Albas, 2003). The dramaturgical model focuses on the sense of individuality a person acquires through interacting with others (Brissett & Edgley, 1990).

However due to problems in role performance it is not always easy to help a client be a client, especially an involuntary one. There may be problems because (1) sometimes role incongruity is found when the client and FSW have differing expectations. These expectations can involve our overt behavior but also what we are expected to be and feel like in interaction. (2) inadequate socialization, meaning a client does not know the appropriate rules of behavior (also called anomie), or (3) role strain which is linked to a bad fit between personality and role requirements, or (4) if two or more role expectations are in conflict with one another (called role conflict), or (5) when roles compete with one another (called role overload) (Munson & Balgopal, 1978; Thorman, 1982; Albas & Albas, 2003).

Common role problems are:

1. the client's role conception of their own role as client may conflict with the role demands that are received from the FSW,
2. the clients' personal attributes may be incompatible with the role demands from the FSW,
3. the client's role performance may conflict with the role demands from the FSW,
4. the FSW's role conceptions for her own position may conflict with the role demands she receives from clients,
5. the FSW's personal attributes may be incompatible with the role demands from the client,
6. the FSW's role performance may conflict with the client's role demands
7. the FSW's role conceptions for her own position may conflict with the role demands she receives from the Agency
8. the FSW's personal attributes may be incompatible with the role demands from the Agency and other service providers
9. the FSW's role performance may conflict with the Agency's role demands and other service providers' role demands (adapted from Feld & Radin, 1982).

9.2 (A) WORKER EXPECTATIONS OF A WORKER

A Family Service worker's knowledge and skill base frequently comes from the Bachelor of Social Work degree coupled with their professional and personal life experiences. Social Workers are educated to be counselors, therapists, and empathic helpers who value client determination and confidentiality (CASW, 1994). When social workers start working at Child and Family Services they often expect to be the helpful counselor who will work jointly with parents to protect children. "The stereotype of a social worker is the always empathic, neutral,

well balanced professional who is there to give aid and succour to the helpless, grateful client” (Falconer & Swift, 1983, p.199). This was the image I had when I went to visit my first client in his home. I thought the client would want to make changes and that he would invite me into his home where we would sit and talk about the issues and come up with a mutual plan to address these issues relating to the care of his two children. As Family Service workers soon learn, in child welfare, clients do not necessarily conform to these expectations. For example, this particular client was not happy that I was coming to his home and he did not want to talk to me about his parenting skills, let alone let me in his house. My role at that time and that of a FSW demands that the worker be more than a helper. In child welfare it can be difficult to be the empathic helper and this can cause feelings of incompetence, frustration and role conflict.

(B) WORKER EXPECTATIONS OF A CLIENT

Social workers are trained and educated to frequently expect that clients will be motivated, voluntary, cooperative, open to change and have the ability to develop relationships and goals. Child welfare clients are stereotypically antagonistic, involuntary, reluctant to share information or engage in the relationship and are fearful of the consequences. They frequently don't accept responsibility for their role in the maltreatment of the child and they deflect, rationalize and blame others for the issues. Clients tend to respond to offers of help with one of two behaviors, that of flight or submission (Helfer & Kempe, 1968). When clients do not respond to our interventions “we may have strong negative reactions that lead to maladaptive interpretations and responses...and interfere with our working collaboratively with them (Azar, 2000, p. 649).

(C) WORKER'S ROLES

The demands associated with protecting children conflict with the demands of being a counselor and advocate. Family Service workers serve as a symbol of authority, helping the family while filling the mandate of the state to protect a child. These functions can cause role strain because trying to advocate in child welfare is extremely complex as the child and parents may each desire and need different outcomes. For example, at times the worker may have to make recommendations that a child remain in care and this may not represent the child's own preference nor the family's (Savoury and Kufeldt, 1997).

(i) The role of the child protector forces the FSW to be the mandated force responsible for maintaining the *CFS Act* and to compel some form of obedience and compliance from parents. The child protection role is the primary role of a FSW and it can not be ignored by the worker or the client during their interactions. Wrapped up in this protection role are other demands such as: investigating, assessing, reporting to the courts and to a superior, judging, negotiating, mediating, coordinating and planning.

(ii) The second role is of the helper and counselor, roles, which are more typically associated with the social work role. This is the aspect of the family service role where the worker can empathize, listen, advise, recommend and give professional guidance. She can liaison with others and advocate on behalf of the client for what she needs. The counselor can educate clients and impart knowledge and skill. She is the role model that clients look up to. She is the helper that will make things easier for her client to do something and this will make her feel good about herself when she can accomplish these helpful tasks.

9.2 (D) CLIENT EXPECTATIONS OF A WORKER

Clients often do not share the same role expectations as helpers and this confusion is linked to why clients terminate services early (Falconer & Swift, 1983). How a client responds to

the FSW depends on what her conception of what is expected of her and what she may expect, in return, from the FSW and the Agency (Perlman, 1968). Clients may believe that social workers are supposed to help. Depending on their experience they may be shocked if they have these expectations of their worker and then the following day she comes and removes her child from her home. This can cause feelings of deception and hurt. Similarly if a client has expectations that the worker is just there to protect children she may assume that all she is there to do is take her child, police her and that she is not interested in really helping her. She may feel judged and criticized by her very presence. "For example, suspected child abusers responding to the perceived threat of imprisonment and the loss of their children may find their behavior interpreted by workers as hostility, immaturity, and irresponsibility" (Witkin, 1982, p.390). A third expectation may be that the FSW will magically be able to fix the problem (Falconer & Swift, 1983) and that the client will not have to do anything towards this process. When this does not happen, the client becomes disillusioned and frustrated with her worker.

(E) CLIENT EXPECTATIONS OF A CLIENT

Clients may have their own expectations of a client. Many times I have heard from parents that they are not the problem, the person down the street is the real child abuser. The way a client defines a client is important. If she believes that a client is someone who doesn't love their child or who physically abuses their child and she loves her child and doesn't believe in physical discipline then she will have a hard time viewing herself as client needing services from a child welfare agency. She will not engage in the relationship and she will think that the worker should be out dealing with those other parents who don't love their children as she does.

A client may behave as she sees herself. If she sees herself as being a good parent she may be defensive that you should suggest that she be anything but a good loving parent. However, in the same token if she is feeling guilty for behaving in a certain manner she will be

defensive as the FSW's judgment of her will challenge her sense of self. She will want to preserve for herself the image that she is a good mother despite her internal thinking. Consequently by reacting in a defensive manner and behaving as if she has no problems and that she isn't putting her child at risk the client in turn reinforces for the FSW that she is avoiding responsibility and not acknowledging her role in the maltreatment of her child. The FSW then confronts the client trying to facilitate an acknowledgment of the issues and agreement to attend to programming to address the difficulties. This in turn provides further evidence to a client that she is not a good parent.

This interaction becomes a tricky situation because individuals tend to behave in ways that confirm their beliefs which may actually influence others to act in accordance with these beliefs (Witkin, 1982). The FSW expects the client to show that they are upset about what happened to their child and acknowledge their role in this maltreatment. However, by doing so the client is afraid that she will be labeled a child abuser and that she shouldn't have her child back (MacKinnon & James, 1992).

(F) CLIENT ROLES

When a client comes to the interaction she brings with her two primary roles.

- (i) Her first role is that of a parent. She is the caregiver of the child who has been identified as being abused or at risk of abuse or neglect. As a parent she has certain contingent rights to her child such as the right to decide her child's education, culture, spirituality, and how to discipline her (Rycus, Hughes & Garrison, 1999). How she sees herself as a parent and her openness to outside supports will be related to her own parenting experiences and upbringing.
- (ii) Her second role will be that of the client and how she perceives a client is suppose to act and behave. A client is a person who is sent, forced, or brought to the attention of child welfare services whether they are interested in the service or not. Generally clients are referred for

reasons that imply that they did something wrong, that they have a problem and that they are the problem (Perlman, 1979). Depending on how she thinks a client should behave she will fabricate or deflect the issues and try to preserve the appearance she wishes to present or be seen as. Or a client may behave in the opposite fashion in that she may be open to learning and complying with the process.

9.3 COMPONENTS THAT CAUSE CONFLICT WITH THE PERFORMANCE OF THE FAMILY SERVICE ROLE

In any given interaction the individuals involved may each try to control the outcome. A Family Service worker maybe trying to persuade a parent to comply so that she can preserve the family and reduce the risk to a child. This in turn will make her feel successful and she will meet the Agency mandate. A client maybe trying to show a FSW that there is nothing wrong with her, she is a good parent and she can return the child home and close their Agency file. Goffman asserts that individuals bring a framework to their interaction and this framework colors the way the interaction will play out.

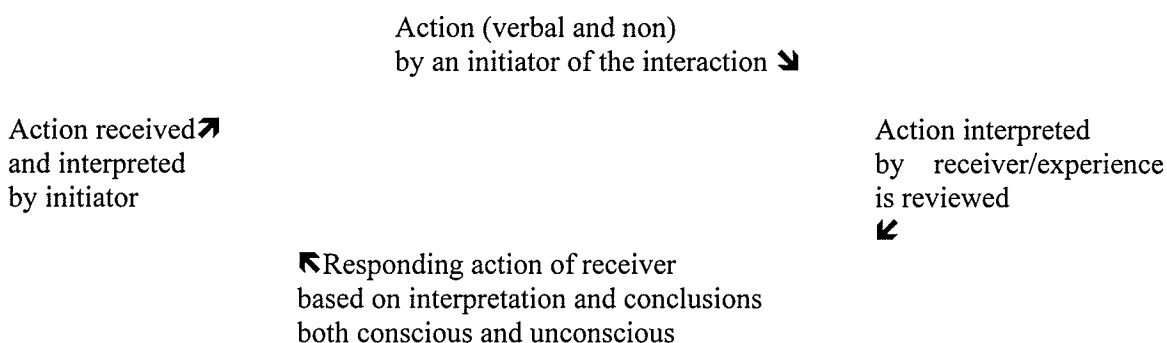
Goffman adapted role theory by applying the use of dramaturgical concepts (Meltzer & Petras, 1970). He introduced the idea that an individual is essentially an actor. This actor tries to manipulate any situation so that she can control the conduct of others and their treatment of that individual (Goffman, 1959; Witkin, 1982). The individual conceals some aspects of herself while exposing others depending on the situation and depending on how compatible these aspects are to her self-image. The individual chooses which aspects to perform depending on how she perceives the cues from her audience and how the audience responds and interprets her gestures. She in essence plays and makes her role all at the same time. As a result, she defines the interaction and tries to sustain this definition while managing the presentation of self. She wants to present the best face to her audience. If she is confronted with an unacceptable view of her self

she will begin to construct a more favorable image of herself by using different strategies (Stone & Farberman, 1970). The "dramaturgical view is that persons are approval-seeking animals... We are anxious to receive approval for our behaviors, opinions, and attitudes" (Karp & Yoels, 1979, p.74). Every time individuals come together they are assessing the actions of others and using keys, or rules, to help them figure out how best to respond to that person in that situation.

Goffman's (1974) analysis centers on the issue of 'frameworks'. He uses this term to mean the general interpretive system an individual uses to sort out what she thinks is going on during an interaction with others (Goffman, 1974). It is a basic supporting structure for understanding and for arranging experiences in an orderly way. A framework is the conceptual or cognitive view of a particular situation (Chenail, 1995). The type of framework we employ provides a way to outline or to explain the meaning of something. They allow us to locate, perceive, identify and label events. By employing a framework an individual then knows how best to act in response. Sometimes an individual will calculate her response where other times she will not be conscious of her response (Manis & Meltzer, 1972). An individual will employ strategies to protect her projections, called 'defensive practices' (Goffman, 1974). These defensive practices can include such things as excuses and justifications for her behavior or avoidance. When she employs strategies to save the definition of the situation projected by another she uses 'protective practices' (Goffman, 1974). Protective practices are such things as pretending not to notice a behavior, trying not to embarrass another, providing excuses for another's behavior, or making fun of one self to make the other feel more at ease (Albas & Albas, 2003). Together these techniques are used to safeguard the impression fostered by the individual during her presence before others, allowing her to save "face" (Goffman, 1959; Albas & Albas, 1984). "In other words, human beings tend to 'save face' in social situations through a variety of strategies designed to neutralize or minimize unpleasant or unacceptable aspects of interpersonal behavior" (Maluccio, 1979, p.68).

In the helping process the specific frame chosen allows people to be open to certain aspects of the relationship while blocking other aspects. “Weinstein and Deutschberger (1963) have documented that we can intentionally create expectations by placing others in identities where they feel compelled to act as we desire them to act” (as cited in Stone & Farberman, 1970, p. 467). For example, if someone does not have control over a situation then that person becomes more alert to the expectations of those who do have control (Ibid.). If the cues were interpreted incorrectly by the receiver then the ensuing framework, which flavored the response, will be drastically different from the person who initiated the interaction thereby also causing the initiator to respond differently than the original intentions (Perinbanayagam, 1985). Figure 3 outlines a schematic image of this concept.

Figure 3 Schematic Outline of Framework Interpretation and Response



This process is continuous and a person can enter the cycle at any stage.

9.3 (A) FAMILY SERVICE WORKER FRAMEWORKS

Following Goffman's ideas, a FSW brings her own framework and need to save face to her interaction with her clients. The following is a created list of possible worker frameworks that would impact her relationship and interaction with her client.

(i) "I am a helper; therefore, clients will be open and cooperative and accept my help and work in partnership with me". "Clients will do what I tell them to do and they will let me do my job".

Workers in this category may feel challenged or threatened if clients did not cooperate or did not like them and may assess parents who do not comply as not wanting to change. "[W]orkers expect that through their own skills, their own expertise, their persistence, they will be able to do something for their client" (Goddard & Tucci, 1991, p.5). When they can not do this they will feel as if they have failed as a helper and will take this failure personally.

(ii) "I am here to protect your children". "As a client you will admit what you did was wrong because you know children deserve better than what you are giving them. If you don't admit to this then you don't really love your child". "If you did you wouldn't treat her this way and if you really loved your child you would change". Workers in this category would again assess parents as resistant or indifferent.

