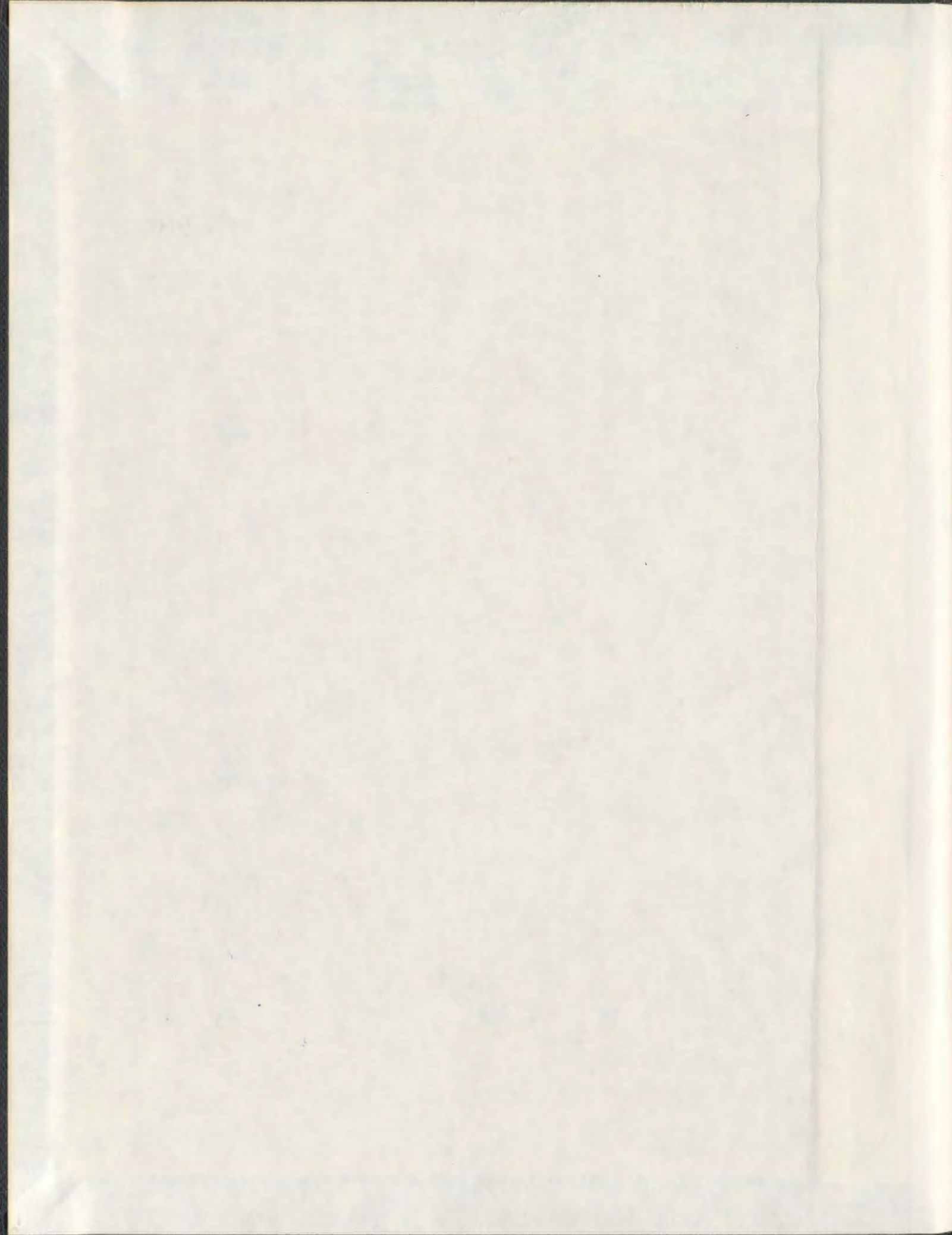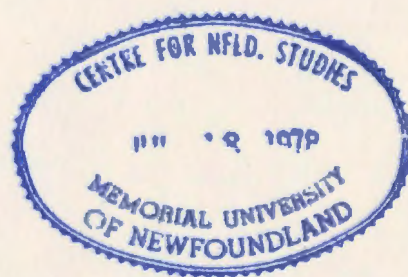# ADJUSTING THE LENS:
PARENTS CREATE CHANGE IN
ONTARIO'S CHILD PROTECTION SYSTEM

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ADJUSTING THE LENS: PARENTS CREATE CHANGE IN ONTARIO'S CHILD PROTECTION SYSTEM

BY

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Abstract

This study explored the potential for parents to create social change in Ontario's current system of child protection. Concepts of social justice and participatory action research (PAR) were used to focus the inquiry and provided boundaries for data collection, analysis and dissemination (Morse, 1998). Participants in the study included (1) parents, referred to as an adult caregiver inclusive of extended family raising children; who have successfully completed a supervision court order and (2) professionals associated with child protection. The following two research questions were explored: what advice do court ordered parents give on how to create a less bureaucratic system of child protection in Ontario? Secondly, how can professionals be engaged to work with parents to bring about the recommended changes? A research facilitation team of parents as co-researchers participated in the study's design and provided on-going consultation during data collection and analysis. Data emerged from three focus groups; a parent group, a professional group and one involving both parents and professionals. Of significance in the study is the opportunity for eight parents and thirteen professionals to voice their collective views on changes they would make to the child protection system.

The findings suggest the study was timely in light of the newly amended Child and Family Services Act, 2006 in Ontario. Parents and professionals alike came forward with suggestions for change that now fall within the realm of the new Act. These suggestions are identified and discussed in this study.

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Chapter 1

"Change can only be effective if the links between the subjective experiences of people and the objective social conditions are made visible" (Dalrymple & Burke, 2003, p. 12).

1.2 Introduction

Guided by the philosophical concepts of social justice and participatory action research this study explores the following two research questions.1) What advice do court ordered parents give on how to create a less bureaucratic system of child protection in Ontario? 2) How can professionals be engaged to work with parents to bring about the recommended changes?

Both questions emerge from a concern that in Ontario the way parents experience child protection interventions are not often the subject of research (Dumbrill, 2006). Following interviews with parents involved in Ontario's child protection system Dumbrill concluded, "To overwhelmed parents, child protection services appeared indomitable" (p. 30). Not only is there a need to hear from parents about how they perceive child protection service but, more importantly, there is a need to involve them in any social reform actions (Cameron, 2003; Cameron & Birnie-Lefcovitch, 2000; Dumbrill, 2006; Dumbrill & Maiter, 2003, 2004; OACAS, 2006a). This study is designed to create opportunities for this involvement.

Of equal importance the study is responsive to Ontario's (OACAS, 2006a) need for a collaborative model of child protection services. An emphatic statement was made

by the Local Directors Section and Zone Chairs for Ontario Children's Aid Societies to include parents in child protection services. The provincial leadership body stated, "We need a structure in which families can collaborate with workers" (OACAS, 2006a, p. 12). To promote the vision of family collaboration the Ontario Association of Children's Aid Societies (2006a) published a handbook titled, Child Welfare in Ontario: Developing a Collaborative Intervention Model. The model is based on a comprehensive literature review and includes over three hundred and seventy (370) documents that support the need to work more inclusively with parents. Handbook contributors make the claim, "We will show evidence that children are better protected when child protection agencies work in partnership and 'collaboration' with families and communities" (OACAS, 2006a, p.5).

The study endeavours to expand the parameters of collaboration and embraces a collegial approach toward research. As such the study is designed to meaningfully involve parents in the research agenda by including them as co-researchers. "It is research that takes seriously and seeks to make the connections between how knowledge is created, what knowledge is produced and who is entitled to engage in these processes" (Brown & Strega, 2005, p. 7). Principles associated with participatory action research (PAR) are used to focus the inquiry and provide boundaries for data collection, analysis and dissemination (Morse, 1998). How parents claim a voice in a system, which by its mandated design, is based on power differentials against them (Barter, 1997, 2001; OACAS, 2006a; Wharf, 2002), is explored through involving them in a research facilitation team, focus groups to discuss analysis of content and focus group consultation with child protection workers. Parents who participated in the study are those referred to

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as adult caregivers inclusive of extended family raising children and who have successfully completed a supervision order. The professionals included are those involved in child protection work such as frontline social workers, substance abuse counsellors, and legal counsel for parents.

The chapters in this study are laid out in the following manner: Chapter 1 sets the research questions into the historic and current context of child protection in Ontario. The chapter establishes social justice and participatory action research as the theoretical frameworks for the study. This study is about elevating the voice of parents in the child protection reform process. It is a discussion about change at multiple levels from the personal to the broader structural. More importantly, the study is about adjusting how the child protection field views parents: from liability to resource.

Chapter 2 reviews the literature and sets out the ideological frameworks that guide the study. The chapter begins by contextualizing child protection work in Canada with attention to the role of legislation. A review of the ideological lenses that influence the study: power in the helping relationship, structural social work, anti-oppressive practices, feminist theory, social justice, and community capacity building are followed next. A position taken in this study is that there is a gap in child protection research literature and that is parents have been excluded as primary creators of knowledge. This social exclusion argument is generated after examining the role parents have played in the research process in the past. This study advocates that parents can and should be colleagues in the research process.

Chapter 3 outlines the methodology and the study design. The chapter commences with a cogent argument for interpretive research and details the facilitation team recruitment process. An emphasis on change starting with the research process itself is embedded in the discussion of methodology (Brown & Strega, 2005; Reason, 1998). The chapter concludes with a summary of the data collection and analysis processes. The chapter includes a discussion about the unanticipated systemic events that influenced the parent recruitment process. There is a great importance placed on the nature of participatory research and this section of the chapter details the lengths taken to ensure the social inclusion of all participants (Reason, 1998).

Chapter 4 summarizes the findings from the focus group discussions from both the parent and professional participants. Interestingly there is a convergence of ideas from both participant groups regarding the changes needed in the child protection system. Parent participants suggest eleven changes to the child protection system all of which are positively received by the professional participants.

Chapter 5 synthesizes the findings, the literature review and the ideological frameworks of the study. The discussion chapter concentrates on the implications of change at three levels of practice micro (worker), mezzo (organizational) and macro (broader society/structural). Details of the study's limitations are found in this chapter. Finally, the chapter concludes with a discussion about anti-oppressive practice and the need for families associated with child welfare to create their own body of research knowledge.

1.3 The research questions in the Ontario context

The death of five week old Jordan Heikamp prompted legislative and child protection reform initiatives in Ontario. Jordan was born May 18, 1997 in Toronto to a young mother who was 19 years of age at the time. Jordan's birth weight was 4 pounds 6 ounces. Five weeks later he died of chronic starvation in an emaciated state, weighing 4 pounds and 2 ounces (Regehr, Bernstein, & Kanani, 2002). There was public outrage at the unconscionable notion that a child in Metropolitan Toronto who was known to the child protection authorities could die of chronic starvation. A situation such as baby Jordan's called into question the professional liability, conduct and credibility of social workers.

On August 21, 1997 Janet Ecker the Minister responsible for Community and Social Services (MCSS) announced a full review of the child protection system would be completed (MCSS, 1998). Three independent reports were commissioned: (1) Children's Aid Society (CAS) Case Audit Review, (2) Ministry Accountability Review, and (3) the Panel of Experts Review (Bala, 1998; MCSS, 1998; OACAS, 1997). Collectively the professionals conducting the reviews investigated more than 3,000 individual casework files for regulation compliance; they spoke to over 350 stakeholders in the system (including front-line workers, judges, justices, health and mental health professionals, youth in care, foster caregivers and parents) to determine if the legislation was faulty in writing or application, and they met with over 80 representatives from the child welfare system to determine how the Ministry could improve its management and monitoring of the child protection system (MCSS, 1998). The end results from each of these inquires recommended that new legislation be constructed to clearly identify the child as the

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client, to introduce a standardized risk assessment model and to create a funding formula for agencies based on volume of service (MCSS, 1998).

Child protection reform became a political agenda of accountability, cost effectiveness and standardization (Legislative Assembly, 1998). The Provincial Government contended that one of the historic problems with 'soft services' such as human service was the inability of agencies such as child protection to measure their outcomes scientifically (Legislative Assembly, 1998). The new child protection reform era was thus designed to rectify the issues of service ambiguity. With the new legislation, regulations and standards, there would be no misunderstanding that child welfare agencies are responsible for the insurance of child safety (CFSA, 2000). Family preservation, community capacity building and cultural identity continue to be important in child protection work, but are secondary considerations after child safety (CFSA, 2000).

Provincially, the government declared its role in child protection in the following manner: "…to fund, legislate and monitor the child welfare system. The Ministry sets policy, provides program designs for child welfare and licenses children's residential services" (MCYS, n.d. p. 2). Under the new child protection reform the Ministry of Community and Social Services assumed complete funding responsibility for child protection services (Legislative Assembly, 1998; MCSS, 1998; MCYS, n.d.) Discretionary decision making powers about service eligibility, file documentation and financial accountability were replaced with standardized operating procedures. In what appeared to be rapid time, the provincial child protection service was overhauled and the

widely publicized child deaths came to epitomize the nature and definition of child abuse

work (Waldfogel, 1998).

Despite reform initiatives research literature continues to suggest there is evidence

to suggest a widespread dissatisfaction with the current child protection system in Ontario

(Barter, 1997, 2001, 2004a, 2004b, 2004c, 2009; Cameron, 2003; CASW, 2003;

Dumbrill, 2003; McKenzie & Trocmé, 2003; OACAS, 2006a; Wharf, 2002)

> These reforms increased the capacity of the Ontario child welfare system to
>
> investigate and intervene in families where child abuse and neglect was occurring,
>
> or was suspected to be occurring, or where it was thought likely to occur in the
>
> future. However, the reforms also inadvertently compromised the ability of
>
> agencies to deliver social work services that protect children in their own
>
> communities and homes. A focus on forensic investigation and regulating parents
>
> reduced the system's capacity to use social work methods that bring child
>
> protection changes in families and communities. Indeed, this shift has been so
>
> substantial that some now see social work intervention and the development of a
>
> casework relationship with parents as an inessential part of child protection
>
> practice (Dumbrill, 2005, p.9).

Evidence based practice, fear of professional recrimination, Euro-Western cultural

domination, cuts to social welfare assistance and forensic risk assessment are all factors

that contribute to the dissonance between the social work value of justice and the current

child protection services in Ontario (Barter, 2004a, 2005; Cameron, 2003; CASW, 2003;

Hill, 2000; Lawrence, 2004; McKenzie & Trocmé, 2003; Strong-Boag, 2002; Regehr,

Bernstein, & Kanani, 2002; Wharf, 2002). Ontario, like Britain and the United States, moved away from a family support and community capacity building model of child protection intervention (Barter, 2001, 2004b; Crosson-Tower, 2002; Fein & Maluccio, 1992; Waldfogel, 1998) towards a child safety/ bureaucratic model of service (Barter, 2004a; CASW, 2003; Lawrence, 2004; Wharf, 2002). This social policy transformation implies that the government made "an important distinction between children in need of protection and children in need of service" (Waldfogel, 1998, p.27). The over emphasis on the policing aspects of the work reduced the availability of social work support to families. As a result, families are finding they are more likely to be under surveillance rather than assisted (Barter, 2004b; Blackstock, 2003; Cameron, 2003; Dumbrill, 2006; Peirson, Nelson, & Prilleltensky, 2003; Strega, 2005a; Wharf, 2002).

Following the full review of child protection announced in 1997 and completed in 2000 there was the tragic death of Jeffery Baldwin. Jeffrey was two months shy of his sixth birthday when his maternal grandmother called 911 on November 30, 2002 to report he had stopped breathing. "Emergency crews arrived to find Jeffrey's wasted body covered in sores, bruises and abrasions. The official cause of death was septic shock. He weighed 21 pounds, a pound less than he had on his first birthday" (Toronto Star, April 8, 2006, p. A20). On Jan. 20, 1997 Jeffery Baldwin was born at Toronto's Doctor's Hospital weighing a healthy ten pounds. Jeffrey and his sister were taken from his parents due to neglect and placed in the care of their maternal grandmother and her partner on April 28, 1998 by the court and Toronto Catholic Children's Aid Office (Toronto Star, April 8, 2006). The placement of Jeffery with his family appeared to be a

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natural fit as the grandparents had been awarded custody of two of his older siblings in 1995.

In late 2000 an intake investigation was conducted by the Toronto Catholic Children's Aid Office because Jeffrey had a bruise under his eye. The incident was reported as an accident and the file was closed. The incident concerning Jeffery's eye injury while it appeared benign at the time, in hindsight was a symptom that Jeffery was in trouble. As the investigation into his death unfolded, it became clear that Jeffery and his next oldest sister were regularly locked in their bedroom at night and the furnace vents in the room were closed. The room also served as their bathroom. When let out, they were forced to eat meals on a mat by the door (Toronto Star, April 8, 2006, p. A20).

For their part in the atrocities the grandparents were convicted of second degree murder and sentenced to life in prison on April 7, 2006 (Toronto Star, April 8, 2006, p. A20). A public inquest has been announced to investigate the "Toronto Catholic Children's Aid Society's involvement in the child's placement and the role the agency, and others, had in monitoring his well-being prior to his death" (Toronto Star, April 8, 2006, p. A20).

The death of Jordan and Jeffery sparked a philosophical change in the management of child abuse and neglect cases in Ontario. For example Jordan's story was significant because it changed one of the guiding principles of the legislation in the year 2000. Prior to 2000 the purpose of the legislation was to preserve family integrity and use the least intrusive measures to do so. However, after the panel of experts

announced that family preservation strategies compromised the primary protection needs

of children, the paramount purpose of the legislation was amended to reflect a child

safety social policy (Bala, 1998). The primary purpose of the Child and Family Services

Act is "To promote the best interests, protection and well being of children" (CFSA,

2006, p. 9). To demonstrate the priority of child safety social policy, the purpose of the

Act was untouched in the legislation's most recent revisions on November 30, 2006.