(iii) "I am an expert". "If you don't listen to me I will keep your kids in care". "I know what is wrong with you and you need to listen to me and do the things I tell you to so that your children will be safe". Workers in this category may not allow parents to participate in service planning.

(iv) "I don't know what to do". "I have worse cases to deal with right now". "I don't understand you". "I don't like you". "I don't have time for this". "I've heard this before". "I'm scared, what if I make a mistake". Workers in this category may avoid clients or procrastinate on work expectations for fear of the consequences.

9.3 (B) CLIENT FRAMEWORKS

(i) "No one else is as bad as me". "No one understands me and my situation." "I'm scared." "I'm inadequate and I know you the helper are against me." Clients in this category feel shame and present as if they are depressed and they may passively resist the workers attempt towards change.

(ii) "I am so embarrassed that you came to my home." "I wish you would go away before anyone sees you at my door." "I am an important person." "I have money." "You can't treat me like those other clients." Clients in this category want the worker to go away so they can pretend that they and their family are okay. They can present as resistant and hostile towards Agency involvement.

(iii) The third category are those clients who present as interested in changing but when it comes down to following through on any of the recommended resources they rarely follow through. But they are pleasant and polite to the worker and participate in meetings when she comes around to confront them on their lack of follow through.

Response to the Worker

(i) "You are a helper." Some clients will trust the worker and reach out for help. They might not know what else to do and have had experiences that have taught them that a helper does make the situation better. Others will resist the helper's involvement and can be passively compliant. "Just tell me what I have to do and I will do it". They will agree to do whatever it is that will make the helper go away but they do not admit or agree that they have a problem.

(ii) "You just want to take my kids." These clients are often hostile and present as resisters. Their responses are self-protective. "You just want my kids for the money." "No matter what I do you are just going to take my kids." Underneath they are scared that if they can't meet the FSWs demands that this will prove there is really something wrong with them.

(iii) "You think you know everything". "You can't prove that". Clients in this category feel that the social worker doesn't understand them or that they have been found out and are not ready to face that image of themselves. Comments family service might hear are "what do you know, you are not in my shoes". "My situation is different. I am not like the other clients". "I had no other choice". "What I did is nothing compared to what I grew up with".

(iv) "You don't know what you are talking about." Clients' responses such as this show an attempt to deflect the focus from themselves onto others and will point out the FSWs incompetence as a method to prove that they do not have a problem. "What I do is my business, not yours." "What right do you have to tell me what to do?" As well it is a way for clients to test out just how much you do care about them.

9.3 (C) COUNTERTRANSFERENCE AND TRANSFERENCE

Although the term altercasting is used in role theory I will use the terms transference and countertransference as they are terms that evolved from psychoanalytic theory a theory which influenced the development of the social work profession. Freud believed there were three factors that were important in psychotherapy: providing some rational understanding of the problem, an affective bond to the therapist and integration of past experiences (Stolorow, 1988). Thus, if a client does not integrate his past experiences they can affect the helping process. Freud defined the term transference in 1905. Transference is "the process whereby the client transfers or projects feelings, perceptions or behaviors arising from a previous relationship, onto the worker" (Morrison, 1997, p. 198). This includes what the client expects from a helper and how she thinks she is supposed to act towards that helper. Often times when the helper does not behave in a fashion the client is expecting she will behave in ways to try to elicit that expected behavior thereby assigning roles and expectations to the worker (Witkin, 1982). Goldstein has done research on the expectations in the psycho-therapeutic relationship and found that the expectations of the client and the social worker can seriously affect the outcome of therapy but the more similar they are the more improved the outcome (as cited in Maluccio, 1979).

A counterpart to this is the social worker or therapist's distortion of a client's problems based on her experiences. Freud coined the term countertransference in 1910 and described it as the "analyst's transference to the analysand's transference" (as cited in Gelso and Hayes, 1998, p.

81). Countertransference is the social worker's emotional response to the some of the material presented by the client. It originates from an unresolved issue within the social worker. However if either the social worker or the client ignores these feelings they can interfere with the relationship developing and becoming successful. Although originally viewed as negative the issue of countertransference evolved to be seen as a potentially normal outcome of a therapeutic relationship.

9.3 (D) POWER

In a child welfare setting the FSW has the legal power to remove a child from a family if she assesses that that child is at risk of abuse and neglect. This power affects the client worker relationship.

Forte (1998) defines power as "the ability to access and mobilize whatever material or symbolic resources are necessary to create intended effects, on peoples or objects, in a given situation" (p. 30). Child welfare clients often perceive this power negatively as it limits their ability to make decisions for themselves, to make decisions for their children and to influence the actions of the FSW (Sheppard, 2001). "At all points in the relationship, both client and worker are aware of the repressive power of the state that can be brought to bear on the client. The power imported into the relationship, in other words, is frequently seen by both client and worker as coercive power used by the worker against the expressed interests of the client"(Swift, 1995, p. 184). Power is control and power can be misused. A Family Service worker can use her power to remove a child from a home if a parent does not obey her recommendations. As with most people, clients will resist what they perceive as someone telling them what to do. When power is used coercively the result is often resistance and anger. "Client resistance is typically cited as the primary barrier to successful engagement of the mandated client and presents the greatest challenge for social work technology" (Hutchison, 1987, p. 591). Because the Family Service

workers is mandated to consider the best interests of children this limits the power granted by the Agency to parents in these decisions (Sheppard, 2001).

9.3 (E) AUTHORITY

Authority on the other hand is an element of the helping relationship that can be both negative and positive, depending how it is used and how it is perceived by clients (Koerin, 1979). Authority is power that has been legitimated. "Authority can be understood as 'the right to be obeyed or believed due to coercive power at one's disposal or due to one's ability or expertise'" (Koerin, 1979, p. 651). Authority can interfere with or enable trust to develop depending on how it is used and perceived. "The constructive and positive use of authority involves stating one's purpose and function clearly in the beginning, supporting and challenging the client, and expressing feelings" (DePanfilis and Salus, 1992, p.23). A client must believe that the worker has the competence for their position and by doing so accepts that the worker has some authority in the situation. Authority recognizes that the client always has the self determined right to make her own choices but she does not have the authority to control the consequences of those choices.

10.0 SUCCESS IN CHILD WELFARE

The primary goal in child welfare is to protect children from abuse and neglect. As indicated earlier, facilitating change within a family is the only avenue that will ensure children will be safe and can be raised safely within their own families. Preserving families is the second goal of child welfare work. If Family Service workers can keep children safe in their own families then they have been successful at a micro level of family intervention. However, quite frequently there is a contradiction between meeting these two goals which was briefly discussed during the later part of Section Six, Description of the FSW. The incongruity lies in trying to protect children in their own homes when often times the client is not willing to address the issues

that led to that child being abused or neglected. This in turn causes the FSW to respond using her authority as a child protection worker which could mean removal of that child from that home. When the FSW responds by removing the child from the home she often reinforces for the client that she only had this goal in mind. It may seem by removing the child from the home the FSW is not trying to protect the child within her own family but she often must do so in order to meet her first goal of child protection.

In practice, for FSWs to begin to address the issues of maltreatment they need to build a positive relationship with the parents otherwise assessments will be biased and interventions considerably more difficult. In order for a FSW to be successful the client needs to be willing to work with the FSW. One factor found to be necessary for a positive child welfare experience for clients is worker empathy (Witkin, 1982; Drake, 1994; Nerdum, 1997; Family and Children's Services of Guelph, 2002; Trotter, 2002). As well when goals and expected behaviors of the client and FSW are explicit there will be less strain in the client worker relationship (Feld & Radin, 1982).

Success for the purposes of this thesis means the establishment of a positive working relationship where the client feels she is heard and understood by the FSW and conversely the FSW feels the client understands her concerns about the child maltreatment and is willing to engage in interventions to reduce the risk to the children.

11.0 EFFECT

In order to achieve success the FSW has to have an effect on the client. The client needs to recognize that her behavior is harming her child and be willing to do something about it. If the social worker can bring about this recognition she has been successful. An effect is defined as any result, change or outcome that was produced by an action, word, or feeling.

12.0 PROBLEMS WITH STUDYING THE HELPING RELATIONSHIP

A relationship between two people is very difficult to analyze and explore as it involves an emotional connection between those two people that may not very well show itself to an outsider looking in on that interaction. "The significance of the interplay between caseworker and client often evades efforts at objective evaluation" (Horowitz, 1991, p. 170). Although there is agreement on the importance of the helping relationship there is not a consistent definition nor a common understanding of how the helping relationship supports a person's efforts to change and address her issues (Compton and Galaway, 1994).

13.0 GOALS OF THE THESIS

The goal of this thesis is to explore the relationship between a FSW and her client in a mandated child welfare setting. There is a need to examine the unique role that the FSW plays in our society and there is a need to understand how this role can best help protect children from maltreatment while helping parents move through the system without feeling attacked and condemned.

Child welfare services are often scrutinized and criticized. Those who criticize are often looking to find a way to re-organize the system so that costs remain low but children remain protected. However, by attacking the system, very often the people in that system come under fire. It seems that rarely is the FSW understood, respected or praised.

As stated previously the FSW is responsible for protecting the children on her caseload while preserving families. She has little time to do this as she has many demands placed upon her with a high caseload and limited resources in an unstable environment. Workers most often complete their tasks independently except for whatever formal or informal supervision practices operate in their Agency. FSWs receive very little preparation or orientation upon entering this role. In their day to day business they are frequently left to figure out what to do on their own,

through trial and error or through informal mentoring relationships with more senior social workers, provided they exist as turnover is high in this field.

There appears to be little if any research done on the client-worker relationship in child welfare. Family Service workers need to establish helping relationships with all their clients in order to try and address the issues of maltreatment in a family. To do this they must have special skills. Family Service workers need to be able to balance the dual goals of the Agency, the multiple role demands while engaging with clients who are often resentful, angry and resistant to their involvement in their lives. Some Family Service workers are able to do this with finesse while others struggle and have more difficulties. Some clients graduate from the system having had a favorable experience while others' experiences only further exacerbate their negative image of child welfare. If there was some way to capture why some clients are more successful than other's, then we might be able to use this information to educate FSWs and to set up their relationship with clients so that the relationship could be more positive and each would have a more successful experience in the child welfare system. Presently the controls or penalties for poor service are subject to the judgment of supervisors or higher levels of management. When service is examined it does not necessarily take into account a client's experience and when these experiences are taken into account it is often to the detriment of the FSW.

13.1 EXPECTED EDUCATIONAL BENEFITS TO THE STUDENT

I hope to develop knowledge related to child welfare practice and to use this information in the role as a Family Service Assistant Program Manager. The aim is to be able to effectively influence and change social workers' interventions with clients so that clients and FSWs have a more positive experience and can be successful in reaching their respective goals.

Research indicates that the supervisory relationship is significant for the work life of an employee. The supervisee is highly dependent on her supervisor as she gets her cues from this

person, cues as to what is really important, what really is expected and what really are the consequences if these expectations are met or not met. Additionally it is the relationship between the supervisor and supervisee that influences how long an employee stays and how productive she is (Organization and Staff Development, no date).

Shulman (1985) explored the idea that a social worker's ability to be genuine and empathetic with clients as well as to create an atmosphere of trust is dependent, among other factors, on the ability of her supervisor to do precisely the same things in their relationship. His general concept was that of a flow-through effect in which the tone set by the political system governing the agency can be passed down through the system to influence the interaction between worker and client. In turn, a worker who is supportive with a parent may affect and help a parent be more empathetic with her child.

14.0 OVERVIEW OF THE RESEARCH PROBLEM

The aim of the thesis is to explore the relationship between a FSW and her client in a mandated child welfare setting using narrative interviews as a qualitative research method.

In my experience some FSWs and some clients just do not understand one another. The client either avoids the worker or her behavior and attitudes portray hostility and antagonism. Sometimes the FSW finds the client particularly frustrating, difficult to deal with and labels her resistant to change. Neither one seem to like each other. However, if that same client is reassigned to another social worker, often times that hostility and conflict dissipates and the worker and client are able to address the issues related to the child maltreatment. It is often not clear why this is so.

So what do positive relationships look like in child welfare? Do clients understand the role of a FSW? What expectations does the FSW have of her client? Is there a difference between what a client thinks is happening in the relationship and what a social worker thinks is

happening during the client-worker interactions? Is it because the client and the FSW are entering the relationship with conflicting expectations, stereotypes and frameworks? If so, how can these expectations and frameworks be changed so that the relationship is more positive? In supervision how would I use this information to help a Family Service Supervisor be more successful with her social workers who in turn can be successful with her clients?

14.1 RESEARCH HYPOTHESES

I hypothesize that some clients are successful because they have a positive relationship with their FSW and their interactions are understood by one another, which allows them to address the issues that need to be changed.

Relationships are based on trust, respect, genuineness, acceptance, and purpose. A client will more likely be successful in addressing the issues that led to the maltreatment of her child if she has a positive relationship with her FSW. When the FSW is genuine and clear about her expectations while being empathic concerning the clients' feelings, situation, expectations and framework, relationships can develop and be constructive and helpful. Out of this relationship will come cues about how each other should behave and perform; therefore, both the client and the FSW will be able to work together if they realize their respective roles in a child welfare setting and are able to perform those roles with one another.

Thus the research questions are as follows:

1. Does the relationship between a client and a FSW influence how they interact with one another? If so, how?
2. In a child welfare setting, can Family Service workers and clients have a positive relationship?

3. What effect, if any, does a positive relationship between the FSW and the client have on the client and on her ability to be successful in reducing child maltreatment and graduating from the system with her self esteem intact?

15.0 QUALITATIVE RESEARCH

Qualitative research is “any type of research that produces findings not arrived at by statistical procedures or other means of quantification. It can refer to research about persons’ lives, lived experiences, behaviors, emotions, and feelings as well as about organizational functioning, social movements, cultural phenomena, and interactions between nations” (Strauss & Corbin, 1998, p.10-11). This type of research involves collecting data in an effort to characterize human experience and then describing and organizing an interpretation about human behavior (Portney & Watkins, 2000). The spirit of qualitative research is that the participant’s experience should be described as it was lived by the participant (Portney & Watkins, 2000).

15.1 METHODOLOGY

A. PARTICIPANTS

I interviewed one client and three FSWs from Winnipeg Child and Family Services in order to collect descriptions and data about the client-worker relationship.

(i) Client Sample

I planned to interview three adult female clients whose protection files had been closed with Winnipeg Child and Family Services for at least six months but no more than two years. Unfortunately only one client was referred that met the criteria for the study. It was important that the client was a woman to restrict the potential influence that gender may have on the client-worker relationship since sexual differences can influence the therapeutic experience (Greene,

1972). The client must have been open as a protection case as this would infer that there was mandated involvement and that she did not contact the Agency for voluntary service.

The client's file had to be closed as I am employed at Winnipeg Child & Family Services as an Assistant Program Manager and the research process could not interfere with any current or future child protection investigations or processes. All participants were advised of the researcher's status within the Agency and they were further advised that I would have absolutely no authority in past or future child welfare matters. I explained that that it would be a conflict of interest for me to be involved in her matters due to our relationship as researcher and participant.

It was important that enough time had gone by that the client was able to reflect back on her experience with her FSW but not be caught up in any of the emotions around the involvement with the Agency. But it was important that not too much time had passed that she wasn't able to recall the feelings and perceptions she had of her experience in general as well as her specific worker. Clients had to be from closed cases outside of the Core and North end of the city to minimize the possibility that I have had any role in their file previously. I did not have access to her file. If the client's file had re-opened during the research process I would have immediately declared a conflict and transferred the case out of my jurisdiction.

The one client participant I was able to interview was voluntary and provided written consent to participate in the research (refer to Appendix A-B for a copy of the consent form that was used). All participants were given time to review the consent document followed by a clear verbal explanation about the research project and the reason for the research. They were advised of the procedures, namely that there was to be a dyadic interview where they would be asked to talk about their experience(s) with Winnipeg Child and Family Services and their relationship with their FSW(s)/clients. The client was advised that she could withdraw from the study at any time or she could ask me questions whenever they needed clarification. The client did not have any obvious or stated mental health or cognitive issues that would interfere with their ability to

understand and participate in the research process. This was one of the preconditions of my call for volunteers (please refer to Appendix B for the letters that were sent out asking for participation).

Confidentiality is defined as the ability of the researcher to identify a given person's response but promises not to do so (Babbie, 1986). In this study I am the only one aware of the full names of all participants, with the exception of my Supervisor who helped in the selection process. Interviews were taped and transcribed by an independent transcriber. Taped and transcribed material was kept in a filing cabinet in my home. Each interview was recorded using separate audiotapes and was labeled with a pre-determined number and the date. Any notes that were taken during the interview were labeled with the same pre-determined number. Neither material can be identified by participants' names and were referred to by pseudonyms such as Client 1, 2, 3, and Family Service worker 1, 2, 3. I maintained a master list, which identified respondents' names to their respective pseudonym. In this thesis participants will be referred to by their pseudonym and no names will be released. Once the requirements of the thesis have been met, all interview materials, consent forms, letters and master lists will be destroyed.

(ii) Family Service workers Sample

The research project also involved interviewing three FSWs who were employed outside of the Core Area or North end of Winnipeg Child and Family Services. I was able to gather three participants. All three participants were women who volunteered to take part in one to two interview sessions. All of the FSWs have been employed for at least one year thereby ensuring that they have had significant experiences to reflect on and have developed a beginning competence in the role of FSW. Two of the three had been employed in child welfare for over five years and all three were from different service units within the Agency. None of the FSWs

were on probation or receiving any disciplinary measures. This was a precondition of the call for volunteers (please refer to Appendix B for further particulars).

The Family Service Workers were aware of my role within the Agency as I had recently been promoted. It was outlined that the information they shared with me would be kept confidential. The emails that were sent out calling for participants (Appendix B) and the consent forms (Appendix A-A) outlined that I would have no influence on their professional role within the Agency or on their individual cases. For example, staff were advised that participation, or a decision not to participate, in the research would not affect one's receiving an increment, one's opportunities for advancement or one's performance appraisal. All three FSWs signed consent forms and were voluntary participants (please refer to Appendix A-A for a copy of the consent form used with the FSWs).

B. DATA ANALYSIS

After conducting the interviews I then looked for themes in these interviews and compared the findings to the research. Riessman (1993) describes a form of research interviews as narrative work. She defines narrative work as the telling of past actions and of how individuals understood those actions or the meaning of those actions. Narratives are "inevitably a self representation" (Riessman, 1993, p. 11). With this type of research the ability to generalize is limited but it is appropriate for small studies that focus on "oral, first person accounts of experience" (Ibid., p.69).

Riessman states that open-ended questions are more likely than others to encourage narrativization. Therefore my interviews with participants focused on asking the participant to tell me about herself and her experience with/at child and family services. I tried not to direct the interview but to merely listen to the participant's story and to create an environment that facilitated the telling. The participants were given the following instructions adapted from

Riessman (1993), "tell me, in your own words about yourself and about your involvement with Winnipeg Child and Family Services and your FSWs/clients. I do not have any set questions to ask you until later. I just want you to tell me about your life and about your relationship with the Agency and its workers/clients. If you can start at the beginning and just tell me how it unfolded. Tell me as much or as little as you would like. I want to hear what you have to say. Just tell me in a way that is most comfortable for you". Probing comments such as "can you tell me more about that" and "what was that experience like for you?" were used to help facilitate further narrative when participants got stuck in their telling.

C. INSTRUMENTS

During the later part of the interview I used a set of questions to expand on any themes that might have been offered from the first part of the interview. These prompts focused the participant to be more specific:

With the client I asked:

- (1) How would you describe your experience with Child and Family Services?
- (2) Would you describe your experience as successful? If so, why?
- (3) What made your experience good or bad?
- (4) What was your relationship like with your FSW (s)?
- (5) Can you name three positive aspects about your relationship with your FSW?
- (6) Can you name three negative aspects about your relationship with your FSW?
- (7) Do you think your FSW understood you and was empathic and genuine?
- (8) Was it clear what your worker wanted you or members of your family to do? If so, why. If not, why not?

With Family Service Workers I asked:

- (1) Why do you think some clients are more successful than others are?
- (2) Could you describe a successful client? What made this client successful?
- (3) Tell me about a relationship you had with a client?
- (4) Can you identify three positive aspects of your relationship with your client?
- (5) Can you identify three negative aspects of your relationship with your client?
- (6) What things would you change about this relationship?
- (7) Do you think this client felt understood by you? Were you empathic and genuine?
Why/why not?
- (8) What do you think your role as a FSW is?

This was a broad script that I used to guide the discussion but it provided a basis to compare responses. I kept the interviews flexible so that I could ask follow-up questions that were relevant to the specific participant's circumstances (Portney & Watkins, 2000).

D. SAMPLING METHOD

Sampling and interviews began in July 2003 after the Agency's Chief Operating Officer, the Department of Family Services and Housing, my Master's committee and the University of Manitoba's Ethics committee granted approval.

The following is a list of the steps that were taken:

1. On June 13, 2003 an interagency email was sent to all FSWs and their supervisors in the Family Service units located out of the Pulford, Pandora, Steinbach, St. James, St. Vital, Beausejour, Oakbank, Concordia, St. Pierre, Stafford, and Steinbach offices (refer to Appendix B for a copy of this email). Interested participants were asked to respond to my Supervisor by July 4, 2003.

The email briefly outlined the research project and asked for FSWs to identify and refer themselves and any appropriate clients and a method to contact these clients to the attention of

my Supervisor. This approach was pursued as it was felt that FSWs could choose whether they wanted to participate or not. With respect to clients it was felt that FSWs may recall certain clients who would be open to being approached by the Agency to participate in this kind of forum. As well FSWs may have been able to identify clients who could be active participants in this research process.

A random selection was not practical and purposeful. Sampling can help set boundaries and a frame for the research. Boundaries help "define aspects of your case(s) that you can study within the limits of your time and means, that connect directly to your research questions, and that probably will include examples of what you want to study" (Miles & Huberman, 1994, p. 27). A frame "helps you uncover, confirm, or qualify the basic processes or constructs that undergird your study" (Ibid.). Generalizations from non-random samples must be made with caution. The data is meaningful within the confines of the group being interviewed but any finding may not be generalizable to the larger population because of the size of the study and because subjects were hand-picked.

2. On July 7, 2003 I asked my Supervisor to send the email again as she had only received two client referrals but no FSWs had volunteered to participate. This second email produced participants. On July 11, 2003 my Supervisor advised me of the three Family Services workers she selected out of those who had volunteered. My Supervisor selected all participants so that I would not be aware of who chose to participate and who chose not to participate.

There were a couple of clients who were referred. The first to be referred were to be the first participants to be contacted; however, my Supervisor planned to develop a list of all the clients who were referred by order that they were referred in case the first three clients declined involvement in the study. Unfortunately there was not a lot of clients referred to the study.

Low participation in the study may be attributed to the timing of the request as well as to the criteria for selection. During the summer of 2003 the FSWs were being asked for the first

time to apply the Authority Determination protocol to all of their clients as part of the AII-CWI. This task substantially increased their all ready taxing workload. Secondly the criteria may have been too narrow and limiting.

3. Once my Supervisor chose a client participant a general letter was mailed to their attention (refer to Appendix C for a copy of this letter). Two letters were mailed out the week of July 31, 2003. These letters outlined the research project, assured confidentiality and invited those interested in participating to contact my supervisor by August 29, 2003 to express their interest. A deadline was provided to ensure that the process moved along in a timely fashion. The plan was that if any of these participants choose not to participate then my Supervisor would contact the next client on the list and begin the same process until three clients had verbally committed to participate. Unfortunately one of the two letters was returned with no forwarding address. The second client agreed to be interviewed.

As indicated above, within the initial email, FSWs were invited to participate in the research project. Interested participants emailed their interest to my Supervisor. She then chose the first three qualifying FSWs to respond and developed a list of other interested participants in case the first three FSWs could not follow through with the study.

4. Once my Supervisor selected and confirmed the three Family Service participants, I contacted them by email and arranged separate and private interviews with each of the participants. Interviews were arranged with the three FSW volunteers in the last week of July 2003.

5. At each of the first interviews the consent form, confidentiality and my role within the Agency and within this research project was reviewed and discussed if needed.

6. Once written consent was obtained the interview(s) began and were taped.

7. All four interviews were conducted during the work week within the hours and a setting most convenient for the participants. Two interviews with the FSWs were held at the Elizabeth Hill

Counseling Center. One was held at the participant's office at her request. The one client interview was held in her home while her children were at school at her request.

8. I had proposed to conduct a second interview if the first interview did not elicit enough information to answer the research questions or if the interview became too lengthy to address these questions in a timely fashion. This was not necessary and all four interviews were concluded in one hour to one and half-hour interview sessions.

9. Participants were not compensated.

10. Participants were asked if they would like to receive feedback about the research. Two of the three FSWs and the one client expressed their interest in receiving feedback. Once the thesis has been approved and final academic requirements have been met, a copy of the findings will be mailed to those participants that requested feedback.

11. On November 14, 2003 my Supervisor sent a letter to the Elizabeth Hill Counseling Center canvassing them as to whether they would have any clients to refer to the study (please refer to Appendix D for a copy of this letter). Elizabeth Hill is a counseling center that Winnipeg Child and Family Services has a contract with to provide counseling services to their clients. It was hoped that they might be able to identify prospective participants as their clientele come from WCFS. Unfortunately on November 28th a representative from Elizabeth Hill called to advise that they did not have any clients that met this specific criteria. The feedback was that the criteria might be too restrictive.

12. Once the interviews were concluded my Supervisor was asked to destroy all her information with respect to this study.

16.0 RESULTS

The results of the interviews will be organized by the research questions I developed. The client's responses will be presented first, followed by the FSW's responses and then thirdly

the client and FSWs' responses will be presented together and compared. Finally, I present a comparison of all the participants' responses to the theory on roles.

A. Client Interview Results

The client that was interviewed for this study had been involved on and off with the Agency for over twelve years, starting when she was an adolescent. Over that time she had contact with at least three FSWs and she was very articulate about her experiences with each of these workers. The client could remember the names of each of her workers but she was asked not to identify them by name. The client has five biological children. Her two eldest children were made permanent wards of the Agency. Her parental rights were terminated in a contested manner through the Court of Queens Bench. She was parenting her three younger children at the time of the interview; although, she shared with me some of her struggles with parenting these children over the years.

Question Number One: Does the relationship between a client and a FSW influence how they interact with one another? If so, how?

The client stated she had some good and some bad experiences with child and family services. She felt that she had both a poor relationship with one FSW and a positive relationship with her subsequent FSWs. She said that these relationships affected her success in parenting her children. She declared

...when you're dealing with the system, it's all like Child and Family Services, I mean it all depends on your worker on how, how quick your kids come back to you. I mean a lot of it depends on you too, but you have to have a worker that's going to be able to work with you and wants to work with you and my first worker didn't want to do that, or so it seemed to me. The second one well she was all – she was on my side...

This client felt that her first worker did not really want to work with her or help her parent her children. Because she perceived this from her FSW she grew to dislike her worker and did not want to work with her or engage with her. This in turn reinforced the worker's assessment of her readiness to parent. She stated,

...the day after he [my second son] was born a worker came and told me that he was being apprehended and this is why blah, blah, blah, so they came, they apprehended him and he was put into a foster home and I had the same worker still, and she went for a permanent order right away. So I looked at it as she was looking at me as a 16-year old girl who had made mistakes and she wouldn't look at me as an adult so I kind of I resented her for that. I didn't have a good relationship with her at all. I think she knew that I didn't like her. She knew that I had some harsh feelings towards her and she got a permanent order on my son and he became a permanent ward.

This client went on to state that when she got pregnant a third time,

...she was still my worker at that time...so once I started talking to [the school social worker]. I had mentioned my relationship with this worker, how it wasn't very good, how I constantly looked at her – she looked at me as a 16-year old girl who made a lot of mistakes. I was almost 20 years old and I was ready to be a mom, I was ready to kind of put all the bad things behind me and she wanted to apprehend him as soon as he was born. So when I first found out I was pregnant because I knew what she was going to do and I knew that she had this thought in her mind, that I was a 16-year old girl she was going to apprehend him, so I wasn't about to give birth again. I was like ready to terminate my pregnancy, she basically made me fear ever having children because of this I thought she was going to take every single baby away from me that I have for the rest of my life.