Jeffery's situation influenced the regulations regarding the assessment of kinship

care arrangements. When the legislation was amended again on November 30, 2006 the

policies surrounding placement of children with relatives became far more stringent

(OACAS, 2006b). Both these stories appear to weigh heavily on the minds of front-line

social workers, middle mangers and social policy makers as the day to day operations of

child protection work unfold. Both stories provide an understanding of how historically,

social work in child protection has shifted its ideological position between family

preservation and child safety when applying social work principles to child protection

(OACAS, 2006a). Barter (2003) refers to this binary state as a commitment to either a

professional/ bureaucratic paradigm or a client/community paradigm.

In Ontario the child protection system can be best described as favouring a

bureaucratic even an "inquisitorial" (OACAS, 2006a, p.10) paradigm. The entrenchment

of attitudes towards a highly procedural system is a result of public outcry over several

high profile tragic child deaths (Regehr, Bernstein, & Kanani, 2002; Toronto Star, April

8, 2006, p. A20). Liability conscious and "afraid of making fatal errors, agencies are

quick to remove children from families rather than engage in casework intervention to

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reduce risk. In this position the practice principle used is a cavalier application of the rule, 'when in doubt take them out' " (OACAS, 2006a, p.10). The impact of this over intrusive approach towards child protection services has left parents feeling resentful about being treated as if they were objects to be inspected (Bala, 1998; Wharf, 2002). It is not a surprise that in a bureaucratic paradigm, power and thus voice representation is weighted in favour of the professionals. "The need and legislated ability for workers to sometimes use coercive intervention means that workers and families do not share equal amounts of power in their relationship" (OACAS, 2006a, p. 14). This power discrepancy is exacerbated when the social control function of child protection is emphasized (OACAS, 2006a).

The entrenchment of procedures, the mandatory use of standardized assessment tools, and the focus on compliance effectively deprived social workers of the opportunity to develop collaborative working relationships with families. In fact, during this time of reform social workers experienced low job satisfaction, increased rates of burn-out, higher rates of employment turnover, and an increase of hiring of individuals with no social work background (CASW, 2003; Ife, 1997; Mullaly, 2007; OACAS, 2006a, OACAS, 2007). Ife (1997) has characterized these working conditions as a hostile environment for social workers. To put this tumultuous time into perspective social workers were frightened that they could easily fall victim to criminal charges such as their colleague Angie Martin, an intake worker from the Toronto Catholic Children's Aid Society, who was assigned to the Heikamp family. During Ms Martin's testimony at the trial into the death of Jordan Heikamp she reportedly told "supervisors she and other children's aid employees would go home every day praying: 'Please God I hope nothing

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will be wrong with my case load and with my children.' Then she said emphatically: 'A

month later I had the death" ("Heikamp's worker testifies," 2001). Ms Martin's words

hit home for social workers across the province because her experience of frenzied

practice was common place for many at the time. Tragedies such as child deaths

ultimately transformed the way social workers performed their daily activities and more

importantly, it changed the way they related to families. The relationship became tense

between social workers and parents as the focus on child safety increased. Nurturing the

worker-parent relationship appeared to be an after thought and only if time permitted. To

demonstrate the severity of the situation OPSEU/SEFPO , the union that represents

numerous child protection agencies, launched a social marketing campaign aimed at

educating the public about the imbalance of priorities between paperwork and people

work that was occurring in child protection. The powerful advertisement displayed the

scales of justice with the caption paperwork 70% on one side and a second caption people

work 30% on the other (OACAS, 2006a). The paperwork side of the scale was

significantly weighted down in comparison to the interpersonal work. A tag line at the

end of the candid advertisement read, "If we're not out there, who's protecting the

children" (OACAS, 2006a, p. 16)? Perhaps one of the most significant unintended

consequences of the new reform was the objectification of the parent-worker relationship.

Parents unfortunately became the means to achieving an administrative end (CASW,

2003; OACAS, 2006a).

Despite the ideological shift experience suggests and research confirms (Barter,

2004a; Cameron, 2003; CASW, 2003; Lawrence, 2004; McKenzie & Trocmé, 2003;

Regehr, Bernstein, & Kanani, 2002; Wharf, 2002) that families, social workers and

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scholars find the improved child protection system to be reactive and repressive. The social policy of child protection has been accused of incensing families (Cameron, 2003), alienating social workers from their professional allegiance to social justice (CASW, 2003), and disintegrating models of prevention programming (Cameron, 2003; Wharf, 2002).

Clearly an alternative approach is required. This is of particular significance for social work, as the primary profession in child protection (Barter, 2003, 2005; CASW, 2003; Dumbrill, 2003; Ife, 1997; OACAS, 2006a; Stoesz, 1997). Child protection as it is currently defined in Ontario is considered too narrow in focus. It restricts social work practice to a definition of forensic investigation, risk assessment, harm prediction and codification of parental behaviour (Barter, 2004a; Cameron, 2003; CASW, 2003; Dominelli, 2002; Dumbrill, 2003; MCSS, 2000; Pinkerton, 2002; Wharf, 2002). The aim of social work practice under this surveillance model of service is to determine the taxonomy of abuse and demonstrate that the harm to the child was caused by acts of omission or commission by the child's caregiver (MCSS, 2000). Critics (Barter, 2004a; Cameron, 2003; CASW, 2003; Dominelli, 2002; Dumbrill, 2003; Pinkerton, 2002; Wharf, 2002) of the current system suggest that the definition of child protection should be more inclusive of systemic issues that prevent adequate parenting, should be respectful of cultural diversity particularly for First Nations families, should incorporate a collective approach to addressing child maltreatment such as community capacity building, and should include parents in the decision making process of service. This broader ecological definition of child protection resists the temptation of reductionism in understanding the complex phenomena of child abuse.

The research questions being addressed in this study are an attempt to be responsive to this broader ecological definition and to create opportunities to hear the voices of parents and social work practitioners in the field.

1.4 Social Justice and Participatory Action Research-discussion

This research study is guided by a commitment to the philosophical concepts associated with social justice and participatory action research (PAR). It has been argued that both of these frameworks are best described as theories, attitudes, stances or perspectives towards research rather than a particular method of investigation (Campbell, 2003, 2004; Cornwall & Jewkes, 1995; Durham, 2002; Freire, 2005; Healy, 2001; Pain & Francis, 2003; Potts & Brown, 2005; Strega, 2005b). The concept of PAR for the purpose of this study has been defined to mean the following: (1) transformation of social order, (2) commitment to social justice, (3) genuine knowledge created through collaboration, (4) knowledge for the purpose of action, (5) enhancement of social work practice, (6) challenge of power imbalances, and (7) empowerment of research participants (Beresford, 1999, 2003, 2004; Brown & Strega, 2005; Campbell, 2004; Cornwall & Jewkes, 1995; Dumbrill, 2003; Gatenby & Humphries, 2000; Healy, 2001; Kidd & Kral, 2005; Pain & Francis, 2003; Stoecker, 1999; Vander Stoep, Williams, Jones, Green, & Trupin, 1999). Criticisms of PAR give credence to the argument that it is a methodology rather then a specific method of research. PAR is critiqued as lacking scientific rigor, reliability, and credibility; as being time consuming, as possibly creating negative consequences regarding consciousness raising; and as falling short of the promise of egalitarian power sharing between researcher and participant (Cornwall &

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Jewkes, 1995; Gatenby & Humphries, 2000; Healy, 2001; Kidd & Kral, 2005; Maguire, 1987; Pain & Francis, 2003; Stoecker, 1999).

Repeatedly, in my search to understand this framework, I uncovered the criticism that PAR projects often appear long on ideology and short on rigorous practice (Cornwall & Jewkes, 1995; Gatenby & Humphries, 2000; Healy, 2001; Reason, 1998; Stoecker, 1999). As a result of the criticisms about rigorous usages, this study has interpreted PAR as a macro methodology (Kidd & Kral, 2005). The concepts of participation, empowerment and dialogue espoused by PAR have been used to set the boundaries for this research study (Kidd & Kral, 2005; Pain & Francis, 2003).

Social justice is a ubiquitous term that is threaded through our professional training and is central in our professional code of ethics (Barter, 2004a; CASW, 2003; Lundy, 2004; Shriver, 2001). In child protection and social work education the challenge is to determine whether social justice is an abstract concept available for intellectual debates only, or whether it is a discourse that can be applied to practice (Barter, 2004a; Lundy, 2004). Research suggests there is no agreement about the definition of social justice. For example the term can imply a theory of fairness (Rawls, 1971); alternatively it can be an approach to reaching a state of righteousness (Lebacqz, 1986; Reamer, 1993; Sher, 2001), or it can simply explain injustice as the counterbalance to justice (Lotter, 1993). Despite the lack of uniformity regarding the meaning of social justice, there appears to be concurrence that the assignment of civil rights and duties is a denotation of social justice (Covell & Howe, 2001; Lebacqz, 1986; Lotter, 1993; Lundy, 2004; Rawls, 1971; Reamer, 1993; Sher, 2001). For the purposes of this study, the

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definition of social justice "is the full participation of everyone in society's major institutions and to the socially supported opportunity for all to develop and exercise their inherent capacities" (Mullaly, 20007, p. 282).

Knowledge creation in this study is not a competition between the academic researcher, the parents and the professionals, but rather a step towards building a partnership based on the premise, "we [all] know some things [no one] knows everything; working together we will know more" (Maguire, 1987, p. 37). Therefore this study represents the collective voices of parents, professionals and of the researcher. The assumption in this research is that knowledge of social interaction is created in a collaborative manner and to that end it would be contradictory to represent only one voice.

An empowerment model of research starts with the researcher examining his/her own personal location (Brown & Strega, 2005; Dalrymple & Burke, 2003; Freire, 2005). I reviewed that I was white, middle class, educated, and female, of British Heritage and worked in child welfare, but I had not unpacked the invisible nature of my privileged status as it relates to the research process (Dominelli, 1997; McIntosh, 1989; Saulnier, 1996). Most of my characteristics are classic examples of identification with dominant, colonizing groups in society (Hart, 2002; Mihesuah, 2005; Smith, 2002; Strong-Boag, 2002). While I had reviewed my position, I lacked critical reflection or action about how my position of power might interfere with accessing the true voices of parents (Freire, 2005; Maguire, 1987). I was humbled by identifying a living contradiction (Delong, Black & Wideman, 2005) in my original efficient research proposal. The contradiction

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was a dissonance between an espoused research method of empowerment and research design. I had written an efficient, clinical proposal in which parents provided a voice on a topic but there ended their involvement. The original research proposal would have been considered market research aimed at "improving the product [child protection services-added] through market testing and customer feedback" (Beresford, 2003, p. 3). It fell short in terms of altering the distribution of power in the research process and it certainly did not consider participants in the decision making process (Beresford, 2003).

I share my experience in an attempt to be clear about the research process. The transformation process was a significant step in designing an empowering research study. I had to challenge my beliefs about the positivist research tenets that promote professional voice as the expert in scientific knowledge creation (Beresford, 2003; Brown & Strega, 2005; Cornwall & Jewkes, 1995; Freire, 2005; Maguire, 1987; Smith, 2002). A significant lesson to be learned in designing a PAR framework for me was the acknowledgment that power "can exclude rather than include individuals" (Dalrymple & Burke, 2003, p 8) in the research process. Ultimately as a researcher I had to become comfortable in sharing control in the research process. As a result of this reflective process, this study creates an opportunity for parents, professionals and the researcher to work together in a collegial way.

1.5 Summary

This exploratory study endeavors to fill two identified gaps in the research literature: one substantive and the other related to the research process. The substantive gap to be addressed is the identification of success stories of parents who were previously

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court ordered into service and who are now parenting free from child protection interference. Secondly, this study will also be an addition to the limited number of studies that involve parents at a collegial level of participation in the research process (Cornwall & Jewkes, 1995). The social justice agenda of citizen participation in child protection reform is advanced by heavily involving parents in all aspects of the research process. In fact, the study encouraged parents and professionals to reach beyond the limits of collaboration and work in a collegial manner to discuss necessary changes in Ontario's child protection system.

I asked an influential leader in child protection the following question, "Do you think we can ever move to a collegial model of child protection with families?" The answer was "No, because we will always have mandated parents". This study challenges child protection's ability to go beyond collaboration and allow parents to have a legitimate place in child protection reform.

The next chapter reviews the literature and sets out the ideological frameworks that guide the study. A primary emphasis is based on the requirements for citizen participation in child welfare reform, as this appears to an identified gap in child protection research.

Chapter 2

2.1 Literature Review

"We are no longer just the 'patients', the 'cases', the diagnostic categories. We come claiming the right for things to be different...We come with contributions to make" (Beresford, 2004, p. 3).

Chapter two reviews the literature and sets out the ideological frameworks that guide the study. The chapter begins by contextualizing child protection work in Canada with attention to the role of legislation. A review of the ideological frameworks: power in the helping relationship, structural social work, anti-oppressive practice, feminist theory, social justice and community capacity building that influence the study are reviewed. A position is argued in this chapter that parents have been excluded as primary creators of knowledge in child protection research. The social exclusion rationale is generated after examining the role parents have played in the research process in the past. This study postulates that parents can and should be colleagues in the research process.

2.1.1 Contextualizing Child Protection Work

Rates of children in care have risen with reportedly 31, 088 children in care between April 2004-March 31, 2005. The cost of operating the child protection system in Ontario has reached a high of $1.165 billion dollars, an increase of 115 % since 1998. Staffing to support this system has increased by 70% to a record 7,653-fulltime equivalents (OACAS, 2004). Conversely satisfaction with service has decreased for families (Cameron, 2003; Dumbrill, 2003), morale of social work staff has diminished

(CASW, 2003), and prevention programs have all but disappeared (Barter, 1997; Wharf, 2002). In the end there continues to be criticism that this forensic, risk management approach to child protection falls short in realizing social justice for families (Barter, 2001; Cameron, 2003; Lawrence, 2004; McKenzie & Trocmé, 2003; Sharland, 1999; Wharf, 2002).

The child protection system in Ontario is currently struggling and has been characterized as being preoccupied with the provision of reactive services (Barter, 2004b; Cameron, 2003; McKenzie & Trocmé, 2003; Peirson, Nelson and Prilleltensky, 2003; Wharf, 2002). Forensic social work practices have prevailed over traditional social justice models of empowerment, prevention, and community capacity building approaches to child protection (CASW, 2003; Peirson, Nelson and Prilleltensky, 2003). Proponents of anti-oppressive social work practices suggest the impact of this amended child welfare reform is an inverse relationship between the level of family surveillance and the degree of satisfaction with social justice for children. In fact, as risk management increases, issues of social justice decrease (Barter, 2004b; Cameron, 2003; Lawrence, 2004; Peirson, Nelson and Prilleltensky, 2003; Sharland, 1999).

2.2 Canada's Child Protection Experience

Child protection issues have been documented in research journals, books and dissertations since child welfare legislation was proclaimed in North America in the late 1890's.

Children in distress are not new....Some families have always been unwilling or which has far more been the case, unable to protect their offspring. Over time,

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death and disability, poverty and unemployment, have injured many generations

of children and in the process massively compromised the child-rearing capacities

of their parents (Strong-Boag, 2002, p. 29).

Jane Addams (Diliberto, 1999; Lasch, 1965; Levine, 1971; Linn, 2000), J.J. Kelso (Jones

& Rutman, 1981) and Mary Richmond (Richmond, 1964; Trattner, 1986; Turner, 2002)

were writing about the exploitations of children and advocating for legislation to protect

them at the turn of the twentieth century.

Various legislative efforts have been undertaken in Canada to address the problem

of orphaned, abandoned and maltreated children.

The Orphans Act (1799) provided for orphaned children to be indentured. The

Ontario Industrial Schools Act (1874) attempted to define a neglected child and

the Children's Protection Act (1888) established the principle that representatives

of the state could remove a child from the family if provisions for care were found

unsuitable (Herrick & Stuart, 2005, p. 53).

In 1893 the Ontario provincial government passed legislation that emphasized the

protection of children through the punishment of those found guilty of neglecting or

exploiting children. Children without parents or guardians could be placed in the

authority of the Children's Aid Society. More importantly through the Children's

Protection Act 1893, authority was given to the Children's Aid Society and visiting

committees to apprehend children from allegedly neglectful parents. Children removed

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from their parents were to be raised in foster care situations arranged by the local visiting committees (Jones & Rutman, 1981).

While Canada generally prides itself as a peacekeeping, benevolent nation (Strong-Boag, 2002), our philanthropic campaign of child rescue of the late nineteenth century can now be considered as oppressive as that of our American or British counterparts of the time. According to Dumbrill (2003) and Strong-Boag (2002) generally white middle to upper class church-minded men and socially conscious women sought to produce a better life for underprivileged children The goal of these privileged individuals was to separate victimized children from undeserving parents (Barter, 2001). Child rescue efforts were designed to protect potentially good children from their bad or inadequate parents and rear them to become productive citizens through foster care (Maluccio, Fein & Olmstead, 1986). While this benevolent approach to childcare had honourable intentions, its application was inequitable. Not all maltreated children were equally protected (Cook, 1995; Strong-Boag, 2002).