This client really felt that her first social worker and her did not have a positive relationship. She felt that this poor relationship influenced the worker's plan whether to remove her children or give her a chance. She felt that the way this worker assessed her and treated her caused her to dislike the worker and she assessed the worker as being a bad worker. She states

...I made a lot of bad choices, quite a few bad choices. I was 16 years old, I was the mom, I was more interested...in like putting [my baby] on a pedestal than trying to be a good mom, so I made a lot of bad mistakes and the worker that I had at that time picked up on all those mistakes and she was taken away at three months, apprehended at three months old. She was put into care, the same worker that I had was with me throughout this whole of her being in care, her being returned to me, her being in care again, like being apprehended, like put back and being apprehended and she I guess eventually went for a permanent order on my daughter who was five-years old at the time, so it was like five years that this went on and I kind of – I had a little bit of hard feelings towards the worker.

The client could not understand why her second born was apprehended from her care right at birth. She admitted that her feelings towards her FSW caused her to be resistant, hostile, untrusting. She said,

...[with] my second child I was just thinking I'm ready now and she didn't give me a chance so right then and there our relationship was doomed from any point then on, I was like, "you're not giving me a chance, I want nothing to do with you" and I wouldn't work – I wouldn't listen to what she said, I would ignore her, I wouldn't respond to her calls, I wouldn't do nothing so it made it very hard for me to try to keep him when she made it so I didn't want to talk to her. It's hard to work with somebody when you don't even want to talk to them.

Although the client's age at the time of this relationship and her level of maturity could have had an effect on the relationships she had with her FSW, clearly, in this client's opinion her poor relationship with her FSW did influence how she interacted with her and it impacted on her willingness to address the behaviors that led to her children being removed from her care. In this situation the FSW had created expectations by placing this client in a role that was not congruent with her image of herself but which eventually influenced how she began to behave.

Question Number Two: In a child welfare setting, can Family Service workers and clients have a positive relationship?

The client chose to request a new social worker instead of terminating her third pregnancy. Just prior to her third child's birth she was assigned a new social worker and that social worker allowed her to keep her baby. The client looked at this as a new start. She states

...“Okay, this is a new start for me, because I'm getting a new worker, somebody who's going to be able to be objective and doesn't know, like she's obviously got the file on me, she can read up what she – what's been written in there, but she can also look at me as somebody she just met.” So I got the new worker and they got the supervision order and my relationship with her was really good. She was, it was more like she was willing to work with me, whereas the other one it was like she was trying to work against me and almost like she was out to watch me fail and make mistakes, so I got the new worker and she just – she was awesome. She was just for me, she was out for me to help me and do what I needed, like help me what I needed to help me in order to keep my baby, and I got to keep him...

In this relationship right from the start the client felt that she was being helped and not judged. She felt her worker was supportive and this lead to her being open to building a relationship. She

could understand the FSWs actions and she guided her own behaviors to fit in with those actions.

This led to cooperative behavior. She commented,

I never forget her, because she let me keep my baby. She helped me, she worked with me, she gave me that chance, whereas the other one didn't...

The client felt she was able to have a positive relationship with this second worker because she felt as if the worker wanted to help her be a mother, the goals were explicit and they created them together. She had this to say,

...we set out a plan for me, like she said, "Okay, what do you think you need to do?" She didn't sit there, "I think you need this and this and this" which would've probably made me back away a little bit, like, "Don't tell me what I need, let me tell you what I think I need and then we can work on that." That's what I wanted and she did that. She asked me, "What do you need to do? What can we help you with in order to get yourself able to take care of these kids?" So we set out a plan...

She felt that this worker did the things she expected a FSW should do. Her conception of the social worker role was reinforced by the worker's role performance. For example,

...my son tells me he's being treated badly I want it looked into. I want it checked, if it's checked three or four thousand times, I don't care it's going to be checked. She did every complaint I put in she checked it out. She never said, "Oh well, we've done this already, oh we've been there, we've checked it, we've done this." She never did that, she'd like, "Okay, I'll get on it" and I was thinking that's what a worker should be doing. They should look into every complaint that a mother has when it comes to her kids especially 'cause I'm trusting these people to take care of my kid appropriately and if I'm sending him – like back into a house where he doesn't feel comfortable how does that make me look?

This client really felt her second worker was “awesome” and that this allowed them to have a better relationship than her first FSW. She felt her worker was genuine, a key element in a successful helping relationship. By being genuine she felt that her worker was what she proclaimed to be. The client stated,

...[s]he was all about me. She wasn't – it wasn't a job to her, like it didn't seem like, "Okay, this is my job I have to talk to you. I have to do this for you because it's my job." She didn't put herself out like that, like she didn't portray to me, like, 'okay, I'm doing this for you 'cause it's my job', you know what I mean. She did it 'cause she wanted to help me and that's what makes her so great is 'cause she wanted to help me not 'cause she felt obligated or it was her job requirement...

This client believed she was able to have an “awesome” relationship with her second and third workers because those workers liked her. The fact that she felt her workers liked her likely effected the relationship and helped it be positive. As the relationship became more positive the worker and client began to like each other more because the relationship was comfortable and congruent with their expectations around each others' roles. As the relationship progressed they shared parts of themselves with each other and began to understand each other. The client had this to say about the comparison between her different FSWs,

...I think they got to know me more as a person, whereas the first worker was all about her job. She wasn't there to get to know me, she wasn't there to find out to find out what I liked what I didn't like or anything like that, or what I was doing in my own life – it was all about 'What are you doing for this kid or this child, and what are you doing in order to get her home and what are you doing to do this?' that's what it was all about. It wasn't like, "Well, do you need anything in

order to make it easier for you to be a mom so we can get this child back in your home?" So I don't, I seriously don't think she liked me at all.

The client went on to state she felt her second worker was also respectful and empathic, other key elements to a successful helping relationship. The client attributed the success of the relationship to

...she never like looked down on me. I never thought like okay this person's not listening to me and she's just acting like she's listening to me, so that made her kind of top in my books too, I guess, you know, 'cause if you're talking you want somebody to sit there and listen...And actually pay attention and I never felt that she wasn't paying attention. She always showed me that she was paying attention, she knew exactly what I said, she never went, "I'm sorry, what did you say?" She never did that, like she was just listening all the time and hearing, not only listening but she was hearing what I was saying and she went based on stuff that I was saying a lot of times instead of basing everything on what she thought...

When I asked this client what she thought FSWs needed to know in order to do a good job as a FSW, she thought that

...they need to listen and be open to suggestions rather than being the one making them all the time, because like I said before already, you have to be able to – you have to know that you're being listened to and you're being heard. You know they're communicating because if you're not, it's going to make your relationship very hard, it's going to make the work that you're doing very hard because like I said, you don't want to talk to somebody who's not going to listen to you, or doesn't care what you have to say. You're not going to want to phone that person, you're not going to want to have anything to do with them. You'll do

everything you can to not have to talk to that person and that makes a relationship hard, it makes getting your kids back, if that's the case, even harder because you can't – you can't get your kids home if you're not doing what you need to do in order to get them back home. So I think workers, every worker, any worker needs to listen and be more open to listening in order for a relationship to work 'cause if you don't it ain't gonna' work, trust me.

Now that this client's file is closed with Winnipeg Child and Family services she still stays in contact with this second worker who she perceives still has time for her and doesn't avoid her because her file is closed. This makes her feel like she had a positive relationship with her because that is what happens in other in-formal relationships, they have some permanence even after they end. She felt like she had a relationship because she knew some personal facts about her worker. She didn't know her whole life story and she thought that was good as it showed that she was professional but she thought it was good that she opened up to her and she didn't leave it all a secret. She felt her second worker was working with her rather than against her.

Question Number Three: What effect, if any, does a positive relationship between the FSW and the client have on the client and her ability to be successful in reducing child maltreatment and graduating from the system with her self esteem intact?

Although there were other factors, this client felt that her success was related to her positive relationship with her social worker. She said

...I think it was a lot of (inaudible) had to do with her because she was there throughout that six months to make sure I was doing what I was supposed to be doing, taking care of him, having what I needed to have for him, everything, so without that – without her there, that six months I might've failed. I don't know, she kind of kept me on my toes.

Additionally she stated,

I've dealt with both kinds of relationships and I have nothing but positive things about the people who did listen to me. I have three of my kids because of them.

I mean because of me too, because I did what was needed of me to do but without them working with me I wouldn't have my kids right now.

The client felt that although she had decided she wanted to parent and felt ready to do so, she did feel her second worker had a lot to do with her success because in her words,

...it all depends on your worker, it all depends on the type of person you have to work with to get to where you need to be... You have to have a worker that's going to work with you and wants to work with you...

The client felt her second worker was aiming at trying to make it easier for her to be a mom.

If it wasn't for her I probably would've lost them again, because she again was aiming to help to make it easier for me to be a mom, like what kind of things did I need in order to be able to do my daily chores or just daily responsibilities of being a mom. She helped me, she was working with me, she was giving me suggestions, she was offering programs to me, she did everything that I needed her to do and I didn't even have to really ask.

The client appreciated her second worker's authority on child rearing because she had children and therefore she knew how hard it could be to be a parent. The client felt that her second worker was helpful and did things that she needed. She stated that if it is her child she should have a say and her second worker allowed her a say in the planning, decisions and process. She also felt like she knew exactly what she was suppose to do to get her children back home and that they laid out the plans together. She feels because of this and the work she did, she got to parent three of her five children.

She did feel because her first worker did not believe in her that those attitudes influenced their relationship and affected her behavior causing her to behave the way she felt the worker thought she should behave, as a bad mom. She commented that her first worker,

lowered my confidence because she never had any faith in me. It was almost like she wanted me to fail all the time so I looked for things to do to screw up, you know, whereas the other workers and support workers were like 'You can do this'--and they boosted my confidence.

The client stated she saw her first worker years later and pointed out to her that she was parenting now. She stated that she felt like this worker was disappointed to hear that she was parenting because her face looked disappointed and she looked like, "I wasn't good enough to be a mother or something--I never should've had children and that's how she looked at me and that's how I kind of took it as she was looking at me".

Based on this client's experiences I can state that the positive relationship she had with her second worker did have a successful effect on her ability to reduce the behaviors that led to the neglect of her children, allowed her to parent three of her children and helped her graduate from the child welfare system with her self esteem in tact. This was not the case with her first worker where they had a poor relationship causing her to loose two children permanently to the Agency and left her feeling inferior.

B. FAMILY SERVICE WORKERS' INTERVIEW RESULTS

Once the interviews were concluded and transcribed, I reviewed the FSWs' transcriptions and looked for concepts and themes related to this thesis in a process that Strauss and Corbin (1990) describe as open coding.. I developed a color coded table of these concepts and grouped key paragraphs together by research questions. Subsequently I used these paragraphs to compare each of the FSWs to the other.

Question Number One: Does the relationship between a client and a FSW influence how they interact with one another? If so, how?

All three FSWs indicated in their own words that clients are often scared of their child welfare worker, because the child welfare worker has the authority to remove their clients' children. All three social workers indicated that they need to spend time with their clients to try to explore these perceptions otherwise the relationship will be poor. As Totter (2002) had indicated, the social workers felt they should spend time at the beginning of the relationship "clarifying their role" by outlining to a client what their role involves. They felt this was necessary so that the client was not left thinking that they are only there to remove their children but that the role of a child welfare worker was to protect children within their own families where ever possible. They each indicated that they also spend time with their clients in the beginning of the relationship and allow them the opportunity to tell their story and their perspectives about why they are involved with the Agency as a way to build trust and begin the engagement process. FSW #1 had this to say,

...how I get started with clients and it's really just having a conversation – something you do naturally I think and then just kind of ask them what brought us to this point, you know. I let them sort of tell me why I'm there and then we talk about what the Intake worker was saying 'cause I want to hear before I'm going in and not to say, "Okay, I'm here because you know intake's got this – transferred your files to me because, blah, blah, blah". I'd rather have them tell me why they think we got to this point and then where do we go from there and we spend time on their initial perspective and where they're coming from. And then just develop a relationship from there and I think that that is a good start because I'm not going to (inaudible) judgment because it is really scary for

clients, coming in there – we're Child and Family Services and that the authority alone, regardless of what the issue is, just the authority the agency has...

FSW #2 commented that as part of her practice she tries to spend time with a client getting to know one another firstly on matters that are less intense than the child protection concerns. She tries to do this in the client's home because this is their "comfort zone". In an attempt to build cooperative behavior, she tells her clients exactly what she is all about so that they may understand her actions and know what to expect of her. This FSW tries to build trust and shows the client that she was not going to just "take her kids away". She tries to dispel the client's fears about her role and "step through that barrier". Otherwise if she does not, that will affect the way they interact with one another. She said with one client that she had to:

explain to her that, you know, I was looking at both sides and not being judgmental. It took me a while to even get her to talk to me and how I did that was that I tried to help in other ways in her life but she didn't have a place to live and so I brought her to some resources and tried to help her find a place, and it seemed that the more time I spent with her, the easier it got for her too...

She explains that her client,

...she was able to connect with me...and that's what I usually try to do with – no matter who the client is, is try to find something that's common so they don't think I'm such a threat. What she thought was, I was just going to come and take her kids away without you know looking at the situation, or even talking to her because of so and so's experience in her family. You know she just had this stereotype of CFS.

FSW #3 also spoke about these negative stereotypes and how the policing role affects your relationships in child welfare. She felt that you have to take time in the beginning to provide clarity and explain your role to families before beginning the work. She had this to say,

I think just by some people's experience with child welfare in the past if they've come across agencies that have worked more from an investigator's role and not from a family support preservation type of orientation, they come in with hard feelings or a bad experience to start with and we are incredibly powerful with our legislation. We have power that – and most clients know that, most clients have talked to other people, you know, they hear that children are taken away from families, so – (inaudible) you just think you're going to go in to something and setting goals and not need to shift some of the power back to the family, I think that would be a mistake. I think there is more of a focus now on this investigator role so this almighty powerful person walks in and takes more power, you know, during their initial contact with clients.

In her opinion, the relationship you have with a client does influence how you interact and that relationship is effected by the experiences and framework that the client brings in to the relationship about child welfare and child welfare workers. She went so far as to say that after working in the field for over five years she has learned that if the relationship is not positive that it may be better to have herself removed from the case. “I might ask to be transferred sooner. I think when you put it in, and you're, you know, you have done as much as you can, it might make sense for somebody else to become involved”.

Question Number Two: In a child welfare setting, can Family Service workers and clients have a positive relationship?

All three Family Services workers agreed that you can have positive relationships with clients and that in order to do the work successfully it is important to develop a trusting, helping relationship. They spoke of experiences where clients were hostile or threatening to kill them, in

these instances it was very difficult to get the work done, the child returned or even be comfortable meeting with the client.

FSW #1 described a positive relationship as,

I think it's being comfortable with each other, respecting each other's opinions and coming to the point where it's okay if we don't agree and you're still able to get through it. I think that's really when you know that you've established a connection or relationship with someone, it's when you have a disagreement and it ends up being okay and they're not closing the door, they're not – calling the Province or – but they're able to work through it with you. I think that is really what demonstrates that you've developed a relationship.

When discussing a relationship with an adolescent girl, she knows the relationship is working when

[t]here's mutual respect, there's trust. I'm comfortable with my interactions with them and I feel that they are comfortable in return. It's worthy, it's natural, I can sort of gauge the child's response. When she asks me a question I know how I need to maybe answer that for her to be okay with it. That might be different for another child and maybe I haven't figured that out with another child what's going to be okay and what type of response – how I need to say it to make it okay for her.

All of the workers spoke about building trust with clients and how important that is in developing a relationship and being able to work on the issues. FSW #2 gave this example,

..once they start to trust you they think that they – if they tell you things you won't hold it against them or things like that, and so I try to make that very clear to them that, you know, I am a worker and I am unbiased, I'm not judgmental, you know, I won't treat them any differently no matter what their situation is...

All of the FSWs spoke about liking their clients and that this played into developing positive relationships with clients. For example, FSW #2 stated

I legitimately care about the families, I really do. I really honestly can say I do try to do the best job I can to try to keep the family together and not have to apprehend them, not having to take them away, and I think that people that I've seen in some work places have lost that and it could be because...it could be because I haven't been in it for 15 gazillion years but I think if I lose that I would be doing a disservice for my clients, and I would get out. 'Cause I've seen workers that have been in it way too long and they shouldn't be in it any more because they just hate their clients. They're to the point where they're like kind of – they've had enough and they hear the same stories over and over again and they don't want to have anything to do with them...

She went on to state that these negative attitudes and feelings are a disservice to clients because your attitudes and feelings carry over into the relationship you have with clients and it biases your judgment, your assessment and the way you work with a client. She felt that clients know that, they pick up on that and that affects how they respond.

FSW # 3 went on to say,

I find the families we work with really need you to see the other side of them than just the protection issue and so you take time to do that. Like I said, I think you can get to the real stuff, not the real stuff, but you get to the protection issue a lot easier once you've taken the time to do that.

Question Number Three: What effect, if any, does a positive relationship between the FSW and the client have on the client and her ability to be successful in reducing child maltreatment and graduating from the system with her self esteem intact?

None of the FSWs who were interviewed took much credit for the success of their clients but each alluded to their relationship being a part in their clients' success. All three of them stated that the client is the one to make the changes and has to be ready to do so. It is only then that they can be helpful. For example, FSW #1 stated

I'm coming in here and we expect them to make some changes. That's pretty tough for some clients and some of them aren't ready to go there and aren't either secure enough or confident enough to make those changes and believe that things can be better...

However, FSW #1 was able to articulate that clients do need to have their problems identified for them and she saw this as her role.

[O]ften times they don't see the problem because that's what they live everyday so to them it's normal, so when we're coming in and saying that you know they can't function in a day, they can't work, they can't provide meals for their children, whatever the case maybe, maybe that's been the case for them for a long time and it becomes normal for them, so I think that part of the reason why clients don't think there is a problem because this was their life and what's the problem with that? So we need to come and help them understand what could be different, and I don't think – and when I say that, I don't mean we come in and say, "Your life needs to look like this. Here's what your life looks like now and now it needs to look like this." Because we can't define exactly what their life is going to look like and expect they're going to fit into this whatever the perfect ideal family would be, which is something that I had to learn too is that we're not

looking for the mom and dad and the kids all happy in a family...we can't work with a family until they're perfect 'cause we'll never close the files. We work with a family until they can function in -- they can function on their own in a healthy way even if it's not what the ideal would be.

When FSW #1 discussed how she helped solve a problem with a family in one day, she did articulate that that was possible because she had a positive relationship with the parents. She admitted that it took time to get them to trust her and to believe her when she said something but now that they do she is now able to help them with their daughter. In her positive relationship with a depressed client, FSW #2 explained that her client was successful because,

...I think it's 'cause she finally realized that she could do it. She had done it for so long that she was so down, really needed someone to kind of tell her that she could do it. Like I said, sometimes it doesn't work, in this particular case it did. I really did try to empower her, I gave her reasons why she should do it, gave her reasons why I thought she could do it...

In another relationship, FSW #3 described her ability to do some good work with a mother as follows:

...[in] one relationship, and this is for two years I was his family worker where their kids were made permanent wards that she was not able to recover from her addictions or to provide an environment where we were able to get the kids in a long term placement and the mom was able to meet with me and do the clinical work, the therapeutic, whatever, with their kids afterwards, letting them know how much she loves them, how much she wants them to be a part of her life and that she wishes she could and she can't right now and how emotional that meeting [was]— that was probably one of my most successful experiences as a child welfare worker and it wasn't because I was able to maintain these children in the

family it was because I was able to do it with the least amount of damage to this family – my intervention. So to me that was successful, also a very good feeling to be there for everybody and even having to go and get the permanent order didn't necessarily make me the villain for this family...

FSW # 3 did feel that this mother was able to do some of the work that was required of her because of the relationship they had with one another.

C. CLIENT RESPONSES COMPARED TO FAMILY SERVICE WORKERS' RESPONSES

All of the four participants were asked to respond to eight questions that related to success, positive aspects and negative aspects of relationships, whether they felt that empathy and genuineness played a role in the relationship and whether there was clarity of roles and expectations--all core conditions for a successful helping relationship.

The client participant clearly expressed that she felt the most successful with the social workers who worked with her, who listened to her, who were "open to helping me". She answered the question about why do you think some of your experiences were successful, as follows,

[b]ecause that worker was working with me rather than against me. She was offering suggestions – the two of them – the second and third worker – were offering suggestions of ways to make it easier for me. They were more open to helping me and listening to what I think and the first one just didn't seem to care. She was – it was all about her and what she thought and that was it, it was – it was all about her and that was it, and the second ones were more open to suggestions and offering suggestions.

FSW # 1 felt that clients could be successful when we set out realistic goals with clients and allow time to build trust so that the client will accept that you have something to offer them. FSW # 2 indicated that clients are successful if they have hope that things will change. They can be successful if you can talk to them and create goals. Clients can be successful when you (the FSW) believe they can make changes. FSW #3 indicated that when changes happen they can feel better about themselves, when they have supports, and when her intervention causes the least amount of damage. She further indicated that she felt her relationship helped a mother be successful because she didn't judge her, she admired her, that even though she couldn't address her addictions and parent her children the worker acknowledged that the mother still loved her children and could play a role in their life. FSW #1 offered the following example about the meaning of success,

...[you are] always redefining what is the goal...Just lots of phone conversations with the client, with the mom. Between her and I, ya, and it took them a long time to trust that maybe I knew what I was talking about, that took them a long time, obviously I'm much younger than they are and you know they sort of had this ideal of what things were supposed to look like, so now they trust my opinion and they allow me to get away with more than maybe I would've a year ago even where I can convince them to allow the child to do something and it's going to be okay because I said I think it's going to be okay, they're okay with it, so that's kind of neat.

When asked about what made her experiences good or bad, the client indicated that what was bad about her relationship was when she didn't even want to talk to her worker. What was good was that her worker was a mother like her and could relate to her struggles, the worker "never looked down on me", and the FSW listened, heard her and paid attention to her. She had this to say,

[a]nd then the second and third relationship with my workers, uhm, they – I always wanted to talk to them. I was more than willing to phone them on my own, I didn't even wait for them to phone me the majority of the time. I was like you know I'd phone them and I'd say, "Okay, I need to talk about this, I need to do this. I need to do this." So that made it a lot easier where I felt comfortable enough to phone them and actually talk to them whereas the first one it made it hard because I didn't want to talk to her, so it's hard to work with somebody you don't want to talk with.

FSW #1 suggested that when she and the client can enjoy each other that is a positive aspect of a relationship. The negative aspects of relationships from her perspective are getting attached and the difficulty with separating and turning off your feelings for someone you care about. In her words she said,

the negative aspects I think with this client and this child is sort of a two-sided – you get attached to the client to some degree, because you do have a relationship with them so people ask me sometimes "How can you separate your life from your client to" or whatever the case may be. And I tell them, "You know what, if anybody tells you they go home and they don't think about their client, they're lying" because no it doesn't have to consume your life and that's not healthy, but to say you go home and you don't think about this child that's been with you for two weeks, you do, because you care and you're worried if they're okay.

She knows the relationship is working when there is mutual respect, trust, comfort, and it is natural. FSW #2 indicated that trust, honesty and openness are the positive aspects of a relationship. The negative aspects are an untrusting client, lying, and hostility. On the other hand, FSW #3 saw the ability to get resources involved as a positive, being welcomed into a home, being able to plan, being needed and a client having energy. She felt the negative aspects

to a relationship are threats to kill and when clients can't incorporate what you are saying into their awareness. She acknowledged that sometimes it is best to transfer a client to another worker if you have done as much as you can. In her experience the negative qualities of a relationship can be when

they threaten to kill me...When you feel your family's safety and then your own safety is in danger, how [do] you work with clients after that. When I started in the Agency, I'd only been there six months and I had some real serious death threats and they kept coming, they didn't stop..so there's not a point for that relationship was going to be good where I could've sat down with that person and worked...I felt that that was when it made it very difficult.

When it came to whether the client felt she was understood by her workers, she indicated yes her second and third FSWs were genuine and empathetic. She was able to compare her workers and had this to say,

...the first one – no, she was –I have nothing good to say about her at all, never did she do anything that I thought was genuine or sincere or anything, like I never thought she – I always thought she was out for herself, she was out to do her job, but the second two – they were always very...I think, yes, I think my first – my second and third worker, I think yes they did because they listened to me more so when you're listening you can understand more what a person's feeling or what they're going through. If they're not listening, how are they supposed to understand? And they did, they listened to me, they constantly were like asking me, like they didn't just sit there and go, "Well, you look like this." They were like, "Well, how are you feeling? What are you thinking?" and stuff like that. They didn't just say, "Well, you look like you've had a bad day, or you look like you need this or something, they would ask me and then I would tell them and

then they knew so they can sit there and go, "Ya, okay, I know how you're feeling" and especially if they've gone through the same thing, whereas with the second worker she had kids of her own, she went through hard times with her kids, she was a single mother with three girls, so she was totally sympathetic, empathetic, whatever you want to call it, she was there. She had everything, she totally looked like – very genuine.

The social workers described a range of opinions from yes they thought their clients felt they understood them, to "maybe", to "some families". All of the workers felt they were empathic and genuine. FSW # 2 stated,

I'm very empathetic, I try to really legitimize his experience. Like I do understand that this is – it must be very difficult for him, I try to empathize...

Finally, with the last question the client advised she did know what her second and third workers expected of her. She offered,

I knew exactly what I was supposed to do for this six months. I knew exactly what I was supposed to do and I did it and I have my [children]. "[W]e had laid out the plans together so I knew exactly what was required of me and what was required of just both of us in general in order to have my kids come back home, it was all laid out flat for me.

All three social workers stated the mandate in various forms as to protect children and preserve families. All three of them had their Bachelor of Social Work degree. All three of them appeared to understand their role and were clear about what they were expected to do with families. The two senior workers went on to expand on the issue of relationships by stating that the relationships they have within the Agency also affect their ability to effectively meet the mandate. In the words of FSW #2,

[n]umber one would be to protect the children at all cost. Number two would be to try to work with the families to ensure that protection, whatever it is. I think to provide the family with anything you can in terms of resources...to kind of give them guidance, arm them with resources so they have somewhere to go if – whether the case is closed...– they have a good understanding of where they could go for help.

As I indicated previously, helping relationships are characterized as emotional, interactive, have a purpose, are non-threatening and involve a level of trust. The client participant in my study felt threatened and she did not trust her first FSW. She clearly articulated that she did not have a relationship with her first worker. She stated

...even when it was good it wasn't always good because a lot of the times I still kind of had some harsh feelings towards Child and Family workers in general because I thought you know, "Who are they to come in and say that I'm not good enough to be a mom?" Or "This isn't good enough for me to be a mom" or whatever, like, and a lot of it was like I just thought, "Do they think they're better than me?" And it was mostly because of my relationship with my first worker or lack of relationship with my first worker because I used to say she was baby hungry. She just wanted babies as much as she could get, it was almost like they were trophies for her...I just thought she was – she was too professional." Whereas I think you need to have a little slack on the professionalism when you're working in situations like that, when you're – you're basically in charge of what happens to somebody– I had such harsh feelings towards her and that's because she never gave me a chance...but she never even gave me that chance to not screw up, so I just kind of looked at the system, the workers, Child and

Family Services as just out to basically mess up people's lives, and then I also looked at it with my other workers that, no they're there to help...

The rest of the participants in this study all echoed the positive attributes of relationships throughout their interviews albeit to different degrees. They all touched on the importance of these attributes in being able to get the work done in a cooperative manner.

D. RESPONSES RELATED TO ROLE THEORY

It appeared to me that the client interviewed for this study recognized herself as a client in need of child welfare services. As Perlman (1968) indicated, part of the process for a social worker is to help a client accept that she needs help and be willing to enter into an agreement as to how to address the issues, essentially to accept the role of a client. Because this client accepted that she needed child welfare services this would have made the job of the FSW easier as the client saw herself in that role and was prepared to play the parts associated with that role. Although she was a mandated client she did not present as being forced or pressured to accept contact with the FSWs.