For Native children, Canada's child rescue campaign has been reframed and labelled as child abduction by many Aboriginal peoples. Historically Aboriginal parents experienced generations of children being "stolen" from their embrace (Dumbrill; 2003; Fournier & Crey, 1997; Gallagher, 2004; Hart, 2002; Hill, 2000). Child rescue initially meant being forcibly sent off to residential schools where Aboriginal languages were eradicated, their worldviews were demeaned and history was rewritten through the eyes of self-righteous social reformers (Fournier & Crey, 1997; Hart, 2002; Strong-Boag, 2002). The purpose of the residential school system was to intervene early in the life of

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an Aboriginal child; indoctrinate them to the linear, "civilized", and Euro-Western views

of the world (Strong-Boag, 2002).   Essentially, Aboriginal child welfare represented an

aggressive assimilation campaign by the government. The sole purpose of the campaign

was to annihilate cultural difference (Fournier & Crey, 1997; Hart, 2002; Strong-Boag,

2002).   Aboriginal children were unwitting victims of racism, oppressive social work

practices and government sanctioned prejudicial social policies (Fournier & Crey, 1997;

Gallagher, 2004; Hart, 2002; Hill, 2000; Strong-Boag, 2002).   All of these efforts were

aimed to save destitute children not only from their undeserving parents but also from

their uncivilized communities (Fournier & Crey, 1997; Hart, 2002).

Ontario has made some changes, albeit indolently, in terms of recognizing the

importance of Aboriginal culture in child protection policies since residential schools.

The political disavowal that child protection practices were racist continued into the

1960's when legislative power over status Aboriginal families was downloaded from the

Federal government to the province in terms of child protection (Hill, 2000). "A new

and unhappy era in First Nations child welfare had begun" (Hill, 2000, p. 162) referring

to the sixties scoop of First Nations children. Euro-Western policy makers interpreted the

cultural discord in child welfare as child protection. However, for First Nations families

it was experienced as child abduction (Blackstock, 2003; Hart, 2002; Smith, 2002;

Strong-Boag, 2002). Aboriginal theory and traditional healing practice reinforce the need

for social workers in child protection to examine the myopic nature of child safety and

the devastating impact of racist practices.

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2.3 Understanding Child Protection Legislation

Dalrymple and Burke (2003) suggest that social workers who wish to practice anti-oppressive principles in a legislative setting have an obligation to understand the nature and purpose of the legislation in order to harness the power of the law (Dalrymple & Burke, 2003). Thus, it makes sense for this study to critically explore the nature of Ontario's child welfare legislation and its implications before considering any recommendations of change.

A fundamental question to ask is why do child protection laws exist to begin with?

> Child protection laws in their best light represent the public's responsibility towards children who are inherently powerless as a class. This responsibility is discharged through an ongoing balancing of the community's interest in the development of a productive citizenry through the proper parenting of children, with that of the individual's interests, expressed as the family's right to privacy and the freedom of parents to raise their children as they see fit (Wilson & Symons, 2004, p. 3.1).

Philosophically, child protection legislation represents a theme of protecting public interest in child rearing over individual parental freedoms (Miller, 2003; Reamer, 1993). Essentially the law exists to ensure that parents or caregivers provide a minimum standard of care for their children (Archard, 2004; Miller, 2003; Waldfogel, 1998).

In 1985 the Child and Family Services Act granted Aboriginal families the right to "wherever possible offer their own child and family services and that all services to Indian and native children and families should be provided in a manner that recognizes their culture, heritage and traditions and the concept of the extended family" (CFSA, 2000, p.1). While in principle the legislation provided for service that is culturally respectful, the pathway to fully operationalizing this provision has been unhurried. Some twenty years later, after a culmination of three successive governments and a legal battle fought at the Supreme Court of Canada, Toronto opened its doors to the first off-reserve Native Child and Family Services agency on July 5, 2004 (Richard, 2004). The agency offers a broader range of services outside the narrow focus of mainstream child protection such as an Early Years Centre, four Aboriginal Head Start programs, extensive Native healing program, a Fetal Alcohol Spectrum Disorder clinic, transitional housing and culturally sensitive counselling (Richard, 2004). The executive director of the Native Child and Family Services Agency suggests, "While we have much to learn, we can make significant contributions to a field looking for alternatives to the forensic quagmire that has characterized child welfare over the past few years" (Richard, 2004, p.1).

In less than a decade the Child and Family Services Act (CFSA), which governs the work of child protection in Ontario, has undergone two major legislative transitions. In the year 2000 and again in 2006 new legislation was proclaimed. Unfortunately tragic child deaths appeared as a common denominator sparking the legislative reforms.

It is clear in the preamble of both the 2000 and 2006 Child and Family Services Act, that the "...paramount purpose of the Act is to promote the best interest and well

being of children" (CFSA, 2000, S. 1 (1)). Family preservation, community capacity

building and universal supports to families are to be evaluated in context of what is best

for the child (Perkins, Steinberg, Lenkinski & James, 2005, S. 1 (1), §1). The adversarial

legal environment of child protection has been criticized for subverting clinical

interventions with families, hence silencing broader discussions of social justice in favour

of a criminal approach to ameliorating child abuse (Sharland, 1999).

The appearance of the judicial process epitomizes the ethical clash between

empowerment and authority that characterizes child protection work. When the

assessment of risk meets the legal threshold of intrusion, social workers have the

authority to initiate a court proceeding. While there may be perceived power imbalances

in the clinical relationship, once a court action is initiated the power imbalance becomes

real.

> Where the court finds that a child is in need of protection and is satisfied that
>
> intervention through a court order is necessary to protect the child in the future,
>
> the court can make the following order, in the *child's best interests*: that the child
>
> be placed with or returned to a parent or another person, subject to the supervision
>
> of the society, for a specified period of at least three and not more than twelve
>
> months (Perkins, Steinberg, Lenkinski & James, 2005, S. 57 (1) 1).

It should be noted that in the amended 2000 Child and Family Services Act, case

precedent was set by Catholic Children's Aid Society of Toronto v. N (2000) which

ruled, once a child has been determined to be in need of protection "the rights of the

parent are subjugated *to the best interest of the child* and the court assumes a role much

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more closely aligned with the historical parens patriae jurisdiction" (Perkins, Steinberg, Lenkinski & James, 2005, S. 37 § 1). The notion that parental rights are suspended in favour of the child's best interest is further reinforced by the Children's Aid Society of London and Middlesex v. B (2000) ruling which stipulated, "once a determination has been made that a child is in need of protection, the rights of the parents are subjugated to *the needs of the child* and the court assumes a parens patriae role" (Perkins, Steinberg, Lenkinski & James, 2005, S. 57 (8), § 1).

Philosophically the amended legislation is strictly focused on child safety; consideration for maintaining the family unit is secondary and subsequent to what is best for the child. "This child-centred focus must not be lost at any stage of a protection proceeding" (Perkins, Steinberg, Lenkinski & James, 2005, §1.). The philosophical position of subordinating parental rights over children's best interest is a departure from the previous legislation. The former legislation expected least intrusive measures were to be exercised and keeping the family together was the priority. Now the least disruptive course of action is to be considered only if it is consistent with the best interests, protection and well-being of a child (Perkins, Steinberg, Lenkinski & James, 2005, 1 (1)).

In Ontario, in addition to child safety, child protection hearings are influenced by the concept of permanency planning (Maluccio, Fein, & Olmstead, 1986). Timeframes were developed to avoid lengthy delays in the court system which left children in jurisdictional limbo, created emotional instability for children, and for Aboriginal children, pitted issues of culture against clinical bonding principles (Wilson & Symons, 2004).

If the child is under the age of six, twelve months is the longest cumulative period

of time over a five year span in which the child can be helped by state

intervention outside her home. If the child is over six years of age the maximum

longest cumulative period of time over a five year period is 24 months (Wilson

&Symons, 2004, p. 3.103).

There are damaging examples where children have spent an exorbitant amount of time

waiting for their situations to be concluded both pre and post the 2000 child protection

amendments (Wilson & Symons, 2004). One court judge noted "…that the accused in

criminal proceedings has R. v. Askov [ruling added] to ensure an expeditious hearing is it

too much to ask that children share the same right in protection hearings" (Wilson

&Symons, 2004, p. 3.105). The significance of the Askov ruling is monumental in the

criminal justice system in terms of human rights. According to the Canadian Charter of

Rights and Freedoms the accused is to be tried within a reasonable time. The Askov

ruling established what a reasonable length of time is for a matter to reach conclusion

(Wikipedia, 2006). Children under the same Charter of Rights do not appear to have the

same protection for a speedy resolution to family court matters despite the specific

designated timeframes.

Aboriginal families have a unique status within the Act.

Many lobby groups have made the argument that Societies throughout Canada

have shown only minimal recognition of the distinct culture, mores and problems

of the native community in delivering services to the family, in assessing whether

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to remove the child from the family and in providing placements (Wilson & Symons, 2004, p. 3.107.18).

Aboriginal families are entitled to services that are respectful of their culture, traditions and heritage. However even this declaration is a secondary condition to the paramount purpose of the Act which is child safety (Perkins, Steinberg, Lenkinski & James, 2005; Wilson & Symons, 2004).

In order to research the area of legally mandated service it is prudent to understand the mechanisms by which the power of the court is wielded and under what conditions. At this time it is clear that child safety is the first consideration of child protection services. "Anti-oppressive practice, then, means recognizing the power imbalances and working towards the promotion of change to redress the balance of power [between the parent and the judicial system]" (Dalrymple & Burke, 2003, p.15). There appears to be a research gap in hearing specifically from those parents who have had their rights suspended by the courts but are now raising their children as full citizens without state interference when it comes to child protection reform.

2.4 Ideological Frameworks

2.4.1 Power: Theoretical and Contextual Considerations

To understand the nature of power in social work it is worthwhile exploring the role and image of the profession. A question to ask is what is the nature of social work? What is this craft that gives away taxpayer money to the morally unfit and socially deviant and performs act of pious healing to the grieving and troubled?

That 'counsels' the confused and baldy informed and, in its role of 'mental health

professional', treats those who are mentally ill and emotionally disturbed? What

is this social institution of modern America that sometimes cannot easily be told

apart from the police (who more and more are said to resemble social workers),

that cannot be told apart from the various brands of 'shrinks' (who fear to

resemble social workers), that cannot be readily told apart from friends,

neighbours and the talk show hosts and their guest experts who are pitchmen for

therapeutics (Epstein, 1999, p. 7)?

Social work is often described by its activities and populations that it typically works

with. Frequently the activities of social work describe compassionate actions taken on

behalf of marginalized or destitute individuals.

Infrequent is the discussion of the thin edge of the benevolent wedge which is

control, power and manipulation of populations. Even as the researcher for this

participatory study I had to struggle with the concept of power and whether or not it can

be shared with parents through the proposition of engagement. In the present culture of

social work one could argue we have worked hard at disguising the presence of power in

our working relationships almost making it invisible. Epstein (1999) articulates a unique

perspective of the masking of power as almost a cornerstone of the social work

profession. The following description of professional power is captivating and I was

jolted by its candour, "In social work noninfluential influencing is its communicative art,

its speciality. It has evolved complex rationales and methods for appearing to sew

together influencing and not influencing, without the seams showing too much" (Epstein,

1999, p. 8). Epstein's (1999) argument about power helps to contextualize why we can

not always recognize when we are exercising power over parents (Dumbrill, 2003). The point here is that social workers can easily conflate authority with empowerment without consciously knowing it because our training has labelled our experience as engagement. This double speak (Epstein, 1999) about the concept of power is perhaps a reason why professionals have misjudged the forceful impact their presence has on families.

How can social workers be so desensitized about the influence of power in the helping relationship? Foucault's (1977; Moffatt, 1999) definition of power lends additional understanding about the blinding impact of authority in child protection work. Power for Foucault is simply "a certain type of relation between individuals.... and that every relationship is a relationship of power" (Moffatt, 1999, p. 221). Social workers practicing in child protection may not candidly consider that every social interaction is a deployment of power. However, for the parents and extended families receiving child protection service the lived experience of power is a clear reality in every exchange, whether it is power over or power with them (Dale, 2004; Dumbrill, 2003, 2006; Strega, 2007; Thorpe, 2007).

Strega (2007) adds to the argument that the helping process in child protection is based on a ruling relationship. Professionals need to acknowledge that personal power, professional power, and statutory power influence how the interactions between social workers and a family unfolds. It is clear that social workers may overuse their statutory powers out of fear for what might happen to a child. Conversely, professionals may underutilize their knowledge about resources because they have assessed a parent to be undeserving (Strega, 2007). Despite the reasoning for use of power over or power with families the onus for developing a positive helping relationship in child protection is first

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and foremost the responsibility of the social worker (Strega, 2007).   Child protection

work offers some unique challenges to the anti-oppressive practitioner however it can be

done by: listening to the other person's perspective, place an emphasis on understanding

the parent's perspective and taking more time to include a parent in the decisions that

effect their children (Strega, 2007).

Thorpe (2007) considers the ironic nature of power in the helping relationship by

suggesting that social workers can become incensed by threats from parents, yet are

oblivious to the threats they make on behalf of the organization. For example a frequent

impasse facing parents occurs when they are given the option to sign a voluntary

temporary care agreement or force the issue and appear in court. In this sited dilemma

the adage of where you stand is what you see. In this case social workers would

generally consider they have given parents options to choose and a sense of

empowerment. However parents experience this adverse position as an exertion of

draconian power on part of the worker (Thorpe, 2007). Parents have also expressed fear,

intimidation, and trauma during these situations (Dale, 2004; Dumbrill, 2003, 2006;

Thorpe, 2007).

Moffatt goes on to argue that social workers may be hesitant to examine the

individual fiefdoms of power "because to do so may uncover matters that are morally

unbearable" (Moffatt, 1999, p. 219). This statement reflects the findings of the parent

participants and to a smaller extent the professionals in the study. Both groups of

participants in the current study and others (Dale, 2004) allude to the notion that the

decisions made about a family situation are highly dependent on the philosophy of the

individual social worker assigned to the situation (Dale, 2004). The implication of power

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for social work practice according to Foucault (1977) is astonishing. Social workers at an individual level control the access to service that influence the health and well-being of families, children and communities (Moffatt, 1999; Thorpe, 2007). A family's plight is analyzed through a screening lens to ascertain whether or not they qualify as a legitimate 'case' to be opened initially and during every helping interaction between the person and the social worker (Moffatt, 1999). Even the most engaging social worker in child welfare must examine the role of power and the particular social location he/she brings to the exchange on a daily basis, to determine if they have exerted power over or with or a parent (Dumbrill, 2003).

Subtleties of practice such as shifting the emphasis from public responsibility to private personal responsibility for addressing need (Moffat, 1999; Thorpe, 2007) also contributes to the invisibility of power. With the shift from government ownership for social well-being to the individual, it is easier to control the wrong doers, such as neglectful parents, through a decentralized power base. Foucault has captured this political decentralization of power from the government to its agency representatives as a way of becoming more efficient and less wasteful (Moffatt, 1999). The concept of surveillance is embedded in the new distribution of power.

> The reforms allowed for power to operate 'everywhere in a continuous way.'
> Power was rearranged so that it became constant, regular, and very specific in its
> effect. This new form of power was advantageous because it could be induced at
> the smallest element of the social body-at the point of microinterventions
> (Moffatt, 1999, p. 221).

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The current climate of risk aversion in child protection lends itself to the objectification and surveillance strikingly similar to that which Foucault speaks about (Moffat, 1999; Thorpe, 2007; Wharf, 2002).

2.4.2 Structural Social Work

Social work has historically contended with the tension between helping the individual and fighting for global social justice. To come to a single understanding of structural social work one runs the risk of reductionism of a complex situation. However it is fair to acknowledge,

> The goal of structural social work is not simply to compensate and care for
> victims of oppression. It is to transform the entire constellation of oppressive
> rules, processes and practices. Only a theory of social justice that has oppression
> as its central concern can accommodate this goal (Mullaly, 2007, p.284).

Mullaly (1997, 2002, 2007) reinforces that structural social work is not only about individuals who have been marginalized but rather the need to challenge the structures that create the unequal situations in the first place. For child protection this means that workers need to be empathetic to the situations that bring families to our front door. However, a progressive practitioner takes on the responsibility to confront the broader barriers that contribute to child maltreatment.

To put this debate into structural context, the question to consider is should social workers act as social control agents maintaining the status quo, or should they act as advocates for broader social issues the influence the daily life of marginalized populations (Mullaly, 2007)? Is it an illusion to think we can do both?

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It is important to emphasize that social work has consistently been defined as a normative activity. It does not simply do what political leaders and managers tell it to do, but rather it works towards a better society, defined in its own terms. It is thus more than a technical activity, and is out of place in an environment of increasing bureaucratic and managerial control, where 'accountability' is defined as an account-ability to management rather than accountability to the community or the consumer. The current environment of practice does not readily allow for the kind of dissent, creativity and seeking of alternatives which are a natural consequence of social work's primary commitment to [its] value position (Mullaly, 2007 p. 24).

Given social work's precarious position between its professional statute and the values of its mission how should it resolve this ethical dilemma? This is a crucial question to consider for all who are associated with child welfare.

Child protection work is a classic example of how these tensions between professional accountability, social policy, core values, differences in lived experiences and social location get played out on a daily basis. The focus on standards, rules, and procedures has prevented social workers from addressing the global issues such as poverty, homelessness, discrimination, isolation and addictions that are rooted in the situations of child maltreatment (Barter, 2009; Wharf, 2002). Indeed the call to action in challenging structural oppression is a purposeful, active and visceral pursuit made by the individual social worker and organizations (Mullaly, 2007; Swan, 2009). Social workers do not have to stand alone in this struggle they can encourage parents, social policy makers, child protection organizations and the community to become social advocates

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and stand together on issues of injustice (Strega, 2007). In fact, it is unrealistic to expect

individual social workers to challenge internal and external structural barriers to adequate

parenting without the support of the senior leadership of a child protection agency (Swan,

2009).

2.4.3 Feminist Theory: Social Responsibility for Care

Repeatedly the argument is made that social work practice needs to be closely

linked to theory (Howe, 1987; Payne, 2005; Turner, 1996). The logic behind this

argument is that social work theory explains why social workers take certain actions; it is

used as a guide in making clinical decisions, and it allows social workers to view a

problem from different perspectives (Howe, 1987; Payne, 2005). It is easy to

understand how social work practice becomes a complex phenomenon after examining

the numerous theories and the ways in which they dichotomize or synthesise child

protection service. Each ideology presents a worldview that justifies social work

decisions regarding child safety, family support, public spending, and social policy.

Feminist theory is part of a larger philosophical perspective of empowerment and

social justice designed to redistribute power. It is considered a social change theory

either at the case level or broader social context, cause level (Payne, 2005). It is a theory

that addresses, responds to and explains a particular group in society, namely women

(Kimberley & Osmond, 2009; Payne, 2005; Saulnier, 1996). Several areas of feminist

practice have been identified such as: women's working conditions, women-centered

practice, women's voice, working with diversity, and women and child care practices

(Gilligan, 2001; Payne, 2005; Scourfield, 2001; Saulnier, 1996; Swan, 1994; Swift,

1998). This section specifically addresses how the issue of care in child protection has been and is a women's issue both in terms of social work staff and individuals who receive service (Payne, 2005; Tronto, 1994). Child protection service generally is an activity carried out mainly by women with women (Payne, 2005; Scourfield, 2001; Swan, 1994). This is not to suggest that all social work in child protection is gendered but that despite the advances in feminist theory, most of the responsibility for child safety disproportionately rests on the social construction of mothering (Payne, 2005; Scourfield, 2001; Strega, 2005a; Swan, 1994; Swift, 1998).

The argument contained in this section suggests that child protection services perpetuate the patriarchal notion that child safety and the creation of a caring society is dependent on women's morality (Baines, Evans, & Neysmith, 1998; Nixon, 2002; Scourfield, 2001; Swift, 1998; Tronto, 1994). The strategy of delegating child care and protection to women because they are more moral than men diverts attention from the social issues of oppression, unemployment, racism, and violence that prevent social justice for women and children (Baines, Evans, & Neysmith, 1998; Nixon, 2002; Scourfield, 2001; Swift, 1998; Tronto, 1994). In fact, Tronto (1994) would argue that understanding child protection as a women's morality issue is a political ploy to deflect from the social responsibility of addressing the root causes of child abuse. This prevalent ideology of women's morality being the standard of a fair and just society has been crippling to mothers. Constructing child protection as primarily a mothering issue depoliticises the nature of the child abuse and stands in contrast to the social change philosophy of feminist theory (Nixon, 2002; Scourfield, 2001; Strega, 2005a; Swan, 1994; Swift, 1998; Tronto, 1994). Generally women are responsible for protecting

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children against harmful or neglectful partners, and for making choices about whether to protect children or stay with a mate. Women are not expected to perpetrate acts of abuse on children (Nixon, 2002; Scourfield, 2001). If a woman fails to meet the morality standards of social policy the cost of government intrusion is generally higher for them than for men (Nixon, 2002; Scourfield, 2001; Tronto, 1994).

What then is the solution? Researchers (Barter, 1997, 2001; Cameron, 2003; Nixon, 2002; Wharf, 2002) suggest that the child protection system in Canada has failed to protect children by ignoring the structural barriers that contribute to child abuse. One proposed solution is an increase of community based services that address the following: (a) the invisibility of male perpetrators in women abuse issues (Nixon, 2002; Strega 2005a), (b) the lack of structural supports for adequate housing and employment; (c) the inclusion of parents in the decision making regarding their children (Barter, 2004b; Cameron, 2003: Dumbrill, 2003), (d) the lack of universal and targeted parenting programs; (e) a focus on collaboration with community partners, (f) the provision of funding to support programming adequately, and (g) the recognition that children can be maltreated through inadequate social policies (Barter, 1997, 2001, 2004b; Cameron, 2003 Coffey, 2005; Dumbrill, 2003; Nixon, 2002; Wharf, 2002). It is also suggested that social workers examine the gender neutral language of child protection practices as this contributes to the minimization of power issues that exist in child abuse (Nixon, 2002; Swan, 1994).

Feminist research does not deny the complexities of child abuse issues nor that personal accountability must exist for both women and men. Instead, the feminist

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critique surrounding child protection services critically analyzes the over representation

of women as individual bearers of what should be a political, collective and social

responsibility for child safety (Nixon, 2002; Scourfield, 2001; Swan, 1994; Swift, 1998;

Tronto, 1994). The social work profession from a feminist position is left grappling with

the paradox of how "good protection of children also includes good protection for

mothers" (Nixon, 2002, p. 80).

2.4.4 Anti- Oppressive Social Work Practice

"Rather than being seen as one 'practice approach', anti-oppressive social work

can be more accurately understood as a stance or perspective toward practice. The term

'anti-oppressive social work' represents the current nomenclature for a range of theories

and practices that embrace a social justice perspective" (Campbell, 2004, p.2). Social

workers adopting an anti-oppressive approach towards practice are not content with

accepting social injustices such as homelessness, child abuse, racism, or ageism as

rightful policies. "They struggle to provide services in a humane and professional fashion

in work contexts that may not support their professional and personal ethics and values"

(Campbell, 2004. p.2). For the purposes of this current study, anti-oppressive practice is

thus understood as a process of empowerment (Adams, 2003),

>...The means by which individuals, groups and/or communities become able to
>
>take control of their circumstances and achieve their own goals, thereby being
>
>able to work towards helping themselves and others to maximize the quality of
>
>their lives (Adams, 2003, p. 8).

Anti-oppressive practices are aligned with feminist theories (Saulnier, 1996; Strega, 2005a) in that they link personal issues to public concerns (Campbell, 2004; Dominelli, 2004; Potts & Brown, 2005; Strega, 2005b).

Feminist researchers (Potts & Brown, 2005; Strega, 2005b) push the agenda of anti-oppressive practice one step further and suggest a link between practice and research. These authors argue that the research process itself can be an intervention strategy for social change, not simply an outcome dependent product. Creating equality, promoting social justice, challenging power differentials, and seeking change through the research process begins by acknowledging the social location of the inquirer (Dalrymple & Burke, 2003; Potts & Brown, 2005; Smith, 2002; Strega, 2005b). Researchers using anti-oppressive research principles are forced to confront issues of privilege if they are to make room for voice, collaboration, and representation of marginalized individuals (Brown and Strega, 2005; Dalrymple & Burke, 2003). Understanding and acknowledging for example that "white people benefit from racism, men benefit from sexism, and straight people from heterosexism even if they do not agree with it" (Saulnier, 1996, p.5) is a crucial component of anti-oppressive research. Exploring our own positions as social workers and researchers addresses structural inequities that might be created as a result of an inquiry (Dalrymple & Burke, 2003).

Using the argument of participant empowerment (Potts & Brown, 2005; Strega, 2005b), this study creates an opportunity for parents to share their experiences and provide feedback in order to facilitate change. Anti-oppressive research principles tend to conflict with tenets of positivist inquiry that suggest research is not designed to

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empower, help or change the participant but rather to develop a model, test a theory or do both (Wengraf, 2004).

How relevant is anti-oppressive practice in child welfare? Can the values of equity, inclusion, empowerment, and community (Campbell, 2004) be used in an adversarial environment such as the Ontario child protection system? The research concerning anti-oppressive practice in child protection has generally focused on the voices of individual recipients of service. Canadian studies Strega by (2005a), Cameron (2003) and Dumbrill (2003) have collected qualitative data from interviews with parents as a means of educating social workers, policy makers, and academics about the need to include parents in child protection reform. Dumbrill (2003) suggests that child welfare is the nemesis of equity, inclusion, empowerment and community practices, and insinuates that child protection services currently perpetuate the social injustices along the lines of racism, sexism, and classism. The outcome of such a power dominated system is that disadvantaged individuals are continually marginalized. Dumbrill's (2003) research with users of child protection services and that of Cameron's (2003) suggest that social work needs to renegotiate its relationship with individual families and listen to what they say about the service. This empowerment position is also consistent with child protection research findings that suggest families' know best about what is needed to improve their conditions (Cameron 2003; Dumbrill, 2003, 2005; Dumbrill & Maiter, 2004; Thomas, 2005). It is timely then to hear from parents who have experienced the amended child protection system. Giving a collective voice to parents contributes to an alternative approach of social work practice that challenges systemic barriers to adequate parenting such as such as racism, sexism, ageism, poverty, homelessness, and inadequate access to

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support services (Barter, 2003, 2004a; Covell & Howe, 2001; Dominelli, 2002; Dumbrill, 2003; Mullaly, 2002; Payne, 2005; Pinkerton, 2002).

2.4.5 Social Justice

Thus to concretize social justice theory into a working model for this current study, the United Nations (UN) Convention on the Rights of Children is drawn upon as it symbolizes the international standard of human rights or full citizen participation for child protection service. The holistic nature of the UN Convention is congruent with this study's philosophical conception of child protection which is the right to full participation by parents in child protection service (Barter, 2003; Cameron, 2003; Covell & Howe, 2001; Ife, 1997; Kimberley & Osmond, 2009; Thorpe, 2007). Four articles from the UN Convention have been used to demonstrate the study's philosophical perspective on social justice for children and parents.

Parents As Primary Caregivers: Article (18) recognizes that both parents of a child have a responsibility to act as primary caregivers and as such are entitled to support to fulfill their obligations, *inclusive of prevention services*. Protection from Harm: Article (19) states children have the right to be protected from all forms of harm, maltreatment or exploitation; should this not occur then juridical intervention is warranted. Recognition of Culture: Article (30) recognizes the importance of cultural heritage, language, community, collective family compositions, and is clear in the statement that a child shall not be denied these connections. Entitlement to Support Services: Finally, Article (39) goes on to state that children are entitled to services that promote psychological, social and physical health, and wellness as a result of trauma or

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exploitation (Lundy, 2004). This study includes not only the condition of child safety as a social justice definition of child protection but also the necessary involvement of parents in the change process, the importance of culture in child protection services and the entitlement to support services.

While the Convention is not perfect and has suffered the criticism of being westernized in its conceptualization of childhood (Dominelli, 2004; Pupavac, 1998 in Steiner & Alston, 2000), it has also been hailed as;

> a tool for advocates to help bring about changes in legislation and in the
> implementation of programs for children. The convention provides a framework
> against which we can measure governmental policies for children, policies that
> are currently scattered among many agencies and levels of government with no
> coordination (Kilbourne, 1999 in Steiner & Alston, 2000, p.519).

The United Nations Convention on the Rights of children is the yard stick against which Ontario's child protection practice can be measured. The Convention is in keeping with a proposed holistic alternative system of protection to the current forensic legislation (Barter, 2003; Cameron, 2003; Ife, 1997).

In child protection it is becoming increasingly more difficult to fulfill the professional responsibility of promoting social justice due to concerns for litigation, increasing workload demands, and an unsympathetic private sector (Barter, 2004a; CASW, 2003; Lundy, 2004). Social workers in the current provincial child protection system often find themselves caught between balancing professional allegiance to the

principles of social justice and fulfilling an employment mandate of policing (CASW, 2003; Kanani, Regehr & Bernstein, 2002).

2.4.6 Community Capacity Building Approach to Child Protection Services

To criticize the current system of child protection as over intrusive, contentious and forensic, suggests there were times when the system was less so. This current study argues that the era of community capacity building during the early 1990's (Barter, 2001; Wharf, 2002) was such a time in Ontario. More specifically, the community capacity building approach highlighted the place of social justice and social inclusion of parents involved in child protection services[1]. Increasingly scholars, practitioners and social policy makers have come to understand that most parents coming to the attention of the child welfare authorities are not going to harm their children seriously (Cameron, 2003). It was recognized that they were instead trying to do what is best for them and their children, despite insurmountable odds, the likes of which most social workers could not comprehend (Cameron, 2003). Stereotypical portraits of parents who were lazy, incompetent, unmotivated, anti-social, and immoral had been replaced by empathic images of individuals who legitimately cared for their children (Cameron, 2003; Dumbrill, 2003; Maluccio, Fein, Olmstead, 1986; Strega, 2005b).

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[1] It is important to recognize that this analysis is based on the precepts of North American researchers regarding a Western and predominately Christian view of child safety (Payne, 2005; Turner, 1996). Child protection, as it has been argued here, is a socially constructed concept (Payne, 2005). Therefore in a different culture, with diverse traditions and religious practices, this particular analysis may be challenged.

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Community capacity building is an orientation towards social work practice that moves the profession beyond the rhetoric of claiming children are our greatest resource (Barter, 1997, 2001, 2009). In this approach to service, social workers identify obstructions such as poverty, homelessness, oppression, unemployment, and racism as impediments to appropriate parenting (Barter, 2004b; Waldfogel, 1998). This orientation promotes the need for collaboration between families, professionals and the community to protect children from parental, social, economic, and political abuses (Barter, 2001; Cameron, 2003). The community is seen as the primary target for change. There is an assumption in the community capacity building paradigm that the locus of control does not solely rest with the professionals. Instead, parents are seen as mutual collaborators in the social change process along side social workers, informal support networks, and other key stakeholders (Barter, 2001, 2004b, 2009; Cameron, 2003; Crosson-Tower, 2002; Lee, 1999; Mullaly, 2002). Adopting a community capacity building approach to child protection ensures that barriers to adequate parenting are attended to on an individual, organizational, and political level (Barter, 2001; Waldfogel, 1998). There is also a presumption in this strength based framework that ameliorating child abuse is a collective activity, not solely a responsibility to be shouldered by the child welfare authorities (Barter, 2004b; Cameron, 2003; Kufeldt & McKenzie, 2003; Wharf, 2002).

For some researchers (Barter, 1997, 2001; Cameron, 2003; Hertzman, 2004; McCain & Mustard, 2002; Wharf, 2002) there is a natural link between early intervention strategies and community capacity building frameworks in child protection. Repeatedly research has demonstrated that an early investment in the lives of children and families reduces the use of mental health services in later life, increases rates of school success,

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increases the chances of income earning potential, and improves positive parenting

patterns (Barter, 2004b; Benoit, 2000; Cameron, 2003; Coffey, 2005; Dodge, 2003;

Hertzman, 2004; McCain & Mustard, 2002). On the other hand, children who are

identified to the child welfare system have higher stress levels, more risk, and increased

diagnoses of attention deficit or conduct disorder (Sims, 2003). As for the parents, they

face risks of homelessness, poverty, domestic violence, addictions, and mental health

impairments (Sims, 2003; Waldfogel, 1998). Knowing that families do and will face

devastating circumstances, we can intervene early to reduce the risk of child

maltreatment by applying the principles of empowerment in the community capacity

building framework (Gallagher, 2004). Consider the effectiveness of a child welfare

agency that is given legitimacy and funding for prevention services or better yet universal

promotion programs (Coffey, 2005; Dodge, 2003; Prilleltensky, Peirson, & Nelson,

2001), instead of solely applying reactive and often temporary solutions to disintegrating

families. I would suggest that community capacity building is indeed anti-oppressive

social work practice.

The question of course is, can anti-oppressive principles be applied to child

protection to create a framework that simultaneously meets the needs of the individual

and the collective; protects children from harm and empowers parents; promotes social

justice and is socially controlling; and finally, provides a framework that financially

sustains both targeted and universal support programs? Researchers (Barter, 2001;

Cameron, 2003; CASW, 2003; Dumbrill, 2003; Strega, 2005b; Wharf, 2002) arguing that

it is possible and advocating for an anti-oppressive alternative system of Canadian child

protection suggest the following elements are necessary for success:

- ➤ Collaboration with informal and formal stakeholders in the community
- ➤ Parental involvement in the lives of their children
- ➤ Parental participation in micro, mezzo and macro service delivery decisions
- ➤ Resiliency models of intervention
- ➤ High levels of family contact
- ➤ Structural social work
- ➤ General and specialized support services
- ➤ Community based practice
- ➤ Traditional healing/cultural practices
- ➤ Advocacy for prevention to be a legitimate intervention in child welfare.

Essentially promoters of anti-oppressive social work practice and community capacity

building in child welfare are looking at ecological and social justice models of change.

This dual approach to positive child protection acknowledges the interconnectedness

between individuals, families, communities, social work theory, and social policies

(Peirson, Nelson, Prilleltensky, 2003).

The future of child protection in Ontario is precarious. Researchers, academics

and practitioners are calling for an alternative model of child safety based on community

capacity building principles while social policy makers continue to be entrenched in

danger profiling (Barter, 2001, 2009; Cameron, 2003; Dumbrill, 2003; Lawrence, 2004;

McKenzie & Trocmé, 2003; Sharland, 1999; Wharf, 2002). To help understand why a

broadly accepted social work practice in child welfare diminished it is helpful to

appreciate that in such a model,

When the pendulum is fully extended toward family preservation, working "with"

families and maintaining children in their own homes takes precedence over child

safety. Work in this phase is marked by a reticence to remove children from their

homes and avoidable child deaths may result. Public outcry over child deaths

(Bloom-Cooper, 1985; Coyle, 2001; Gelles, 1996; Gove, 1995; Ontario

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Association of Children's Aid Societies & The Office of the Chief Coroner of

Ontario, 1997; Sanders et al., 1999; Tesher, 2001) creates a momentum that

pushes the direction of child safety and eventually this focus on safety narrows to

the extent that intervention becomes inquisitorial (OACAS, 2006a, p. 27).