However, in her first relationship the way the client saw herself did not correlate with the expectations from her FSW and the way the FSW behaved did not match her expectations of what a worker should be doing. As outlined previously, expectations are basically prescriptions about what a person should or should not do in certain circumstances. These expectations influence how a person will perform her role and how a person views another person's role. In the relationship between the client and her first worker there were some role incongruity, role conflict and anomie evident. The client did not like what the first worker was expecting of her as it conflicted with her image of herself. Although she initially resisted these expectations she eventually began to behave as the FSW expected her to behave and this led to the permanent removal of her children. As she began to perform her role as a "bad mother" this led to

misinterpretations by the FSW and biased responses which in turn effected the behavior of the client. This process of interaction becomes highly resistant to disconfirming information and so continues to reinforce itself as the players become more entrenched in their roles.

But the client's new worker let her keep her third child and did not apprehend him as the first worker had intended. Some of the research on client satisfaction indicates that parents are more likely to be satisfied when they perceive the worker is working with them to get their child back, has clear expectations of them, is empathic and has solid social work skills (Kapp & Vela, 2004). Furthermore, Rogers (1989) identified six conditions for change: (1) a client and a therapist are in a relationship. In this situation that was evident. (2) a client is in a vulnerable state. In this situation the client was vulnerable to loosing her child. (3) the therapist is genuine while in the relationship and can be herself including being aware of her own feelings. The client felt that her social worker was genuine and empathic. (4) the therapist experiences a warm acceptance of each aspect of the client which is an unconditional positive regard for the client. Although we are not aware of what this FSW felt, the client felt accepted by her worker. (5) the therapist is empathic and understands the clients internal frame of reference and endeavors to communicate this experience to the client. In this situation the client felt this to be true, and (6) the client perceives the therapist's empathy and understanding. Again the client felt her worker understood her. It appears to me that all the conditions for a positive relationship were present in the second relationship which affected the interaction between the client and this FSW.

This worker behaved in a manner that was congruent with the client's expectations of how a FSW should behave. Because the client felt that the worker was helping her get her child back she began to behave in a manner that suggested she should get her child back. This helped each other see the other in a more positive light. The second worker performed her role in a manner that was congruent to the client's role conception. In turn the client reacted in a manner that reinforced for the social worker that the client was cooperative and committed to making

changes, she behaved as a client should behave. This interaction then influenced the relationship as the client saw the worker as being non-judgmental and felt she was being assessed in a more congruent manner to what she saw in herself. Thus the interaction was successful because everyone was performing their roles as was expected and in a congruent fashion with each other.

In this situation the client felt the approval from her worker. This led to the client liking her worker and feeling liked by her worker. These feelings helped influence the development of a positive relationship. As the relationship became positive they developed more shared meaning and there was no transference from the previous relationship. As such, the worker and client were able to address the issues that led to the neglect of her children.

It is clear from what the client said that this client did not feel understood or respected by her first worker and that those perceptions contaminated their relationship and interfered with the work that needed to be done. Their interactions left the client feeling very bad about herself and the FSW did not allow her to save face. Although it is difficult to determine which came first the client felt that the FSW saw her as a "bad mom" so she behaved as a "bad mom". She resisted her phone calls and ignored her attempts to help her make changes. Their relationship was very poor--both acted suspicious of the other, both were angry with the way the other was behaving, neither one appeared to trust the other, the relationship was tense and the client felt like the social worker was policing her and looking for all her faults, hoping she would fail. As the client was behaving as a resistant client, the FSW only saw those behaviors which confirmed her assessment that this woman could not parent her children.

The Family Service workers interviewed for this study all appeared to have a good understanding of their role as child welfare workers, appeared to have been socialized to their role and understood the role of a client in a mandated setting. Their expectations for themselves as social workers in a child welfare setting were congruent to the research and to the Agency's job description. They did not express any evidence of role conflict, role strain or anomie. One

worker did refer to some conflict between being a helper and having to learn ways to shut down her emotions once she was at home and no longer performing the social work role.

The Family Service workers all showed an awareness about the role conflict that clients often feel when involved with child welfare services. But their frameworks were consistent with what they thought a FSW should be doing. They were aware of how their FSW role was perceived by clients and they had established ways to try to and help clients feel less threatened by their authority and be more open to the helping aspects of their mandated role.

18.0 CONCLUSION

This thesis set out to explore the relationship between the social worker and a client in a child welfare setting. In this study, the research confirms the importance of a positive relationship in child welfare and how a positive relationship assists with the change process. One just has to listen to the client to be convinced. The study I conducted further concluded that the type of relationship between a client and a FSW is a factor for success in child welfare. It cannot be generalized because of the sample I worked with but it is a beginning examination of a key aspect of child welfare work.

The study did confirm aspects of role theory and its effect on the relationship between a social worker and a client in a child welfare setting. This client was clear about what she thought her social worker should do and should not do. She also saw herself as a client and understood why she needed the services of child welfare. This spoke about role congruence. Certainly one worker participant stated she had never really stopped and thought about her relationships with clients in this way and that by participating in this study the study had raised her consciousness around this issue. Interestingly some of the social workers admitted to having poor relationships with clients but blamed themselves for this, recognizing that the way they interact with clients

and their role as a child protector can affect the way they are perceived by a client and thus influencing the clients' ability to see them as helpers.

McKeown (2000) states there are four factors that are common to the effectiveness of all therapeutic interventions: therapeutic technique (15%), client characteristics and social supports (40%), client hopefulness (15%) and finally the therapeutic-client relationship (30%). The relationship is the second most important factor for client success. For this reason it is important that further studies take place on this issue.

I think that many FSWs in child welfare do their best to be genuine, empathic, clear, and honest with their clients. I know most try to develop positive relationships and work with clients to help them be successful, to keep children safe and to keep children at home. Social workers want to do a good job. The research shows and the four participants in this study confirm the importance of having a positive relationship with one another in order for the work to be done successfully. But do we spend time developing our relationships with clients? Do we value the relationship and recognize its role in the work that we do? It does not seem that we do.

This study did confirm that role theory is relevant to understanding the relationship between a client and a worker. This study did affirm the importance of the relationship between a social worker and the client and how the client views the social worker affected their interactions. Therefore the exploration into relationships and role theory are important to the social work profession.

What the research pointed out to me is that we can make no assumptions about our clients and about their actions. We, the professionals, can not assume that the client understands our role or understands why we are choosing to do what we do. We need to spend time developing a positive relationship, developing trust, being empathetic, clearly expressing our expectations, and discussing our role as helpers in a mandated setting. We need to understand how our actions and words affect our clients and understand how our life experiences affect our work. FSWs need to

spend time helping clients adjust to their role as a client. It is only after FSWs have done these things can we begin to use our relationship to help a client change and address the issues that led to the abuse or neglect of her child.

From an education perspective, I would recommend that social workers be taught about role theory so they can understand how dynamics play out in interactions and how their responses affect a client and how these interactions affect one another and influence our assessment of the other. By learning about how we interact, social workers can use this knowledge to conduct themselves in a manner that would ensure a positive relationship wherever possible. Social worker need to learn about the change process and how as helpers their relationship with a client is one of the key factors in motivating and influencing change. Social workers need to develop solid relationships skills such as empathy. Social workers need to understand the qualities and purpose of a professional relationship to be able to consider how a relationship will affect what a client will or will not do. Social workers need to spend time reflecting on their past experiences so that these do not transfer or affect their relationships with clients. Social workers also need to be taught about the differences between voluntary and mandated services and how a mandated referral may affect the client-worker relationship and the approach to the problem.

From an Agency perspective, I see the need for social workers to be given time to become orientated to the role of a FSW and the dual roles of counselor and child protector. New social workers should be given time to become socialized to the role and develop that qualities that belong to the role and have chance to learn what it means to be a helper in a mandated setting before seeing an involuntary client. They need to be taught about the expectations of the FSW role and be given time to become socialized to that role so that when they begin to engage with clients they can better understand their client's behavior and guide their own behavior in ways that will influence more cooperative behavior between themselves and the client. Family Service workers need to learn how to clarify their roles and be clear about their expectations when

working with clients. Finally Family Service workers need to be cautious about their expectations of clients and how these expectations can often force clients to act as we expect them to act. Family Service workers need to understand and learn how to acknowledge how their power and authority as a child welfare worker will affect their relationships with clients and collaterals.

From a larger perspective, I would recommend that FSWs and Supervisors be provided with a more reasonable workload. Just like when a single parent has many children, we have to try and support her and give her extra resources and help so that she can parent all of her children. If social workers in child welfare aren't given a more reasonable caseload that they will not be able to meet all of the needs of their children and families. If decreasing the number of families they service is not possible then Family Services workers need some additional resources that are not presently built into the system. When teachers have to be away from their classroom they hire a substitute teacher, they don't ask the teacher in the next door classroom to take on both classes; however, in child welfare it is often the expectation that FSWs and Supervisors will cover each other's caseloads for holidays and during the gaps between the turnover of a departing worker and a yet to be hired and socialized worker.

It is unfortunate that the amount of changes that have taken place in Manitoba's child welfare system are so numerous and unrelenting. Unfortunately with so much change the focus and the energy of the organization continues to be on improving policy and administration with little emphasis on practice. A 1998 study on best practice arising out of British Columbia made recommendation that reform should "take a stance on relationships and strengths" because "[i]n all reports and inquiries in child welfare, the nuts and bolts of actually helping people are often lost in the recommendations for grand reforms. But in fact, this relationship is the heart of the matter and the place where real changes occur" (Callahan, Wharf, Field, Hubberstey, 2002, p. ix). I have to agree and recommend that more rigorous study be done on exploring the relationship

between a worker and a client in a child welfare setting and how the concepts of symbolic interactionism, role theory and dramaturgical concepts can influence or impede the success of these relationships. Social work practice is an important profession in the safe development of children and families, and as such we need to spend time studying and analyzing our work so that we do it the best way possible for the greatest amount of people with the smallest amount of grief.

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Appendix

CONSENT FORM FOR FAMILY SERVICE WORKERS

Research Project title: The Client-Worker Relationship in a Child Welfare Setting.
Researcher: Vicki Verge

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand the accompanying information.

I. Description of the purpose of the research

The aim of my thesis is to explore the relationship between a Family Service worker and her client in a mandated child welfare setting using narrative interviews as a qualitative research method.

Using concepts from symbolic interactionism and role theory, I hypothesize that some child welfare clients can be successful because they have a relationship with their Family Service worker. Likewise some Family Service workers are more successful with clients because they can establish a relationship with that client and have a mutual understanding around expectations of that relationship and service outcomes. The Family Service worker will know what her role is as a helper in a child welfare setting and she will understand the role of the client in this mandated setting. The Family Service worker is genuine and clear about her expectations while being empathic concerning the clients' feelings, situation, expectations and framework. This balance will create relationships that are successful. In turn this means that the client and worker will be able to work together more successfully on reducing child maltreatment.

II. Description of the procedures involving the subject, nature, frequency and duration.

I will be interviewing clients and family service workers to collect descriptions and data about the client worker relationship and then look for themes in these interviews. I plan to conduct one to two interviews depending on the amount of information that is shared during the first interview session. At the first interview the consent form, confidentiality and my role within the Agency and within this research project will be orally reviewed and discussed. Once written consent is obtained the interview will begin. Participants will be asked to share their stories about their experiences at Winnipeg Child and Family Services. Interviews will be conducted during the work week within the hours most convenient for participants. If a second interview is necessary it will be conducted approximately one week apart and the interviews will last as long as needed or as long as participants wish to talk. Interviews will be held in a quiet, neutral setting. If possible, interviews will be conducted away from distractions of the participant's office. It is also important that the research be seen as separate from the functioning of Winnipeg Child & Family Services. Participants will not be compensated; therefore, if transportation is an issue interviews will be conducted in a setting convenient for the participants.

III. Description of recording devices.

Interviews will be taped and transcribed by an independent transcriber. Taped and transcribed material will be kept locked in a filing cabinet in my home. Each interview will be recorded using separate audio tapes and will be labeled with a pre-determined number and the date. Any notes that are taken during the interview will be labeled with the same pseudonym. Neither material will be identified by participants' names and will be referred to by pseudonyms such as Client 1, 2, 3, and Family Service Worker 1, 2, 3. I will maintain a master list, which will identify respondents' names to their respective pseudonym. In any reports participants will be referred to by their pseudonym and no names will be released. Once the requirements of the thesis have been met, all interview materials, consent forms, letters and master lists will be destroyed.

IV. Confidentiality.

Confidentiality is defined as the ability of the researcher to identify a given person's response but promises not to do so (Babbie, 1986). In this study I will be aware of the full names of all participants; however, I will not disclose this information to anyone or release this information in my final reports. At any time participants can request that their responses not be recorded or quoted in the final report. Care will be taken to ensure that any quotes used in the final report will not be linked to participants.

It is important for you to understand that I am an Assistant Program Manager at Winnipeg Child and Family Services and as I conduct this study, clients may share information with me about how they perceived you to have performed your role as a Family Service worker. I will ask about their opinions about their relationship with you. This may or may not provide me with information about your job performance. The intent of this study is not to evaluate or review your job performance or to use this information in my role as an Assistant Program Manager but to use the information solely for the research purpose. As such the information clients share with me will be confidential. I will not use this information for or against your professional role within the Agency or in your individual cases. Likewise your decision to participate, or your decision not to participate, will not affect your receiving an increment, your opportunities for advancement or your performance appraisal.

The only information I will ever disclose is information that by law I would be obligated to report, such as: information that would place a child at risk of abuse or neglect, information about a crime or information that suggests you are going to harm yourself.

V. Feedback.

Once the thesis has been approved and final academic requirements have been met, a copy of the findings will be mailed to those participants that request feedback.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights or release the researchers, sponsors, or

involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

Vicki Verge, Principal Researcher. Phone number (204)-944-6757.

Grant Reid, Faculty Advisor, University of Manitoba. Phone number (204)-474-8455

This research has been approved by the University of Manitoba, Human Ethics Secretariat. If you have any questions or concerns about this project you may contact any of the above-named persons or the Human Ethics Secretariat at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Participant's Signature.