In addition there were cut backs in social assistance funding (Bala, 1998). Now staff and

families are facing social policy statements that are fear based and increasingly socially

controlling (Wharf, 2002).

In Ontario the child protection research literature demonstrates a move and a need

towards a more socially inclusive, broadly defined system of care that is respectful of

families, builds on community strengths, maintains cultural integrity, and is a

collaborative approach to child protection (Barter, 2001; Cameron, 2003; Dumbrill, 2003;

Kufeldt & McKenzie, 2003; Lawrence, 2004; McKenzie & Trocmé, 2003; OACAS,

2006a; Sharland, 1999; Wharf, 2002).

2.5 *Parental Involvement in Child Protection Research*

Cornwall and Jewkes (1995) ask "if all research involves participation, what

makes research participatory" (p. 1668)? Participation has rapidly become a catchall

concept in research and even a cliché (Cornwall & Jewkes, 1995). The aim of this

literature review is to investigate the degree to which at risk parents have been engaged in

the child protection research process. Within the research process there are pivotal

decisions in which participants can be involved such as: defining the research question,

designing the research method, implementing the research design, analyzing the research

data, reporting the research results, and acting on the research results (Stoecker, 1999).

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The argument made here is that the more involvement participants have in the process, the more potential there is to exercise power over how their situations will change (Adams, 2003; Beresford, 1999, 2003; Cornwall & Jewkes, 1995; Freire, 2005). This review is concerned with evaluating the scope of power that parents have in the research process.

"Slowly and often painfully conventional researchers are coming to realize that working with the poor and voiceless is more rewarding than working on them" (Cornwall & Jewkes, 1995, p.1674). The framework used to critique the range of parental power in child protection studies comes from participatory research (Biggs in Cornwall & Jewkes, 1995). "Rather than defining models of action this typology suggests the extent of participation and control" (Cornwall & Jewkes, 1995, p. 1669) individuals have in the process. The range of participant inclusion has been defined by four descriptors: contractual, consultative, collaborative, and collegiate. Each of the four descriptors defines a role for the participant and a corresponding level of power in the research process. The shallowest level of participation is contractual. Participants in a contractual level of engagement are expected solely to take in the inquiries or experiments. Individuals involved at this level have no role in the research process other than as subjects. Moving toward a minimal level of participant involvement is consultative participation. Here researchers ask individuals for opinions before interventions are made. This level of engagement continues to be researcher driven and participants are engaged in the final stage of research. Next is collaborative participation, which is defined as researchers and local people, working together; however, the projects are initiated and managed by researchers. Finally, at the deepest level of involvement is

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collegiate participation. The concept of collegial research is defined as, "researchers and local people working together as colleagues with different skills to offer, in a process of mutual learning where local people have control over the process" (Cornwall & Jewkes, 1995, p.1669). In this stage, all aspects of the research from the initial research question to the final product and finding dissemination would involve participant input. It is not often that research participants are treated as colleagues and it is a difficult level to attain (Cornwall & Jewkes, 1995). What follows next is a critical analysis of child protection studies to determine the locus of control parents have had in the research process (Cornwall & Jewkes, 1995).

2.5.1 Parents as Contractual Participants

There is limited involvement by participants in contractual studies. Often parents in this category of engagement only serve as a specialized target group, selected because they have "experienced the phenomenon being explored and can articulate their conscious experiences" (Creswell, 1998 in Strega, 2005a, p. 24). Strega (2005a) states she used the following criteria for participants in her study, "mothers: having experienced physical abuse, involvement with child protection authorities in relation to the abuse, and willingness and ability to voice their thoughts, feelings and opinions" (p. 24). Generally the research methodology is qualitative and interpretive whereby participants are "asked to discuss freely their histories, their daily lives, their relationships and their sources of support" (Manji, Maiter, & Palmer, 2005). It is commonplace to read the following objectives in parental consultative studies, "To explore the ways in which parents experience and negotiate child protection intervention" (Dumbrill, 2006, p. 27) However, the research question, agenda, and analysis are all directed by the researcher (Cornwall &

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Jewkes, 1995). Parents, generally mothers have no influence in the research agenda and illustrate that at the shallowest end of participation, parents serve only as a specialized target group in the research process.

2.5.2 Parents as Consultants

In consultative studies parents are involved but often solely as a means to evaluating the findings prior to recommendations being implemented (Cornwall & Jewkes, 1995). To highlight this level of parental involvement, researchers (Rutman, Strega, Callahan, & Dominelli, 2002) in British Columbia asked child protection workers about their experiences of working with young mothers who were crown wards. Through focus groups and a grounded theory analysis, twenty social workers participated in the study aimed at answering the following question; "how do social workers and other youth-serving practitioners perceive their practice with young women and their children" (Rutman, Strega, Callahan, & Dominelli, 2002)? Specifically the researchers were inquiring about the professional experience of social workers with adolescent women in government care who become mothers. The results of the study concluded that professionals working with teen mothers were concerned about "the inevitable cycle of children in care begetting children in care" (Rutman, Strega, Callahan, & Dominelli, 2002, p. 149).

The researchers had an advisory committee comprised of young mothers from foster care, social workers, policy analysts, and community based service providers. The results of the research were shared with the committee on a regular basis as a means "to test out [the] findings" (Rutman, Strega, Callahan, & Dominelli, 2002, p. 151). Social

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workers admitted to having middle class values which perceived a teenage pregnancy as a negative or unwelcome event, conversely the teenage mothers who were consulted suggested the pregnancy was a "positive turning point in their lives, and an opportunity that they seized to quit drinking, drug-taking and other self-destructive behaviours" (Rutman, Strega, Callahan, & Dominelli, 2002, p. 153). Without the voice of the young mothers as consultants in this study perhaps the dominant pathology surrounding teen mothers would have prevailed. The voice of the young mothers provided a contrast in perception about the social construction of motherhood and the ultimate responsibility of the state not only to act as substitute parents but also grandparents. Both social workers and the young women were clear that less intrusive, more supportive approaches were needed from the government.

> Young mothers' needs for respite care, day care subsidies, teaching homemakers and so forth need to be legitimized and viewed as positive supports which would strengthen families. Thus, there needs to be avenues to offer these resources as a first rather than last resort, removed from the veil of child protection (Rutman, Strega, Callahan, & Dominelli, 2002, p. 154).

Ironically some of these young women end up being failed by the "very state parents whose job it is to raise and support them in their transition into adulthood" (Rutman, Strega, Callahan, & Dominelli, 2002, p. 158).

A second Canadian study asked the question, "how would workers and clients design child welfare services if left to their own decisions" (Callahan & Lumb, 1995)? This study asked Ministry departments for voluntary participation in the research based

on an investment in changing social work practice with recipients of child welfare services. The aim of the research was to emphasize principles of empowerment in child welfare practices (Callahan & Lumb, 1995). Over a period of eighteen months two child welfare offices in Vancouver, their staff, social policy analysts, and later female clients of child welfare evaluated the results of staff interviews and journal records of the participants. While there was involvement by all levels of service, the project was clearly Ministry driven given that "researchers from the university and the Ministry developed the research design", (Callahan & Lumb, 1995, p. 4) interpreted the data and then presented the results for participant reaction. In the end the proposed social action was developed by both the young mothers and social workers including: 1) development of a resource room so clients could learn about Ministry policy and procedures, 2) a woman's resource room was established for the community, and 3) a group was formed to tackle the problems of daycare for women attending addiction treatment (Callahan & Lumb, 1995).

Studies designed to be consultative offer parents more opportunity for influence on the delivery of child welfare service. Generally parents are involved in an advisory capacity (Cameron, 2003; Dumbrill, 2006). This level of participation at least offers parents an opportunity to comment on how the proposed services will best be utilized.

2.5.3 Parents as Collaborators

Moving toward a higher level of parent involvement in research involves researchers and local people working together. However, the projects are initiated and managed by researchers (Cornwall & Jewkes, 1995). The presence of co-researching

appears at this level of involvement (Dumbrill & Maiter, 2004). Researchers begin to understand "co-researching is a perspective in which knowledge is constructed with, rather than about those being researched (Moureau & Whitmore, in Dumbrill & Maiter, 2004, p. 18). A shift in the research/participant relationship happens at this level. Dumbrill & Maiter (2004) eloquently describe this academic change.

> We developed an interview guide comprised of pre-set questions and envisioned asking parents questions and noting their subsequent answers. The first parent to be interviewed, however, asked us more questions than we were able to ask her. This parent's questions were mainly personal in nature; about our home lives, children, and families. These questions came as a surprise and unmasked the assumptions with which we approached the project. We assumed that in order to develop knowledge we would ask the questions and the parents would answer them. Research was not supposed to involve the participant's asking more questions than the researchers, especially questions of a personal nature. Yet this parent's behaviour caused us to wonder what gave us the right to consider our questions more important than hers (Dumbrill & Maiter, 2004, p. 18).

Parents in this study (Dumbrill & Maiter, 2004) were asked to voice their experiences with child protection and suggest recommendations that would improve service particularly when children were admitted to care. The eight parents involved in the study had three recommendations for service improvement that included: listen to parents more, allow parents choice and participation [in the decisions affecting their children], and finally keep parents informed (Dumbrill & Maiter, 2004). The participants in the study

created a model of service for admissions to care that contributed to the restructuring of the foster care system in the agency that participated in the study. What is critical at this level of participation is that parents are meaningfully involved in the research process (Dumbrill & Maiter, 2004; McKenzie & Seidl, 1995).

2.5.4 Parents as Colleagues

Cornwall and Jewkes (1995) suggest that reaching a level of collegial research is a very difficult process to master and suggest this highest level of involvement is "researchers and local people working together as colleagues with different skills to offer, in a process of mutual learning where local people have control over the process" (Cornwall & Jewkes, 1995, p.1669). It requires relinquishing of power by the researcher and believing that alternative forms of scientific knowledge production are valid (Audi, 2003; Freire, 2005; Kovach, 2005; Miller, 2005; Strega, 2005b; Thomas, 2005). This collegial research relationship is not typical in child protection studies. However, it appears that the children's mental health field has embraced this collegial approach (Koroloff & Friesen, 1997, Markey, 2000; Vander Stoep et al, 1999) towards research. Parents within this model of research are recognized for contributing relevance, energy, validity, scepticism, clarity and a unique perspective to a study (Vander Stoep et al., 1999). In the Blended Funding Project (Vander Stoep et al., 1999) researchers had to cross the philosophical abyss and concede that with training, parents can be full research partners. Researchers (Vander Stoep et al., 1999) who overcame the ivory tower perception toward knowledge creation had a revelation that parents, perhaps more so than funders, were invested in knowing whether child's mental health interventions were effective. The Blended Funding Project turned pooled financial resources from child

welfare, children's mental, education, mental health and other services over to a community based team. The team, comprised of both traditional and parent researchers, decided on a model of care for children with mental health disorders (Vander Stoep et al., 1999). In the study parents were involved in all aspects of the research from selecting the outcomes, picking the measurement tools in the research, conducting parent to parent interviews, participating in data analysis and disseminating findings (Vander Stoep et al., 1999). The lessons learned in the Blended Funded Project about the importance of researchers and families working together can be summed up by the following statement:

> As family members become less intimidated working within the traditional realm of the researcher, they recognize more fully the potential power of research to help families and the need for conducting well-designed studies to actualize this power. As research scientists become less intimidated working within the traditional realm of the advocate, they appreciate more fully the potential power of the community to strengthen research efforts and the need for strong community partnership to actualize this power (Vander Stoep et al., 1999, p.340).

In this empowerment model of research a new trajectory of understanding is created. Parents are no longer considered impediments to a child's well being; instead they are seen as an ally, a resource and an expert. Arguably this new position of parents as researchers strengthens the scientific product (Koroloff & Friesen, 1997; Markey, 2000; Vander Stoep et al., 1999).

There is another example of how this collegial level of participation worked. Thomas (2005) completed a narrative research study involving former students of Kuper

Island residential school in British Columbia. In keeping with Aboriginal oral traditions the participants told their stories about residential school life in British Columbia. What was most striking about the study was the level to which the individuals were included in the research process. "The participants were involved in all stages of the research, including data analysis, editing and participating in my defence" (Thomas, 2005, p.250). The degree of involvement was to ensure authenticity of participant voice. A question that Thomas (2005) had and others will face was, how do you tell someone else's story when you are both the researcher and listener (Thomas, 2005)?

The issue of power in voice representation appears to be at the heart of the study. She identified the question of balance in the research process, "how influential was I in shaping the story by including some things and excluding others? It should be a struggle. As researchers, we have the power to shape the lives of the storytellers and this issue should be taken seriously" (Thomas, 2005, p. 249). To be certain that the stories were in the words of the participants, Thomas (2005) describes being very deliberate in choosing her words and contemplating the language of the particular person. To double check her accuracy, participants read the transcripts and summaries to ensure the information was correct. On one occasion an individual laughed and commented, "Robina, this sounds so much like you! So we rewrote the whole section" (Thomas, 2005, p.249)! During the research process, it was important that the stories did not become hers (Thomas, 2005). This study exemplifies the deepest level of participation that Cornwall and Jewkes (1995) describe in their article. Clearly the researcher (Thomas, 2005) had an interest in exploring residential school stories however, the agenda of what was important, editing,

story authenticity, and the language were jointly created with a heavy influence by the participants.

What is common throughout the empowerment-based studies presented here is a clear understanding that participants are experts on their own situations (Beresford 1999, 2003, Koroloff & Friesen, 1997; Markey, 2000; Thomas, 2005; Vander Stoep, et al., 1999). Parents in one study identified feeling marginalized in the clinical intervention process (Dumbrill, 2006). To exclude them in research process further reinforces the status quo of limited citizenship (Beresford, 1999). Essentially parent involved research strategy ensured that the study incorporated the voices of parents and their concerns (Beresford, 1999, 2003; Rutman, Hubberstey, Barlow & Brown, 2005). "It is about paying attention to, and shifting, how power relations work in and through the process of doing research" (Potts & Brown, 2005, p. 255). "Ultimately what gives me the right as a researcher to assume my research questions are more important" (Dumbrill, & Maiter, 2004, p. 18) than those of parents?

For researchers the empowerment model represents a significant paradigm shift. "Old cookbooks of research have not simply been dusted off and familiar recipes followed. Instead, new ingredients and tools are used and a new community infrastructure is built" (Vander Stoep, et al., 1999, p. 343).

2.5.5 Research about Parents Involved in Child Protection Services

There is research literature about parents in which they are not involved at all. Largely these studies are quantitative in nature and explore information documented

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about parents established by a third party (DiLauro, 2004; Leschied, Whitehead, Hurley & Chiodo, 2004; Miller, Fox & Garcia-Beckwith, 1999; Trocmé, MacLaurin, Fallon, Black, & Lajoie, 2005; Trocmé, Phaneuf, Scarth, Fallon, & MacLaurin, 2003). These studies boast about being the "largest child protection research of its kind in Canada...including an intensive review of 1,042 CAS child protection files in 1995 and 2001, a literature review, focus groups with CAS staff and consultation with professionals and researchers in the child welfare field" (Leschied, Whitehead, Hurley & Chiodo, 2004 p. 11). Similarly the Canadian Incidence Study (CIS) is the first project to document two national research studies that investigate the incidence of child abuse and neglect in Canada (DiLauro, 2004; Trocmé, et al, 2005; Trocmé, et al, 2003).

An American example of non-parental participation in the research process was DiLauro (2004). This explanatory study attempted to determine if there was a correlation between certain psychosocial factors such as domestic violence, substance abuse, history of maltreatment, depression, parenting ability; life stressors and the type of maltreatment (physical abuse or neglect) inflicted upon the child. The researcher reviewed 140 cases that had been referred to a state agency in New Jersey responsible for "the evaluation and treatment of physical and emotional injuries caused by child abuse and neglect" (DiLauro, 2004, p. 76). The research questions posed in this study included:

> why do some parents abuse, some neglect and still others inflict both types of maltreatment? Are different risk factors associated with the type of maltreatment inflicted? If so, what are these risk factors, and should workers address them differently to optimize successful results (DiLauro, 2004, p. 70)?

The study claims there is a relationship between risk factors, type of abuse inflicted on children, and treatment plans. The study goes on to suggest, "the use of standardized risk assessment tools would facilitate this identification process and assist in streamlining service delivery" (DiLauro, 2004, p. 94). What is interesting about the study is the seeming contradiction in the research questions and the methods used. The questions appear interpretive in nature, yet the method used was from a positivist position. Parents in the study were classified, analyzed and not provided with an opportunity to refute the claims of the study nor respond to whether a standardized tool would change their daily life. As a result of the seeming contradiction between questions and methods, the language in the study appears harsh towards parents. In DiLauro's (2004) study parents are referred to as perpetrators of child abuse (DiLauro, 2004).

Parent characteristics are often evaluated in these studies against social conditions to determine the rate at which abusive behaviour can be predicted or diminished (DiLauro, 2004; Leschied, Whitehead, Hurley & Chiodo, 2004; Miller, Fox & Garcia-Beckwith, 1999; Trocmé, et al, 2005; Trocmé, et al, 2003). As these studies are retrospective of abusive incidents, parental defects are frequently highlighted and pathological descriptors are used in conjunction to explain the phenomenon of child abuse. To accentuate parental deficits further, extreme cases of physical abuse against infants or toddlers are sometimes used (Miller, Fox & Garcia-Beckwith, 1999).

In the end what is common in these research studies is the conclusion that child abuse is complex having neither a single solution nor profile of abuser, and that systemic issues such as access to mental health, domestic violence and substance abuse services

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are vital (DiLauro, 2004; Leschied, Whitehead, Hurley & Chiodo, 2004; Miller, Fox & Garcia-Beckwith, 1999; Trocmé, et al, 2005; Trocmé, et al, 2003). What is also consistent through these quantitative studies is the absence of parental voice in the process. It appears that the role of studies about parents is to create "the foundation for a national surveillance system on child abuse and neglect… The results of such a core system is information, data and knowledge that is used to develop and assess interventions, and influence and inform policy development and analysis" (Trocmé, et al, 2003, p. 24). These studies (Atkinson & Butler, 1996: DiLauro, 2004; Leschied, Whitehead, Hurley & Chiodo, 2003/2004; Miller, Fox & Garcia-Beckwith, 1999; Trocmé, et al, 2005; Trocmé, et al, 2003) appear to objectify parents and favour the expert opinion in the quest to ameliorate child abuse. While these studies do not typically fit an anti-oppressive model of research, there is value in examining them because they remind social workers that child safety is the first imperative in child protection (Adams, 2003).

It is clear from reviewing the literature concerning child abuse that parents have a voice but it is often as subjects of research (Cadzow, Armstrong & Fraser, 1999; Cameron & Birnie-Lefcovitch, 2000; DiLauro, 2004; Manji, Maiter, & Palmer, 2005; Strega, 2005a). When parents have been consulted about child protection services however, their voice has often been that of consumer feedback (Cameron, 2003; Dumbrill, 2006; Rutman, Strega, Callahan, & Dominelli, 2002; Callahan & Lumb, 1995). A more intense form of power in the research process occurred when parents become co-researchers and engage in pivotal decision making steps in the study (Dumbrill & Maiter, 2004; McKenzie & Seidl, 1995). As the degree of inclusively in the research process

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unfolds it becomes more difficult to find research that asks parents to be colleagues

(Thomas, 2005).   Of course there is a body of literature that is about at risk parents in

which they are outside the research process all together (DiLauro, 2004; Miller, Fox &

Garcia-Beckwith, 1999; Troemé, et al, 2005; Troemé, et al, 2003; Leschied, Whitehead,

Hurley & Chiodo, 2004).

2.6 Summary

This chapter has laid out the conceptual lenses: power in the helping relationship,

structural social work, feminist theory, anti-oppressive practice, social justice and

community capacity building that influenced the study. Next in chapter three the

methodological structure of the study is explained. In keeping with empowerment

principles the study is not a simple search for information but rather an opportunity for

social change to begin through the research process itself.

CHAPTER 3

3.1 METHODOLOGY

"...The participatory model stipulates respect for the capability and potential of community groups to produce knowledge and to analyze it. The role of the scientist is one of activist, observer and technician. A goal is for the scientist to pass skills to the community participants such that the community gains research proficiency" (Vander Stoep et all, 1999, p. 332).

Chapter 3 outlines the methodology and the study design. The chapter commences with a cogent argument for interpretive research and details the facilitation team recruitment process. An emphasis on change starting with the research process itself is embedded in the discussion of methodology. The chapter concludes with a summary of the data collection and analysis process. There is great emphasis placed on the nature of participatory research and this section of the chapter details the lengths taken to ensure the social inclusion of all participants.

3.1.1 Cogent Argument for Interpretive Research

The decision to choose a qualitative approach to research first started by examining the epistemological and ontological underpinnings of knowledge (Beresford, 2003; Guba & Lincoln, 2004; Grinnell, 2001; Hesse-Biber & Leavy, 2004; May, 2004). Guba and Lincoln (2004) suggest that researchers are guided by their worldview and their basic belief system about how knowledge is determined. According to Guba and Lincoln (2004), questions of method are secondary to questions regarding world view of knowledge creation. It is a matter of determining which fits better with the philosophical understanding of human nature, knowledge and the relationship between the knower and

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the participant (Guba & Lincoln, 2004; Hesse-Biber & Leavy, 2004; May, 2004; Rodwell, 1998). Using Guba & Lincoln's (2004) framework I think it is important to identify my worldview on social work practice, research process, knowledge creation and type of questions asked. I anticipate these statements will assist the reader with understanding the logic of the study. After eighteen years in child welfare practice I have always had an affinity to family engagement, strengthening community capacity to protect children and involve parents in writing the script of assessments. I have been concerned about including the voice of parents in the child protection process. My approach suggests both transparency and multiplicity in social work relationships. I have taken a similar approach to research rigour.

Reflecting on the issues of epistemology and ontology of knowledge I had to evaluate different scientific lenses, positivist and interpretive, each with its own set of assumptions about good research (Hesse-Biber & Leavy, 2004; Rodwell, 1998; Ungar, 2007). As the comparison between the two scientific paradigms took place it became clear that is it difficult to hold positivist assumptions along one dimension of research while holding interpretive assumptions along another (Rodwell, 1998). Even in mixed methods studies quantitative and qualitative practices can be combined but it is difficult to simultaneously hold singular and multiple views at the same time (Rodwell, 1998). The definite delineation of research paradigms does not mean that an investigator can not conduct either form of scientific inquiry. It does however suggest that certain assumptions about knowledge must be maintained while conducting positivist, interpretive or mixed methods research (Rodwell, 1998).

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In selecting an interpretive (qualitative) research design I have made certain assumptions while conversely rejecting others. For example, from an interpretive position the following tenets are accepted as part of the scientific rigor: 1) phenomena are socially constructed, 2) there are multiple forms of reality, 3) subjectivity and emic positioning are paramount which means learning from the lived experience of the participants, 4) reality is relativistic, 5) the purpose of the inquiry is to showcase the meaning participants give to their situations, 6) research is value laden based on the inquirers' choice of research problem, method, data collection and interpretation, and 7) data analysis is based on inductive reasoning (Beresford, 2003; Delong, Black & Wideman, 2005; Grinnell, 2001; Guba & Lincoln, 2004; Hesse-Biber & Leavy, 2004; Rodwell, 1998; Rubin & Babbie, 2001).

Conversely, by accepting the assumptions associated with interpretive inquiry I have rejected the following positivist suppositions of scientific rigor for the purpose of the current study: 1) focus of the research is on prediction and causality, 2) singular meaning of social reality, 3) objectivity is a priority which implies the researcher can maintain a discrete distance from the subject, 4) human nature is deterministic which is influenced by the environment, 5) the purpose of research is to generalize findings to a broader population, 6) research is value-free, and 7) data analysis is based on deductive reasoning (Grinnell, 2001; Rodwell, 1998; Rubin & Babbie, 2001). Essentially I am suggesting there is dissonance between a predictive research design strategy and the epistemological view of the world being socially constructed and non deterministic.

For social work, obtaining new knowledge in and of itself is not the ultimate goal but rather it is to improve practice; "to alleviate human suffering, to validate social or scientific theories, to dispel ignorance, to analyze policy, and to understand human behaviour and the evolving human condition" (Medical Research Council of Canada, Natural Science & Engineering Research Council of Canada & Social Science & Humanities Research Council of Canada, 1998, p. 1.4). Child protection is not a new topic for research inquiry (Barter, 2001, 2004b; Cameron, 2003; CASW, 2003; Dumbrill, 2003; Lawrence, 2004; McKenzie & Trocmé, 2003; Regehr, Bernstein, & Kanani, 2002; Strega, 2005a; Strong-Boag, 2002; Swift, 1998; Swan, 1994; Wharf, 2002). However, what is new is the need to hear the stories of parents whose rights were subjugated for the sake of their children's safety. These stories recount a particular child protection experience which can be used to create change in the system.

3.2 Purpose of the Study

This current study advances the social justice agenda of citizen participation in child protection reform (Beresford, 1999; Cameron, 2003; Dumbrill, 2003; Durham, 2002; Potts & Brown, 2005; Rutman, Hubberstey, Barlow & Brown, 2005; Strega, 2005b; Thomas, 2005). It involves parents and professionals collegially discussing Ontario's child protection system. In this study, the research questions, the theoretical concepts of PAR, and the focus group design are consistent with the precepts of a qualitative framework (Grinnell, 2001; Hesse-Biber & Leavy, 2004; Rodwell, 1998; Strauss & Corbin, 1998; Ungar, 2007). The research questions themselves lean toward an interpretive research position which can be best reached through dialogue. This is an

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exploratory study which will consider how to include parents in the child protection

reform agenda as both researchers and participants. In the end this study is an

opportunity to "give a voice to a story that has not been fully told" (Thomas, 2005, p.

242).

3.3 *Study Design*

It is important to revisit the principles associated with PAR as this establishes the

foundations of the study's design. PAR for the purpose of this current study is to use the

research process itself as a way to create change. Social inclusion of the participants is

the primary method of reaching the goal of change. In keeping with the principles of

PAR, parents were included in all aspects of the study, including the role of co-

researchers. Arguments have been made (Beresford, 1999, 2003; Cameron, 2003;

Dumbrill & Maiter, 2004; Thorpe, 2007) that expert knowledge in child protection can

and should include parents as service users; for they know best what is needed to help

their situations. To strengthen the position that parents make legitimate researchers,

Dumbrill and Maiter (2004) suggest, "That if child protection clients were experts on

their own needs, they must also be expert evaluators of the services designed to meet

these needs" (p. 18). Failure to recognize parents as equal creators of scientific

knowledge appears incompatible with values associated with social work and social

justice (Beresford, 1999; O'Connor, Morgenstern, Gibson & Nakashian, 2005). For the

purpose of clarification the research facilitation team will be referred to in this study as

the facilitation team. The study ultimately gives rise to a multiplicity of voices.

Similarly it is important to understand why a focus group format was selected in favour of other forms of data collection methods. Consideration had been given to conducting individual interviews due to the sensitive nature of the information. The deliberation was discarded however, after reading a compelling mental health service user's statement (Beresford, 2003) which suggested,

> It can be difficult to get close to our experience, to think it through and work it out for ourselves if we are on our own and isolated, without other people with similar experience to talk about it with and check it out with. That's why getting together with other people can be so helpful in making sense of our situation and what has happened to us. By sharing our experience, by working out what that experience means together, we can often make the most sense of it and get closest to it. That's one of the reasons why getting together with other people ...can be so empowering (p.4).

There were other benefits to using focus groups as a format for data collection aside from the solidarity of experiences including: an open response format (McKenzie & Seidl, 1995) which allowed for the frank exchange of ideas; the ability to join for collective action and conscious raising (Lundy, 2004; Parsons, Gutierrez, & Cox, 2003; Mullaly, 1997).

3.3.1 Selection of Child Protection Agencies

The study was conducted in Southern Ontario. The primary reason for selecting this geographical area was because of my familiarity with this region's child protection practices and issues. I was interested in making a difference in communities where I had

heard parental stories about child welfare involvement. For the past eighteen years I practiced social work in this area and have heard parents discussing ways in which child protection service either hindered or helped their families. I thought if there was ever going to be opportunities for families to benefit from a research process; I wanted the parents and the communities where I had heard the original stories to be the beneficiaries. Potts & Brown (2005) would consider this selection process an anti-oppressive research principle because "It means making a commitment to people you are working with personally and professionally in order to mutually foster conditions for social justice and research" (p.255). I wanted an opportunity to work formally with parents who had been acting informally as my co-researchers during my years of practice.

Eight agencies were contacted by way of a letter of introduction (Appendix A). This letter outlined the following: (1) the focus of the research as an opportunity for parents and professionals to discuss their experiences with the child protection system, (2) the role of the participating agency which was to act as a recruitment conduit for the study, (3) the benefits of participation, such as obtaining information that might be helpful to program planning, social advocacy or policy statement development and (4) contact information. It was clearly identified in the letter that the research study was approved by the Interdisciplinary Committee on Ethics in Human Subjects at Memorial University (Appendix B) and was being performed as a partial fulfilment of a PhD program in social work. It was also clear that the study was being conducted by a PhD candidate who had a research supervisor at Memorial University of Newfoundland.

The letter was followed by a telephone call to the Director of Service at the respective child welfare organizations. The telephone conversation was an opportunity for the Service Directors to clarify any questions about the research topic or the research process. One agency had to notify the union president formally regarding potential research initiatives before they could make a commitment to the study. This notification practice was to ensure that the agency did not become research saturated. Participation in this current study was optional. Once the notification had been sent and upon receiving no negative comments from the union president, the agency formally agreed to participate.

All of the agencies assigned their Quality Assurance Managers to act as the contact person for the study. A second letter (Appendix C) was sent to the Quality Assurance Managers announcing that their agency had formally agreed to participate in the study and confirming they had been assigned as a resource contact. The letter outlined the steps for the recruitment of parental co-researchers and parents for focus group discussions, as well as tentative timeframes to complete the study. One agency requested a formal presentation about the study before making a commitment. A Power Point presentation was made to the agency's middle management team to facilitate their engagement. After considering the presentation and unsuccessful attempts to find an internal champion for the study, the agency declined to participate. Although the agency supported the research and its relevance, they were not in a position to participate. Increase in workload and worker absence due to mandatory training sessions regarding the impending new child welfare legislation were the primary reasons for not

participating.   The Quality Assurance Managers were asked to signed Oaths of Confidentiality forms (Appendix D) at this stage.

3.3.2 Unanticipated Events Impeding the Recruitment Process

The recruitment process began in October 2006 promptly after the study received approval from Memorial University's ICEHR committee.   However, after contacting eight child welfare agencies in southern Ontario only one facilitation team participant had been recruited over a six month period. While eight agencies were contacted only two actively participated. Upon reflection there were a number of unanticipated events that interfered with the recruitment process. These include the following:

1) The child welfare field in Ontario was overwhelmed by a provincial mandate to simultaneously implement and train social work staff about the new child protection legislation (Bill 210). The new act was proclaimed November, 30 2006. Training to update and inform social workers, managers and Directors in child welfare was scheduled to occur once the amendments received Royal Assent in March, 2006, eight months before the proclamation. The province was behind in its preparations and the systemic training for all child welfare agencies in Ontario occurred in October, 2006 one month prior to the enactment of the new legislation. What this delay meant was the child welfare system in the province of Ontario had one month to train the entire child protection workforce about the legislative changes. All of this training activity coincided with the start of the study.

2) The Auditor General released an uncomplimentary report about the spending habits and lack of service delivery in four Children's Aid Societies. The fallout of the report

was a province wide need to implement new financial accountability policies and service delivery practices for all child welfare agencies. The report recommended twenty new changes within the system. This report was released in November 2006. The Ministry of Children and Youth Services set a deadline of February 28, 2007 for all children's aid societies to submit an operational plan addressing the identified financial accountability deficits. By April 1, 2007 all associated training, policy writing and daily operating practices had to be implemented.

3) The systemic search for participants meeting the criteria proved to be too onerous for an overtaxed system. The provincial data base did not track cases in terms of their legal status. Agencies could not simply search their databases by inputting specific fields such as legal status-supervision orders, date of file closures, and whether or not the file had re-opened. The child welfare information system (CWIS) which is the data base system is not designed to complete a multivariate search for unique clients needed for this study. I have included a statement from a manager whose experience with the data base search was common to all of the agencies contacted.

> I wanted to let you know about the progress in your research request and the specific challenges we encountered in trying to identify the appropriate sample of families you needed for your research. Our CWIS (Child Welfare Information System) did not accommodate an electronic sort for families that had a Supervision Order so this search needed to include our Legal department and they needed to do a manual search based on their own statistics. CWIS did produce a report on protection families and also a report was able to be generated on

reopenings so that we could manually cross reference for families that met the criteria for having no further CW involvement for the last 12 months (see page 86 for detailed critieria). This involved 4,233 families in the timeframe of October 1, 2000 to October 1, 2006. What we ended up with, however, was a very small number of eligible families, only 23 in fact. They will each be contacted by a volunteer who is a university student. There is a good chance that some families may have moved away from this jurisdiction and that others we locate will not be interested and this will adversely affect your research sample size.

The lack of simplicity for an electronic search for families during a colossal change period appeared to be much to ask of organizations. As a result of the difficulty in locating parents who were eligible and willing to participate more then the original three agencies anticipated were contacted.

The impact of these three factors cannot be underestimated as barriers to participant recruitment. All of the eight agencies contacted agreed that the study topic was interesting and timely. However, the transformation agenda was consuming their time. I have included the following excerpt from an email sent by a Manager of Quality Assurance that I believe epitomizes the experiences of the other senior administrators in the field.

At this time it might be somewhat premature to try and assess the effect of the Transformation Agenda on the agency. So much time has been devoted to all of the required training that needs to occur that staff and management are expending much of their energy into providing the training or being the recipients of the

training. Some of the preliminary practical implications though are the implementation of the Kinship Service standards which have created new file types and new recording and documentation requirements. Implementation of all of the new changes in effect as of November 30, 2006 with the proclamation of Bill 210 (regulatory changes that directly affect service and documentation standards for Foster Plan of Care/Child Case Files, Foster Parent Applications, Supervision and Support of Foster Homes, the new Death Review Protocol, the new Protocol to be used in the investigation of the sudden and unexpected death of any child under 5 years of age and the new Client Complaint Process) and the required revisions to Policy and Procedures have consumed much time and attention. The agency had already developed, in April 2006, a Differential Response [DR] Unit that is comprised of DR workers and Kinship workers. Currently the demands of doing the day-to-day job of child protection while incorporating and implementing the changes to date have left many staff feeling overwhelmed in trying to keep up to the pace of the changes. As such I am responding in writing to provide a context of training requirements which we shall all need to be forgiven if we cannot address them comprehensively in our interviews. There is so much information that charts and schedules are routinely necessary to track the changes, requirements and various implementation dates. All of this at a time when agencies are still reeling from the impact of the recent Auditor Generals' report. Accountability for children's safety was the most significant feature of the Ontario Risk Assessment Model which was introduced to agencies in April 1998 and this focus has not substantially shifted at this time

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so there has been an increased feeling of pressure when the AG (Auditor General) Report added further scrutiny of Societies.