Researcher's Signature.

Date of consent

Date of witness.

CONSENT FORM FOR CLIENTS

Research Project title: The Client-Worker Relationship in a Child Welfare Setting.
Researcher: Vicki Verge

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand the accompanying information.

I. Description of the purpose of the research

The aim of my thesis is to explore the relationship between a Family Service worker and her client in a mandated child welfare setting using narrative interviews as a qualitative research method.

I hypothesize that some child welfare clients can be successful because they have a relationship with their Family Service worker. Likewise some Family Service workers are more successful with clients because they can establish a relationship with that client and have a mutual understanding around expectations of that relationship and service outcomes. The Family Service worker will know what her role is as a helper in a child welfare setting and she will understand the role of the client in this mandated setting. The Family Service worker is genuine and clear about her expectations while being empathic concerning the clients' feelings, situation, expectations and framework. This balance will create relationships that are successful. In turn this means that the client and worker will be able to work together more successfully on reducing child maltreatment.

II. Description of the procedures involving the subject, nature, frequency and duration.

I will be interviewing clients and family service workers to collect descriptions and data about the client worker relationship and then look for themes in these interviews. I plan to conduct one to two interviews depending on the amount of information that is shared during the first interview session. At the first interview the consent form, confidentiality and my role within the Agency and within this research project will be orally reviewed and discussed. Once written consent is obtained the interview will begin. Participants will be asked to share their stories about their experiences at Winnipeg Child and Family Services. Interviews will be conducted during the work week within the hours most convenient for participants. If a second interview is necessary it will be conducted approximately one week apart and the interviews will last as long as needed or as long as participants wish to talk. Interviews will be held in a quiet, neutral setting. If possible, interviews will be conducted away from distractions of the participant's office or homes. It is also important that the research be seen as separate from the functioning of Winnipeg Child & Family Services. Participants will not be compensated; therefore, if transportation is an issue interviews will be conducted in a setting convenient for the participants.

III. Description of recording devices.

Interviews will be taped and transcribed by an independent transcriber. Taped and transcribed material will be kept locked in a filing cabinet in my home. Each interview will be recorded using separate audio tapes and will be labeled with a pre-determined number and the date. Any notes that are taken during the interview will be labeled with the same pseudonym. Neither material will be identified by participants' names and will be referred to by pseudonyms such as Client 1, 2, 3, and Family Service Worker 1, 2, 3. I will maintain a master list, which will identify respondents' names to their respective pseudonym. In any reports participants will be referred to by their pseudonym and no names will be released. Once the requirements of the thesis have been met, all interview materials, consent forms, letters and master lists will be destroyed.

IV. Confidentiality.

Confidentiality is defined as the ability of the researcher to identify a given person's response but promises not to do so (Babbie, 1986). In this study I will be aware of the full names of all participants; however, I will not disclose this information to anyone or release this information in my final reports.

It is important for you to understand that I am an Assistant Program Manager at Winnipeg Child and Family Services. The intent of this study is not to evaluate or review Family Service worker's job performances or to use this information to change or affect any decisions made in your individual cases or child welfare involvement. As such the information clients share with me will be confidential. The research process must not interfere with any current or future child protection investigations or processes. I will have absolutely no authority in past or future child welfare matters and it will be a conflict of interest for me to be involved in your child welfare matters due to our relationship as researcher and participant.

Your responses may be used as quotes in my thesis but any quotes will be anonymous and no one besides myself will be able to identify their responses at any time. Care will be taken to ensure that the results are presented in a way so that any responses can not be linked to the participants. At any time you can request that your response not be recorded or quoted in the final report.

The only information that will ever be disclosed will be information that by law I would be obligated to report such as: information that would place a child at risk of abuse or neglect, information about a crime or information that suggests you are going to harm yourself.

V. Feedback.

Once the thesis has been approved and final academic requirements have been met, a copy of the findings will be mailed to those participants that request feedback.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a

subject. In no way does this waive your legal rights or release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

Vicki Verge, Principal Researcher. Phone number (204)-944-6757.

Grant Reid, Faculty Advisor, University of Manitoba. Phone number (204)-474-8455

This research has been approved by the University of Manitoba, Human Ethics Secretariat. If you have any questions or concerns about this project you may contact any of the above-named persons or the Human Ethics Secretariat at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

Participant's Signature.

Researcher's Signature.

Date of consent

Date of witness.

Appendix B

June 12, 2003

Dear Family Services Workers

I am writing at this time to request your voluntary participation in a study on the ***Client-Worker Relationship in a Child Welfare Setting***. Vicki Verge is the primary researcher who is conducting this study using narrative interviews as a qualitative research method. This is in partial fulfillment of her Masters of Social Work degree. Her research is not a function of the Branch or related to her role in the Branch. She has the Branch and the University of Manitoba's permission to proceed with her study.

Vicki Verge is looking for **three female family service workers to volunteer** to participate in one to two interview sessions that will be no more than one hour or so each and about one week apart. As well she is trying to locate **three female clients** who would volunteer to participate in the study.

Interviews will be conducted during the work week within the hours most convenient for the participants. Interviews will be held in a private, quiet, neutral setting. If possible interviews will be held away from distractions of the participant's office or participant's home. Participants will not be compensated; therefore, if transportation is an issue interviews will be conducted in a setting convenient for the participants. Interviews will be taped and transcribed by an independent transcriber.

For those who are interested in participating, interviews will likely be held in late June and into July 2003. Family Service workers have to be employed outside of the Core Area or North end of Winnipeg Child and Family Services. Family Service workers will need to have been employed for at least one year thereby ensuring that they have had significant experiences to reflect on and have developed a beginning competence in the role of family service worker. Any family service workers who are on probation or receiving any disciplinary measures can not be considered for this research project.

Although Vicki Verge is one of the Assistant Program Managers for the Services to Children & Families Program she will not be using any of the information she obtains for work purposes. This will be outlined in the consent form that each participant will need to read and sign. Any information participants share with Ms. Verge will be confidential. She will have no influence on participants' professional role within the Branch or on participants individual cases. If you decide to participate, or if you decide not to participate in the research this will not affect participants receiving an increment, participants opportunities for advancement or participants' performance appraisals.

As indicated above, the study also involves interviewing three adult female clients whose protection files have been closed with Winnipeg Child and Family Services for at least six months but no more than two years. The client must have been open as a protection case as this would infer that there was mandated involvement and that she did not contact the Agency for voluntary service. The client can not have any mental health or cognition issues as this may interfere with her ability to participate and understand the consent process.

The research process must not interfere with any current or future child protection investigations or processes and clients will be selected from closed cases outside of the Core and North end of the city to minimize the possibility that Ms. Verge has had any role in their file previously. She will not be reviewing any files. Clients need to be voluntary and provide written consent to participate in the research.

I am asking for family service workers to identify and refer any appropriate clients that they can recall to my attention. This approach is being pursued as it is felt that Family Service Workers may recall certain clients who would be open to being approached by a researcher to participate in this kind of interview and who would be active participants in this research process. It is not important whether or not the client had a successful experience within the child welfare system but rather they would and could participate in the interview process and share their experiences about their relationship with their Family service worker (s).

On behalf of Ms. Verge I will be selecting all participants so that Ms. Verge will not be aware of who chooses to participate and who chooses not to participate. The first three Family Service workers who volunteer and the first three clients who are referred will be the first participants to be contacted; however, I will develop a list of all the Family Service workers and all the clients who are referred by order that they are referred in case the first three Family Service workers or the first three clients decline involvement in the study.

All participants will be given a clear verbal and written explanation about the research project and the reason for the research and an outline about how the interviews will be recorded and how confidentiality will be maintained. At the end of this document I have attached a brief description of the research for your review if you are interested.

For those who are interested in participating or have names of clients who could be contacted ***please email your interest, names, and best means of contact no later than July 4, 2003.***

If you require additional information please do not hesitate Ms. Verge at 944-6757.

If you have volunteered or have referred a client and either of you are selected, you will be contacted by letter.

Thank you for your time and attention to this matter.

Sincerely,

Darlene Macdonald
Program Manager
Services to Children & Families
Winnipeg Child and Family Services
944-4492.

Research Project Title: The Client-Worker Relationship in a Child Welfare Setting
Researcher: Vicki Verge

Overview of the Research Problem

The aim of the thesis is to explore the relationship between a Family Service worker and her client in a mandated child welfare setting using narrative interviews as a qualitative research method.

Using concepts from symbolic interactionism and role theory, Ms. Verge hypothesizes that some child welfare clients can be successful because they have a relationship with their Family Service workers. This relationship is based on a mutual understanding about the client's expectations of the Family Service worker and these expectations are compatible with those the Family Service worker has of the client. The client will be successful if her expectations about the outcomes of her involvement with the Family Service worker and the Agency are compatible with those of the Family Service worker's. Finally she hypothesizes that the client will realize her role as a client in a child welfare setting and be able to perform that role.

Conversely some Family Service workers are more successful with clients because they can establish a relationship with that client and have a mutual understanding around expectations of that relationship and service outcomes. She will know what her role is as a Family Service worker in a child welfare setting and she will understand the role of the client in this setting. The professional standard presumes that the Family Service worker has a clear understanding of her role and the demands of her role as a Family Service worker as well as a helper in a child welfare agency. The Family Service worker is genuine and clear about her expectations while being empathic concerning the clients' feelings, situation, expectations and framework. This balance will create relationships that are successful. In turn this means that the client and worker will be able to work together more successfully on reducing child maltreatment.

Ms. Verge proposes to interview three female clients and three female Family Service workers who volunteer to participate in the study. She will be using open ended questions during one to two private interview sessions with each participant. During these interviews she will try to collect descriptions and data about the client worker relationship and then look for themes from all the participants' responses. The interviews with participants will focus on asking the participant to tell her about herself and her experience with/at child and family services. Care will be taken not to direct the interview but to merely listen to the participant's story and to create an environment that will facilitate the telling of this story.

Confidentiality

Confidentiality is defined as the ability of the researcher to identify a given person's response but promises not to do so (Babbie, 1986). In this study Ms. Verge will be aware of the full names of all participants; however, she will not disclose these names in her reports. Taped and transcribed material will be kept locked in a filing cabinet in her home. Interviews will be taped and transcribed by an independent transcriber. Each interview will be recorded using separate audio tapes and will be labeled with a pre-determined number and the date. Any notes that are taken during the interview will be labeled with the same pseudonym. In any reports participants will be referred to by their pseudonym and no names will be released. Once the interviews are concluded the selection information collected by her Supervisor will be destroyed. Once the requirements of the thesis have been met, all interview materials, consent forms, letters and master lists will be destroyed. At any time participants can request that their responses not be recorded or written in the final report. Information will not be shared with anyone beyond those involved in Ms. Verge's Master's program.

Feedback

Participants will be asked if they would like to receive feedback about the research. Once the thesis has been approved and final academic requirements have been met, a copy of the findings will be mailed to those participants that request feedback.

Appendix B

June 12, 2003

Dear Family Services Workers

Re: Second call for Volunteers

I am writing at this time to request your voluntary participation in a study on the *Client-Worker Relationship in a Child Welfare Setting*. Vicki Verge is the primary researcher who is conducting this study using narrative interviews as a qualitative research method. This is in partial fulfillment of her Masters of Social Work degree. Her research is not a function of the Branch or related to her role in the Branch. She has the Branch and the University of Manitoba's permission to proceed with her study.

Vicki Verge is looking for **three female family service workers to volunteer** to participate in one to two interview sessions that will be no more than one hour or so each and about one week apart. As well she is trying to locate **three female clients** who would volunteer to participate in the study.

Interviews will be conducted during the work week within the hours most convenient for the participants. Interviews will be held in a private, quiet, neutral setting. If possible interviews will be held away from distractions of the participant's office or participant's home. Participants will not be compensated; therefore, if transportation is an issue interviews will be conducted in a setting convenient for the participants. Interviews will be taped and transcribed by an independent transcriber.

For those who are interested in participating, interviews will likely be held in late July 2003 and late August 2003, early September. Family Service workers have to be employed outside of the Core Area or North end of Winnipeg Child and Family Services. Family Service workers will need to have been employed for at least one year thereby ensuring that they have had significant experiences to reflect on and have developed a beginning competence in the role of family service worker. Any family service workers who are on probation or receiving any disciplinary measures can not be considered for this research project.

Although Vicki Verge is one of the Assistant Program Managers for the Services to Children & Families Program she will not be using any of the information she obtains for work purposes. This will be outlined in the consent form that each participant will need to read and sign. Any information participants share with Ms. Verge will be confidential. She will have no influence on participants' professional role within the Branch or on participants individual cases. If you decide to participate, or if you decide not to participate in the research this will not affect participants receiving an increment, participants opportunities for advancement or participants' performance appraisals.

As indicated above, the study also involves interviewing three adult female clients whose protection files have been closed with Winnipeg Child and Family Services for at least six months but no more than two years. The client must have been open as a protection case as this would infer that there was mandated involvement and that she did not contact the Agency for voluntary

service. The client can not have any mental health or cognition issues as this may interfere with her ability to participate and understand the consent process.

The research process must not interfere with any current or future child protection investigations or processes and clients will be selected from closed cases outside of the Core and North end of the city to minimize the possibility that Ms. Verge has had any role in their file previously. She will not be reviewing any files. Clients need to be voluntary and provide written consent to participate in the research.

I am asking for family service workers to identify and refer any appropriate clients that they can recall to my attention. This approach is being pursued as it is felt that Family Service Workers may recall certain clients who would be open to being approached by a researcher to participate in this kind of interview and who would be active participants in this research process. It is not important whether or not the client had a successful experience within the child welfare system but rather they would and could participate in the interview process and share their experiences about their relationship with their Family service worker (s).

On behalf of Ms. Verge I will be selecting all participants so that Ms. Verge will not be aware of who chooses to participate and who chooses not to participate. The first three Family Service workers who volunteer and the first three clients who are referred will be the first participants to be contacted; however, I will develop a list of all the Family Service workers and all the clients who are referred by order that they are referred in case the first three Family Service workers or the first three clients decline involvement in the study.

All participants will be given a clear verbal and written explanation about the research project and the reason for the research and an outline about how the interviews will be recorded and how confidentiality will be maintained. At the end of this document I have attached a brief description of the research for your review if you are interested.