The atmosphere during the period between October 2006 and March 2007 was almost frantic within the child welfare system. The expectations on societies to comply with all of the legislative and training requirements were enormous. My sense in speaking with Directors of Services within the agencies was there was barely enough time to keep up with the daily child safety requirements let alone accommodate the massive province wide legislative change. While the provincial agenda during this transformation period in child welfare was to be more engaging with families, the timing of the recruitment for the current study was too close to the implementation phase of the change. Ordinarily, I was informed by the agency staff, that the request to find the parental voice in research would have been welcomed, however; at that time it was too much of a burden on an overtaxed system. There did not appear to be any time to devote to a research agenda, particularly one that required the search for archived files. My research experience during this time of transition had left me wondering, where and how does the voice of the parent get heard in this time of extraordinary change?

3.3.3 Parents as co-researchers: Creating the research facilitation team

Initially the Quality Assurance Managers canvassed the social work staff in their respective agencies by email to see if there were parents who fit the study's inclusion criteria. To qualify as a facilitation team member the criteria were minimal. The individual needed to have (a) past or present involvement with the child welfare system and (b) have voiced a desire to talk about changes to the system. The facilitation team

members could include extended family members. Persons who posed a current safety risk, such as being violent, and individuals with impaired capacity, requiring a substitute decision maker were excluded from being co-researchers.

Any names that were nominated by the social work staff were sent directly to the Quality Assurance Manager. Once the names were collected, they were sent to a third party contact person at the agency who read a prepared recruitment script (Appendix E). In one agency the third person contact person was a university social work student who was a volunteer. The assigned third party contact individual also signed an Oath of Confidentiality form. The recruitment script identified: the purpose of the study, that participation was voluntary, that the agency would not know if they participated in the study, and that the research had been approved by the Committee on Ethics in Human Subjects at Memorial University of Newfoundland.

The recruitment strategy of having a third person contact was to ensure that the potential facilitation team member did not feel undue pressure from a social worker to participate. This strategy allowed the individual to decline participation without fear of reprisal from a social worker. The third party contact person made the initial calls to potential facilitation team members and explained the research study and outlined their involvement. Participants were asked if they would agree to have the researcher contact them for further discussions. The contact person indicated on the bottom of the recruitment script form whether or not the person agreed to future contact. Anyone who agreed to further contact was then approached by the researcher. The research process was itself was designed to empower families from the very beginning.

Within a month of starting the research project I was given the name of a parent. I met with her to discuss the research project and her role. I explained that the study was about voice representation and I was interested in hearing from parents about their experiences with child protection services. However, it was five more months before any more facilitation team members were recruited.

In March, 2007 three new names were submitted to be members of the research facilitation team. After a five month wait, I was ecstatic when I received some positive responses. These parents were thrilled to be asked to be researchers; I could hear the excitement in their voices. One commented, "You mean we get to put CAS under a microscope and study them this time?" She stated she wanted to be involved in all aspects of the research and had friends who were interested as well. This moment made the wait worthwhile. Another parent was hesitant about participating because she is a professional in the community. She was concerned about her professional credibility if she were to be identified in the community as someone who received child welfare services. When I explained that her role in the study would be as a researcher she stated that she would be confident in this role. The third parent was giving consideration to going to college and hoped this experience would be helpful. For all these women it appeared the empowerment process had already begun when they were asked to be meaningfully involved.

The facilitation team members were invited to share their stories as a way of ensuring their voices were heard. One shared with me some of her history. After our meeting I typed out her story as I heard it and then I sent it back to her for corrections or

amendments. A few corrections were made after she reviewed the report. One of significant changes was in reference to her male partner. I had made the relationship inference that he was her boyfriend. In fact her preferred relationship statement was not as an intimate partner but rather the father of her child. Here is her story in her words.

> I am 24 years old and have a daughter who is three. I have been involved with the Children's Aid Society my whole life, but I have been in care since I was eight years old. At this young age I came into care. My mother died in 1991 and at that time I went to live with my aunt and uncle in New Brunswick. I have had more social workers than I can think about. When I had my daughter she was brought into care because I had been in care. I was 21 when my daughter was born and at that age CAS no longer has anything to do with you. Even after being a Crown Ward, at age 21 CAS no longer takes care of you. My daughter was returned to me and I am raising her on my own. Her father is currently in jail. I have a worker outside the agency who will notify me when he is due to be released. Three months ago there was a situation of domestic violence between me and my daughter's father. My daughter still remembers the incident. I know this because if I am play fighting with someone she gets terrified and begins to cry. My worker is supposed to be helping me look into daycare for my daughter. I can't afford day care costs on my own at this time because I support myself and my child through Ontario Works benefits. You make just enough money to live off.

My involvement now with the CAS is because of a supervision order which has been going on for three years. The agency is asking for another six months to be added to the order. I trust my worker that I have now but this has not always been the case. I initially trust a worker when this is earned but once that trust is broken I stop being honest with them. CAS expects me to be honest with them all the time even when they are not.

I am interested in the study because social workers do not always listen to what I have to say. I remember telling a social worker when I was young that I was being hit in a foster home in New Brunswick. The worker did not believe me and said it was a good foster home. For me I did not want to stay there because it was away from my dad.

It was just the two of us for many months. No other names had been submitted by the agencies. We reviewed the sample research interview question guides to be used in the focus group discussions. I would call her often and update her as to the efforts I was making with the agencies to keep her engaged in the process. It would be five months before other facilitation team member names were put forth.

Another facilitation team member wrote out her story. Here is her story in her words.

As a young girl I was in and out of foster care; so I was familiar with the CAS system and how they are there to help. At the age of 16, I got into an abusive relationship and got knocked up. I miscarried, thank God, but at the age of 18

with the same man still got pregnant again. I went to Pine Tree prenatal care course but upon having the child I realized they don't act like rubber babies and they cry a lot. So I called the CAS because I thought I was hurting my daughter when I would bath her. They came and helped me a lot; so they closed my file. They also had a health nurse come to see me; so I had someone still coming that was offered to me as well as counselling for young mothers. I felt then they helped me.

Then in 2000 I had my other daughter and was in yet again another abusive relationship. Then the CAS came in my home on domestic violence and apprehended my children after saying they wouldn't as long as I complied, which I did. However, come close to court time to get my children back they switched all my words and made me look like my mother when they were referring to me. So everything I ever said was used against me not for me. I got my kids 4 days later but at that point I hated CAS.

Then an incident took place where there was sexual abuse towards my oldest daughter. My daughter confided in her school principal and they took the proper actions by contacting the CAS, thank God, because at this point I did not know what to do or where to turn. So I am thankful my daughter felt she could confide in someone anyway. The CAS showed up and I having a hate on for them because now I don't trust them. I did not want to talk and I was argumentative with them and used one word sentences because I had no trust in them. The worker actually approached me with sincerity and knowledge of my

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case. Then I knew I was working with someone who could be trusted. We discussed the situation at hand and she let me vent about my past relationship with CAS. She sided with my feelings and we went from there. In all the CAS is very helpful. They have offered me counseling; programs and took me to appointments; moved me, bought me groceries and was there as a friend to me not as a worker!!! I would also like to say that I think being a CAS worker takes guts and heart. I think workers should have children before becoming a worker in order to understand the damage they are doing by taking kids out of homes!!

Also how come its' always the mothers who have to go through everything and dad never gets questioned or anything? I have turned to CAS a lot and for a lot and I have got everything I have needed. It would be easier if we could keep the same workers so people know you and your case. This way we would not always be re-telling our stories.

I would suggest when they apprehend someone's children, offer them the help they need. For example if they have bad parenting skills offer them parenting skills help, not drug counselling, or if they are alcoholics offer them AA meetings, not domestic help; show the parents where they are going wrong. Go take them there as a first step not just take their kids and say see you in court or in 6 months. I understand being a CAS worker is tough as it is because you have to be ruthless and have a heart that's hard already but you need to have experienced some of these [abuse, drugs, having a kid] things to be able to work along side a parent going through whatever they are going through. That is my story!!!!

Not everyone wanted to share their stories for different reasons. The primary reason was fear of being identified. All of the facilitation team members would like readers to know while they were parents who needed help raising their children; they have much to contribute to the research process. The facilitation team would like to dispel the myth that they are uncaring women but rather mothers who needed help. From listening to their stories throughout the research process, I would suggest they are women who accepted their part in the families' problems and did something about it to change the final outcomes for their children.

The facilitation team was not gender targeted. However, only women responded to the call for participation. No male names were put forward for the facilitation team. All facilitation team members signed a consent form to participate in the research study (Appendix F). The facilitation team members participated in the research process at different levels depending on the business of their lives (Delong, Black, & Wideman, 2005; Dumbrill, & Maiter, 2004; Rutman, Hubberstey, Barlow & Brown, 2005). There were times when team members could not attend meetings. In one situation an individual chose not to publicly participate. To do so would have placed her in an awkward position professionally. There were four women who were on the facilitation team. Childcare and transportation costs were provided to the facilitation team participants. As co-researchers these parents were responsible for reviewing the focus group questionnaires, co-facilitating focus groups, recruiting participants, analysing the data and assisting in the editing of the final thesis document.

During our first meeting the purpose of the study, their role as facilitation team members, the data collection and the data analysis processes were reviewed. Language was one of the first issues we addressed. The reference to 'at risk parents' in the research proposal, recruitment scripts, PowerPoint presentation and the actual title of the study was offensive to the women on the facilitation team. They felt that the term at risk minimized the value of their contribution to the study. One facilitation team member pointed out that if the team was referred to as at risk parents perhaps social workers would be less likely to take them seriously. We as a team agreed to change the reference simply to parents. Thus the title of the research study was changed to Adjusting the Lens: Parents Create Change in Ontario's Child Protection System.

The second term to be examined was the reference to 'mandated' parents. The facilitation team felt that perhaps 'court ordered' would be a more respectful and accurate term for those individuals who had no choice in participation in services. As a team we discussed this and agreed to use the term court ordered instead when referring to individuals who had to participate in service.

I provided the facilitation team with copies of the Interdisciplinary Committee on Ethics in Human Research approval letter (Appendix B). I wanted to give the facilitation team as much information about the research study and process as possible. The letter states that the research proposal was granted full approval on September 18, 2006 for a one year period, however the committee suggested that the "wording of the consent forms for participants be simplified, given that some of the participants might be people with low levels of literacy skills" (T. Seifer, personal communication, September 18, 2006).

As a team we reviewed the consent form as it was proposed in the original ethics committee application. The facilitation team felt they were able to read the language in the consent form and believed other parents would also be able to understand. They did not feel the statements needed to be adjusted. What we did remove from the consent form was the multiple places individuals were asked to initial to give consent. Participants only had one location to either agree or not agree to participation.

Jointly we then created questions to use as an interview question guide for parents (Appendix G). The questions were focused on asking about the participants' experience with child protection, identification of services that were supported, and suggestions for ways in which the research could be shared with other parents. A second interview question guide was developed for professionals (Appendix H). Here the questions centered on the reactions of the professionals to the suggestions made by parents. Both of these question guides were used as part of the focus groups with parents and professionals respectively.

I provided the facilitation team with two half days of training and information about the data collection process and focus group formats specifically. I reviewed the process of using the semi-structured interview guide as a way of commencing the dialogue for each group; we practiced how to use all the equipment, planned who was participating in which group and what questions they would take the lead in asking. We discussed that as facilitation team members they were entitled to ask clarifying information from the participants. I offered to bring in other colleagues who could discuss presentation making skills, public speaking or any topic of their choice to make

them feel comfortable with the research process. The facilitation team declined the offer and felt they had the necessary skills to proceed. I continually reinforced that we would make decisions as a team and that their input was valued. In order to facilitate trust within the team there had to be consistency between words and actions during the research process specifically as it related to power.

I believe the facilitation team experienced a sense of equality and comfort. They openly challenged the language in the interview guide, consent forms, and their efforts were acknowledged through amendments to the documents. The facilitation team had control over how they wanted to introduce themselves in the focus group sessions. All parties reached the conclusion that they would introduce themselves as co-researchers. By the time we facilitated our first group, these women felt confident in their new roles. Reflecting back now I think one of the most important exercises we completed, as a team, was our discussion about why this type of research was important to us. It was clear from the conversation that we were like-minded in our desire to give parents a strong voice in child protection. The dialogue also provided a common ground for all of us to return to.

Additionally we created a field note (Appendix I) that was used to record information from the focus group. This field note was designed to capture data that might not be picked up on the tape machine. It was also to be used as back up in the event of a technical failure with the recording equipment.

3.3.4 Recruitment of Participants

Participant recruitment followed a non-probability theoretical sampling strategy (Charmaz, 2004; Dey, 2004; Dumbrill, 2006; Macnaghten & Myers, 2004; Morgan, 1997; Rubin & Babbie, 2001; Strauss & Corbin, 1998). Recruitment was based on individuals having experience with an entry-level court order in child protection services. Individuals were selected based on their association with child protection, not because they were representative of a larger population. While there are no hard or fast rules about the number of participants required for a study, the intent was to select a sample of observations that yielded the most comprehensive understanding of the subject of study (Rubin & Babbie, 2001).

Parents The child protection agencies acted as recruitment conduits for the study. Parents qualified to participate in the study:

(1) If they had previously been ordered to participate in child protection services through a court order known as a supervision order. A supervision order is the first entry into mandated service of child protection.

(2) If the supervision order was six months in length or longer. Since a supervision order can range from a minimum of three months to a maximum of twelve months, six months was seen has having been sufficient involvement for individuals to make comments or offer recommendations, on how the current system of child protection could be improved.

(3) If the family file was open after the amended Child and Family Services Act, 2000. The criticisms of the system have been made since the child protection legislation was

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amended in 2000; therefore the situations under study were designed to explore the impacts of the statute.

(4) If they had maintained a one-year period free from child protection services. The final condition was decided upon to reduce the risk of undue influence or coercion for the parents to participate in the research (Medical Research Council of Canada, Natural Science & Engineering Research Council of Canada & Social Science & Humanities Research Council of Canada, 1998). After a one-year period parents were comfortable knowing their involvement in the study was independent of the agency and simultaneously they would have a fresh recollection of events (Dumbrill, 2006). Any time sooner may be perceived by the parent as a requirement to maintaining a closed file within the child protection agency. The one-year free of service also marks one indicator of success.

Parents who fit the inclusion criteria for the study were selected for two reasons: 1) First, these families did not have a choice as to whether or not they participated in child welfare services since they were court ordered that they be involve. Court ordered services separates child protection from other social work counselling and advocacy services. As such these families experienced the first layer of the legal power of the Children's Aid Society. There was no discretionary power on the part of the parent to participate in services.

2) Second, according to the literature reviewed, court ordered families are notably absent as a focus of research inquiry. Generally there was a mix of voluntary and involuntary families in research studies. The absence of court ordered families sparked a curiosity

about the types of comments or recommendations they would make about how the current system of child protection could be improved.

Agencies were asked to compile a list of families fitting the criteria. The same third party contact process used for the facilitation team was used in the recruitment of the parent participants. An initial contact script (Appendix J) was used by an administrative volunteer, which mentioned several times that the family's status with the agency would not be compromised by whether or not they choose to participate, and that no one from the agency would know if they took part in the study (Manji, Maiter, & Palmer, 2005). In total eight parents participated in the study.

3.3.5 Characteristics of Participants: Parents

In total eight caregivers participated in the study. Chart # 1 titled Characteristics of Caregivers describes the type of care giving roles the participants had. The horizontal axis of chart #1 identifies the total number of participants and the vertical axis identifies the type of relationship the caregiver had to a child. The intersection points on the chart would indicate for example that participant number one was a foster parent, participants number two and eight were grandparents and participants three through seven were parents. In terms of gender seven of the participants were female and was one male. The study is silent in regards to diversity of the family participants for no other reason than the small sample size. I felt it would be too identifying for the family participants. Professionals might be able to link the cultural or racial identities of the family participants to specific comments and determine the name of the family participants.

Characteristics of Caregivers Chart #1

Relationship to Child

Grandparent

Foster Parent

Parent

1   2   3   4   5   6   7   8
Total Number of Participants
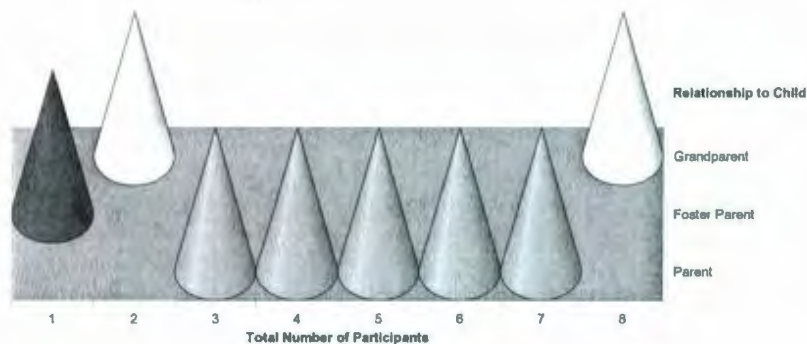
Figure 1 Parent Participant Profiles

While the research did not explicitly ask why the participants were involved with child protection, through the focus group dialogue the reasons for involvement became evident. The three significant reasons for requiring child protection services in this study included: substance abuse problems, domestic violence and limitations on parenting capacity due to mental health issues.