For those who are interested in participating or have names of clients who could be contacted ***please email your interest, names, and best means of contact no later than July 25, 2003.***

If you require additional information please do not hesitate Ms. Verge at 944-6757.

If you have volunteered or have referred a client and either of you are selected, you will be contacted by letter.

Thank you for your time and attention to this matter.

Sincerely,

Darlene Macdonald
Program Manager
Services to Children & Families
Winnipeg Child and Family Services
944-4492.

Research Project Title: The Client-Worker Relationship in a Child Welfare Setting
Researcher: Vicki Verge

Overview of the Research Problem

The aim of the thesis is to explore the relationship between a Family Service worker and her client in a mandated child welfare setting using narrative interviews as a qualitative research method.

Using concepts from symbolic interactionism and role theory, Ms. Verge hypothesizes that some child welfare clients can be successful because they have a relationship with their Family Service workers. This relationship is based on a mutual understanding about the client's expectations of the Family Service worker and these expectations are compatible with those the Family Service worker has of the client. The client will be successful if her expectations about the outcomes of her involvement with the Family Service worker and the Agency are compatible with those of the Family Service worker's. Finally she hypothesizes that the client will realize her role as a client in a child welfare setting and be able to perform that role.

Conversely some Family Service workers are more successful with clients because they can establish a relationship with that client and have a mutual understanding around expectations of that relationship and service outcomes. She will know what her role is as a Family Service worker in a child welfare setting and she will understand the role of the client in this setting. The professional standard presumes that the Family Service worker has a clear understanding of her role and the demands of her role as a Family Service worker as well as a helper in a child welfare agency. The Family Service worker is genuine and clear about her expectations while being empathic concerning the clients' feelings, situation, expectations and framework. This balance will create relationships that are successful. In turn this means that the client and worker will be able to work together more successfully on reducing child maltreatment.

Ms. Verge proposes to interview three female clients and three female Family Service workers who volunteer to participate in the study. She will be using open ended questions during one to two private interview sessions with each participant. During these interviews she will try to collect descriptions and data about the client worker relationship and then look for themes from all the participants' responses. The interviews with participants will focus on asking the participant to tell her about herself and her experience with/at child and family services. Care will be taken not to direct the interview but to merely listen to the participant's story and to create an environment that will facilitate the telling of this story.

Confidentiality

Confidentiality is defined as the ability of the researcher to identify a given person's response but promises not to do so (Babbie, 1986). In this study Ms. Verge will be aware of the full names of all participants; however, she will not disclose these names in her reports. Taped and transcribed material will be kept locked in a filing cabinet in her home. Interviews will be taped and transcribed by an independent transcriber. Each interview will be recorded using separate audio tapes and will be labeled with a pre-determined number and the date. Any notes that are taken during the interview will be labeled with the same pseudonym. In any reports participants will be referred to by their pseudonym and no names will be released. Once the interviews are concluded the selection information collected by her Supervisor will be destroyed. Once the requirements of the thesis have been met, all interview materials, consent forms, letters and master lists will be destroyed. At any time participants can request that their responses not be recorded or written in the final report. Information will not be shared with anyone beyond those involved in Ms. Verge's Master's program.

Feedback

Participants will be asked if they would like to receive feedback about the research. Once the thesis has been approved and final academic requirements have been met, a copy of the findings will be mailed to those participants that request feedback.

Appendix B

Sept 22, 2003

Dear Family Services Workers

Re: Third call for Volunteers—clients only

I am writing at this time to request your help in locating clients to participate in a study on the *Client-Worker Relationship in a Child Welfare Setting*. Vicki Verge is the primary researcher who is conducting this study using narrative interviews as a qualitative research method. This is in partial fulfillment of her Masters of Social Work degree. Her research is not a function of the Branch or related to her role in the Branch. She has the Branch and the University of Manitoba's permission to proceed with her study.

Although Vicki Verge is one of the Assistant Program Managers for the Services to Children & Families Program she will not be using any of the information she obtains for work purposes. This will be outlined in the consent form that each participant will need to read and sign. Any information participants share with Ms. Verge will be confidential. She will have no influence on participants' individual cases.

Vicki Verge is looking for **two female clients** who would volunteer to participate in the study.

Interviews will be conducted during the work week within the hours most convenient for the participants. Interviews will be held in a private, quiet, neutral setting. If possible interviews will be held away from distractions of the participant's office or participant's home. Participants will not be compensated; therefore, if transportation is an issue interviews will be conducted in a setting convenient for the participants. Interviews will be taped and transcribed by an independent transcriber.

For those clients who are interested in participating, interviews will likely be held in late Sept 2003 and early Oct 2003.

Clients' protection files must be closed with Winnipeg Child and Family Services for at least six months but no more than two years. The client must have been open as a protection case as this would infer that there was mandated involvement and that she did not contact the Agency for voluntary service. The client can not have any mental health or cognition issues as this may interfere with her ability to participate and understand the consent process.

The research process must not interfere with any current or future child protection investigations or processes and clients will be selected from closed cases outside of the Core and North end of the city to minimize the possibility that Ms. Verge has had any role in their file previously. She will not be reviewing any files. Clients need to be voluntary and provide written consent to participate in the research.

I am asking for Family Service Workers to identify and refer any appropriate clients that they can recall to my attention. This approach is being pursued as it is felt that Family Service Workers may recall certain clients who would be open to being approached by a researcher to participate in this kind of interview and who would be active participants in this research process. It is not important whether or not the client had a successful experience within the child welfare system

but rather they would and could participate in the interview process and share their experiences about their relationship with their Family Service Worker (s).

On behalf of Ms. Verge I will be selecting all participants so that Ms. Verge will not be aware of who chooses to participate and who chooses not to participate. The first two clients who are referred will be the first participants to be contacted; however, I will develop a list of all the clients who are referred by order that they are referred in case the first clients decline involvement in the study.

All participants will be given a clear verbal and written explanation about the research project and the reason for the research and an outline about how the interviews will be recorded and how confidentiality will be maintained.

For those who have names of clients who could be contacted *please email names, and best means of contact no later than Sept 30th, 2003. We would prefer to send a letter to clients.*

If you require additional information please do not hesitate Ms. Verge at 944-6757.

Thank you for your time and attention to this matter.

Sincerely,

Darlene Macdonald
Program Manager
Services to Children & Families
Winnipeg Child and Family Services
944-4492.

Appendix C

July 29, 2003

Ms. Jane Doe
123 Smith Street
Winnipeg, MB
R3G 0X1

Dear Ms. Doe

Your name has been provided to me by Betty Smith, your previous Family Service worker. She felt that you might be interested and able to participate in the enclosed research study.

I am writing on behalf of Vicki Verge to request your voluntary participation in a study on the *Client-Worker Relationship in a Child Welfare Setting*. Ms. Verge is a student of the University of Manitoba and she is employed at Winnipeg Child and Family Services as an Assistant Program Manager in the Services to Children & Families Program. She is conducting a study using narrative (talking) interviews as a qualitative research method. This is in partial fulfillment of her Masters of Social Work degree. Her research proposal has been approved by the University of Manitoba's Ethics Committee, her Master's Committee as well as by the Child Protection Branch, Family Services and Housing.

I want to assure you right away that any information related to you, your choice to participate or your choice not to participate will be kept confidential. As well Ms. Verge will have no influence on your involvement with child and family services.

Ms. Verge's study involves interviewing three adult female clients whose protection files have been closed with Winnipeg Child and Family Services for at least six months but no more than two years. Clients who were referred can not have any mental health or cognition issues as this may interfere with their ability to participate and understand the consent process.

Your file needs to be closed, as the research process must not interfere with any current or future child protection investigations or processes. We are hoping that enough time has gone by that you will be able to reflect back on your experience with your family service worker(s). But it is important that not too much time has passed that you won't be able to recall the feelings and perceptions you had of your experience in general as well as your specific worker. You have been selected as a potential participant because we believe you meet this criteria and your involvement took place outside of the Core and Northend of the city where Ms., Verge has primarily been employed. This will hopefully minimize the possibility that she has had any role in your file previously. Ms. Verge will not be reviewing any files as part of this study.

All participants need to be voluntary and you will need to provide written consent to participate in the research. It is not important whether or not you had a successful experience within the child welfare system but rather you would and could participate in the interview process and share your experiences with Ms. Verge.

If you choose to participate you will be given a clear verbal and written explanation about the research project, consent, the reason for the research and an outline about how the interviews will be recorded and how confidentiality will be maintained. At the end of this document I have attached a brief description of the research for your review if you are interested.

This study involves participation in one to two interviews conducted alone with Ms. Verge. Interviews will be organized during the work week within the hours most convenient for you. If a second interview is necessary it will be conducted no more than one week after the first one. Interviews will be held in a quiet, neutral setting. If possible away from distractions of your office or home. I will not be able to compensate you for your participation; therefore, if transportation is an issue interviews will be conducted in a setting convenient for you. Interviews will be conducted in September 2003.

If you are interested in participating *please phone Cynthia Steranka, 944-4488 no later than August 29, 2003 and leave a message indicating your willingness to participate.* If you are willing to participate Ms. Verge will contact you as per your instructions. If we do not hear from you than we will not contact you again.

Thank you for your attention to this matter. If you require additional information please do not hesitate to contact my Executive Assistant, Cynthia Steranka.

Sincerely,

Darlene Macdonald
Program Manager

Research Project Title: **The Client-Worker Relationship in a Child Welfare Setting**
Researcher: **Vicki Verge**

Overview of the Research Problem

The aim of the thesis is to evaluate the relationship between a Family Service worker and her client in a mandated child welfare setting using narrative interviews as a qualitative research method. I hypothesize that some Family Service workers have a clear understanding of their roles and the demands of their role as a Family Service worker as well as a helper in a child welfare setting. When the Family Service worker is genuine and clear about her expectations while being empathic of the clients' feelings, situation, expectations and framework a successful working relationship is created. In turn this means that the client and worker will be able to work together more successfully on reducing the issues related to the child maltreatment.

I propose to interview clients and family service workers to collect descriptions and data about the client worker relationship and then look for themes in these interviews. I will be using open-ended questions, which are more likely than others to encourage narrativization.

Confidentiality

Confidentiality is defined as the ability of the researcher to identify a given person's response but promises not to do so (Babbie, 1986). In this study I will be aware of the full names of all participants; however, I will not disclose these names in my reports. Taped and transcribed material will be kept locked in a filing cabinet in my home. Interviews will be taped and transcribed by an independent transcriber. Each interview will be recorded using separate audiotapes and will be labeled with a pre-determined number and the date. Any notes that are taken during the interview will be labeled with the same pseudonym. In any reports participants will be referred to by their pseudonym and no names will be released. Once the requirements of the thesis have been met, all interview materials, consent forms, letters and master lists will be destroyed. At any time participants can request that their responses not be recorded or written in the final report.

Feedback

Participants will be asked if they would like to receive feedback about the research. Once the thesis has been approved and final academic requirements have been met, a copy of the findings will be mailed to those participants that request feedback.

Appendix D

Nov 14, 2003

Elizabeth Hill Counseling Center
301-321 McDermot Ave.,
Winnipeg, MB
R3A 0A3

Dear Patti Sutherland

Re: Call for Volunteers

I am writing at this time to request your help in locating clients to participate in a study on the *Client-Worker Relationship in a Child Welfare Setting*. Vicki Verge is the primary researcher who is conducting this study using narrative interviews as a qualitative research method. This is in partial fulfillment of her Masters of Social Work degree. Her research is not a function of the Branch or related to her role in the Branch. She has the Branch and the University of Manitoba's permission to proceed with her study.

Although Vicki Verge is one of the Assistant Program Managers for the Services to Children & Families Program she will not be using any of the information she obtains for work purposes. This will be outlined in the consent form that each participant will need to read and sign. Any information participants' share with Ms. Verge will be confidential. She will have no influence on participants' individual cases.

Vicki Verge is looking for **two females who are previous clients** of Winnipeg Child and Family Services who would volunteer to participate in the study. We are reaching out to you and your organization, as we have not had enough referrals within our own Branch for Vicki to complete her study. We are hopeful that you or your colleagues may be aware of women we could contact.

Criteria:

The clients must be women. Clients' protection files must be closed with Winnipeg Child and Family Services for at least six months but no more than two years. The client must have been open as a protection case with the Branch as this would infer that there was mandated involvement and that she did not contact the Branch for voluntary service. The client can not have any mental health or cognition issues as this may interfere with her ability to participate and understand the consent process. It is not important whether the client had a successful, positive or negative experience with a child welfare worker(s) but that they are willing to discuss their relationship with their worker(s).

The research process must not interfere with any current or future child protection investigations or processes and clients will be selected from closed cases who reside outside of the Core and North end of the city to minimize the possibility that Ms. Verge has had any role in their file previously. She will not be reviewing any files. Clients need to be voluntary and provide written consent to participate in the research.

Process:

Interviews will be conducted during the work week within the hours most convenient for the participants. Interviews will be held in a private, quiet, neutral setting. If possible interviews will be held away from distractions of the participant's office or participant's home. Participants will not be compensated; therefore, if transportation is an issue interviews will be conducted in a setting convenient for the participants. Interviews will be audiotaped and transcribed by an independent transcriber.

For those clients who are interested in participating, interviews will likely be held in late November 2003 and early December 2003.

I am asking if you could identify and refer any appropriate clients that you can recall to my attention.

On behalf of Ms. Verge I will be selecting all participants so that Ms. Verge will not be aware of who chooses to participate and who chooses not to participate. The first two clients who are referred will be the first participants to be contacted; however, I will develop a list of all the clients who are referred by order that they are referred in case the first clients decline involvement in the study.

All participants will be given a clear verbal and written explanation about the research project and the reason for the research and an outline about how the interviews will be recorded and how confidentiality will be maintained.

Please forward any names and a best means of contact no later than November 28th, 2003. We would prefer to send a letter to clients.

If you require additional information please do not hesitate Ms. Verge at ..

Thank you for your time and attention to this matter.

Sincerely,

Darlene Macdonald
Program Manager
Services to Children & Families
Winnipeg Child and Family Services
944-4492.