Professionals It was difficult to determine who should participate as professionals and under what conditions. In exploring the literature on collaborative approaches to research (Dumbrill & Maiter, 2004; Mannes, Roehlkepartain, & Benson, 2005; O'Connor, Morgenstern, Gibson, & Nakashian, 2005) I was reminded of how presumptuous it was to determine the professional participant list without consulting with facilitation team. Families involved with child protection services are often engaged with additional community services such as: health, education, addiction services, probation and parole, domestic violence counselling, First Nations Services, and housing (Mannes, Roehlkepartain & Benson, 2005; McKenzie & Seidl, 1995; O'Connor, Morgenstern,

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Gibson & Nakashian, 2005). Hence those participants who I would see as important to the study may not be the choice of parents.

After consultation the facilitation team determined the following categories of professionals to be important to the study: intake and family services child protection social workers, a worker from the addictions field, a lawyer who represented families in the court process, a worker from the mental health field, and a worker from the women's shelter system. Once the list was established I contacted child welfare agencies to solicit participation of social workers from the identified categories as well as the legal profession. The members of the facilitation team took responsibility to recruit professionals external to the child welfare system. Each of the facilitation team members read a recruitment script to the potential candidates (Appendix K). The only criterion to participate as a professional participant was to have case involvement with the child welfare system.

Why invite professionals into the discussion at all? At first glance it may seem contradictory to include professionals in a grassroots, social change study. However, I have learned from previous research (Leslie, 2005; Pain & Francis, 2003) that exclusion of a wider network can stymie social change. There are research studies specific to the field of child protection that suggest the importance of families, communities and professionals working together to improve the health and well-being of children (Callahan & Lumb, 1995; Cameron & Birnie-Lefcovitch, 2000; Mannes, Roehlkepartain, & Benson, 2005; McKenzie & Seidl, 1995; O'Connor, Morgenstern, Gibson & Nakashian, 2005; Rutman, Strega, Callahan, & Dominelli, 2002). In a collaborative

model of research, families and service providers come together with the notion that ameliorating child abuse is a collective responsibility (Barter, 2004b, Beresford, 2003; Cameron, 2003; Kufeldt & McKenzie, 2003; Wharf, 2002).

3.3.6 Characteristics of Participants: Professionals

In total thirteen professionals participated in the study: eight child welfare staff, one social work student[2] interested in a career in child protection, one family law solicitor, one addiction services worker, one social work student interested in a career in addiction services and one early childhood educator. Chart #2 titled Characteristics of Professionals, describes the professional job category of the participants. The first column in the chart refers to the participant identification code, which numbers rows one through thirteen. The next eight columns identify specific job categories. Therefore by looking across a specific row and down a column to an intersection point one can see the professional association of the individual. For example, reading chart #2 would be as follows: participant number one was an intake social worker, participant number two was a children's services worker and participant number three was a generic child protection social worker. The final row is the total number of individuals in a specific job category. Professionals from eight different job functions participated in the study including: four intake social workers from child protection (one was a student), two generic social workers from child protection (generic here indicates a position that performs both intake and family service worker functions), one children's services social worker, one adoption social worker, one lawyer who represents families, two drug and alcohol counsellors (one

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[2] Students were not specifically recruited for in the study however, the students participated as part of their practicum experience. The field instructors were participants and asked permission for the students to be involved in the study.

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was a student), one volunteer coordinator from child protection and one early childhood

educator. The final column represents the total number of professionals who participated

in the current study. In terms of gender breakdown twelve of the professional

participants were female and one was male. Similar to the concern with family

participants, the study has remained silent in terms of describing the cultural or racial

diversity of the professional staff. I concluded given the small sample size any

identification of diversity may lead a reader to link specific comments and thus create an

identifying environment. Therefore to preserve confidentiality of the professional

participants, no comments have been made about the group's diversity.

Characteristics of Professionals Chart # 2								
Professional Association to Child Protection								
Participant #	Intake Social Worker	Generic Social Worker	Children's Services Social Worker	Adoption Social Worker	Lawyer	Drug & Alcohol Counselor	Volunteer Coordinator	Early Childhood Educator	Total
1	1								
2			1						
3		1							
4						1			
5				1					
6		1							
7							1		
8					1				
9						1			
10	1								
11	1								
12	1								
13								1	
Total	4	2	1	1	1	2	1	1	13

Figure 2 Professional Participant Profiles

The professional group was an experienced group of individuals. Chart # 3 highlights the

number of years of experience per participant. The cumulative total of years of

experience was 147 years. On average each participant has 13 years of experience in the

child welfare sector. It is important to note that the two students have not been included in the calculations as their experience was a field placement.

Chart # 3 Experience in Child Welfare Sector

Participant #	Numbers of Years Experience
1	25
2	22
3	10
4	6
5	12
6	6
7	20
8	17
9	0
10	6
11	16
12	0
13	7
Total [3]	**147**

Figure 3 Years of Experience in Child Welfare Sector

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[3] The two students have not been included in the calculation of years of experience in the child welfare sector as their experience is a field placement.

3.3.7 Data Collection: Focus Groups

Three focus groups were conducted including a parent only group, a professional only group and a joint parent/professional group. Each group session lasted approximately two hours in length.

Parent Group The first focus group involved seven women discussing their experiences with child protection services. By focus group guidelines, the average range of participants per group is between 6-10 individuals (Morgan, 1997). Therefore by scientific rigour the size of the focus group was within acceptable standards. The research interview guide (Appendix G) was prepared and served as a starting point for conversation. However, the natural dialogue of the group was more important than a strict adherence to any guide. Two facilitation team members assisted with the discussion. The location of the parent focus group was in a community room situated within an elementary school. The school had a drop-in parenting center which was used to provide child care for the participants and facilitation team members. This site was selected as it represented a community hub setting, it was available to use for a minimal donation to the school and was an inviting place to offer childcare services. Transportation was provided for anyone who wished to attend the focus group.

A second parent group was scheduled in the evening to accommodate working parents. The location for this group was an Ontario Early Years Center. This site was selected as it represented a community hub setting, it was available to use free of charge, it was open in the evening, and it was an inviting place to offer childcare services. Three parents were invited to the group. Only one attended and was interviewed.

<u>Child Protection Professional Group</u> Two weeks later a focus group was

conducted with professionals discussing their reactions to the following statements of

change proposed by parents:

1. Have two social workers assigned to a case to avoid prejudice perceptions about parents.
2. Compile a parent's rights booklet.
3. Engage in cultural diversity training for social work staff.
4. Hold fathers more accountable for family issues.
5. Locate extended family quicker when looking for foster care placements.
6. Design a program to help teen parents and their parents raise children together.
7. Educate young girls early about self respect to prevent involvement in violent relationships.
8. Teach parents about life skills.
9. Put a package together that outlines all of the support programs available to parents and highlight the ones you expect parents to take.
10. Develop a support group so parents can meet to discuss their experiences with other parents.
11. Create safe chat rooms where parents, children and youth can communicate with others who have similar situations.

The prepared research interview guide (Appendix H) was used as a framework for

dialogue. This group was held at a women's shelter. The location was also selected

because it was seen as a community hub, was available free of charge, was a place that

professionals were used to meeting, was a safe environment for the facilitation team

members, it was child friendly to offer child care services and most importantly, the

location represented a reminder of a service that was often used in conjunction with child

protection services. Unfortunately, while the focus group was held at the women's

shelter none of the staff were able to attend the group. This was a disappointment to the

facilitation team. However, they understood given the shelter had just undergone a

serious labour relations dispute. The shelter staff who had been contacted as participants

agreed the study was valuable but felt they needed to focus their energy toward resolving

any service issues as a result of the dispute. The commitment to the study by the shelter staff was evident as they donated space to hold the focus group session. The gesture of shared resources was important to the facilitation team, as domestic violence was an issue of concern for them. Transportation and childcare service were provided for the facilitation team member who co-facilitated the group. In total eight professionals participated in the professional only group.

Joint Parent and Professional Group The final group was designed to bring parents and professionals together to discuss their ideas on how the current system of child protection can be improved. Although the literature suggests there is a lack of dialogue between families and professionals when introducing change or reform within the child protection system, there is a body of literature recommending dialogue between families, communities and professionals (Callahan & Lumb, 1995; Cameron & Birnie-Lefcovitch, 2000; Mannes, Roehlkepartain, & Benson, 2005; McKenzie & Seidl, 1995; O'Connor, Morgenstern, Gibson & Nakashian, 2005; Rutman, Strega, Callahan, & Dominelli, 2002). The joint parent and professional group is in response to this literature. This group was held at the parenting center in the original elementary school location. Three of the parents from the first group agreed to participate in the final group. The parents were assured that the professionals who were invited would not be their previous social workers. In the end none of the families attended the joint focus group. Two of the family participants reported their children were ill and therefore could not attend. The third participant could not be reached to determine the reason for her absence in the group. Six professionals were invited to participate and five attended. A work

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related emergency prevented the sixth professional participant from attending the group. This group was co-facilitated by a facilitation team member.

Focus Group Notes The interview question guides were created in collaboration with the facilitation team. All of focus group interviews were audio taped and transcribed to provide richness in detail (Dumbrill, 2006). Research notes (Appendix I) were taken during the focus groups to capture non-verbal information and to have data in case of a technical malfunction with the audiotape recorder (Creswell, 2003). The design of the field notes was created in consultation with the facilitation team.

The tapes are stored in a locked cabinet and will continue to be stored for the statutory five-year requirement by Memorial University. At the end of the waiting period, the tapes will be destroyed. Participants were assured that no identifying information would appear in the final analysis.

Prior to any data being collected, all of the focus group participants signed an oath of confidentiality. In addition each participant signed a consent form that reflected the constellation of the group: consent to participate as a parent (Appendix L), consent to participate as a child protection professional (Appendix M) and consent to participate in the joint parent and professional group (Appendix N).

As in any research study, participation was voluntary and anyone wishing not to participate or who wanted to rescind his or her consent was free to do so (Medical Research Council of Canada, Natural Science & Engineering Research Council of Canada & Social Science & Humanities Research Council of Canada, 1998; Rubin &

Babbie, 2001). None of the participants requested to have their consent revoked. Of paramount concern in the study was the preservation of human dignity, privacy and psychological integrity of those individuals who participated. To ensure ethical compliance, the study was reviewed and approved by the Interdisciplinary Committee on Ethics in Human Research, Memorial University on September 18, 2006 (Appendix B).

3.3.8 Data Analysis and Interpretation Process

The recursive principles associated with PAR and grounded theory were influential in the data analysis process as they allowed the information to be evolutionary in nature (Charmaz, 2004; Creswell, 2003; Delong, Black & Wideman, 2005; Dey, 2004; Konecki, 1997; Morgan, 1997; Strauss & Corbin, 1998). After each focus group session the information was reviewed and the cyclical process of reflecting, revising and acting upon the information was conducted (Delong, Black & Wideman, 2005).

More specifically, after each focus group session the data were processed in the following manner: (1) audio-tapes were transcribed, (2) interview notes were typed up, (3) all data was read through by the facilitation team to get a general sense of the overall meaning; general thoughts were recorded at this time, (4) information was re-read in order to assign code labels to the information such as themes that were expected, themes that were surprising and information that addresses theoretical perspectives, (5) information was re-read for a third time to assign more specific codes to issues of social change, social structure issues, social action/activity, power, helping relationship, and new codes that emerge from the data, and (6) after all sessions were completed a final comparing and contrasting in and between the groups was done (Creswell, 2003;

Wengraf, 2004). This labour intensive process kept us as the researchers immersed in the emergent nature of the data and reduced the temptation of interjecting preconceived categories, which are not reflected in the reported information (Delong, Black & Wideman, 2005; Charmaz, 2004; Dey, 2004; Strauss & Corbin, 1998). The researcher and the facilitation team conducted the data analysis review. The information was reviewed independently and then the research team convened to discuss their findings.

As this study is about multiple voices, one of which is the researcher's, it is prudent to identify my biases as they influenced the data analysis process (Creswell, 2003). When I reviewed the data collected, I looked for issues of social justice and change. I was interested in exploring the possibility of improving the child protection system through social justice and capacity building lens (Barter, 1997, 2001, 2004b; Cameron, 2003; Cameron & Birnie-Lefcovitch, 2000; Coffey, 2005; Dumbrill, 2003; Hertzman, 2004; McCain & Mustard, 2002; Mullaly, 2002; Wharf, 2002). After eighteen years of dialoguing with parents, children and social workers in child protection I have developed the following positions: an affinity for social justice and human rights, a preference for empowerment, support for early intervention, and lobbying for funding sustainability. The current system of child protection is one, which I consider to be a hostile environment (Ife, 1997) because it often runs contradictory to the philosophical foundations of the social work profession (CASW, 2003).

To counterbalance my personal research bias, this study relied on the process of triangulation to ensure "the findings have a basis in data and are not just what is imagined or desired" (Delong, Black & Wideman, 2005, p. 34). The process of triangulation or

cross checking information against multiple sources is a form of data validation and is a method of ensuring authenticity and trustworthiness of the findings (Creswell, 2003; Delong, Black & Wideman, 2005). For this study the three sources of data validation were:

(1) Rich thick descriptions from original raw data.

(2) Member checking by having the participants review the data analysis for accuracy and meaning. Each parent and professional participant received two copies of their individual statements. The statements were assigned to a theme created by myself with the facilitation team. A letter accompanied the statements asking participants to review the information and return one copy with any corrections in the stamped envelope, which was provided. The parent participants returned three statements. Two returns did not make any amendments however they added statements about how important they felt the study was to parents. The third return involved many corrections because the audiotape for this individual was very weak. I called this individual before I sent the report and asked that it be read carefully due to the technical difficulties. This third return filled in the missing gaps of information. In terms of the professional return rate, I received one. This person made no comment other than correcting a few typing errors. The second copy of the statements was for the individual to keep for their own records.

(3) Peer review by members of the facilitation team (Creswell, 2003; Delong, Black & Wideman, 2005). The facilitation team was provided with a copy of the transcripts to review independently first and then together as a full team. To provide a balance to the findings discrepant information that ran counter to the themes was also reported

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(Creswell, 2003). For example there was an expectation that the families would only report negative comments about the service they received or the workers they had involvement with. However in this study a number of positive statements were reported about the child protection intervention in their lives.

(4) The facilitation team was also sent copies of the dissertation chapters for feedback to ensure accuracy and multiplicity of voice within the document. Additionally three members of the professional group (two intake social workers and a children services worker) were sent a draft copy of the dissertation for feedback. Positive comments were received from both groups. Other than a few typing errors no changes were made to the content of the document.

3.3.9 Ethical Issues

Research is a powerful tool of knowledge creation and as such carries with it an ethical responsibility to authentically represent those who participate in it (Medical Research Council of Canada, Natural Science & Engineering Research Council of Canada & Social Science & Humanities Research Council of Canada, 1998; Smith, 2002; Thomas, 2005). This current study was approved by the Interdisciplinary Committee on Ethics in Human Subjects at Memorial University of Newfoundland (Appendix B). In this section I will address issues of (1) knowledge creation, (2) free and informed consent, (3) cultural sensitivity and (4) confidentiality.

Knowledge Creation: The issue of subjugation is at the heart of the matter for knowledge creation. There are historic accounts of research misrepresenting the voice, traditions, and culture of marginalized groups (Medical Research Council of Canada,

Natural Science & Engineering Research Council of Canada & Social Science &

Humanities Research Council of Canada, 1998; Smith, 2002; Thomas, 2005). The results

of the exploitive or misguided research have had demoralizing effects on those who have

participated particularly on Aboriginal Nations. Linda Tuhiwai Smith (2002) poignantly

remarked,

> It galls us that Western researchers and intellectuals can assume to know all that it
>
> is possible to know of us, on the basis of their brief encounters with some of us. It
>
> appals us that the West can desire, extract and claim ownership of our ways of
>
> knowing, our imagery, the things we create and produce, and then simultaneously
>
> reject the people who created and developed those ideas... (p. 1).

The intent of this study is not only to advance knowledge of social work in the field of

child protection, but also to empower the participants to create social change through the

research process itself (Potts & Brown, 2005; Strega, 2005b).

> The ethics of anti-oppressive research go beyond the simple framing of a research
>
> proposal in a manner which satisfies an ethics committee, or an opportunity for
>
> the researcher to justify his or her actions...There is a deliberate and active
>
> concern for the research participants and the processes of oppression which
>
> conducting the research might create, or identify (Durham, 2002, p. 435).

To be ethically accountable to marginalized groups it is insufficient to make room for

"otherness" in research. Instead, social work has the opportunity to question and

deconstruct the notion of epistemological privilege throughout the entire research process (Healy, 2001; herising, 2005).

Consent: Free and informed consent is the cornerstone of ethical research involving human subjects and "it encompasses a process that begins with the initial contact and carries to the end of the involvement of the research subjects" (Medical Research Council of Canada, Natural Science & Engineering Research Council of Canada & Social Science & Humanities Research Council of Canada, 1998, p. 2.1). As a demonstration of voluntariness of participation, parents and professionals were asked to sign a consent form (Appendices L, M, & N) which describes in full detail the intent of the study, potential risks and the right to rescind personal consent at anytime throughout the study. Anti-oppressive research principles also suggest a clear disclosure of power position by the researcher (Durham, 2002; Potts & Brown, 2005). In this regard participants were made aware that while I am a PhD graduate student, I am also a social work practitioner in the field of child welfare. The disclosure of my position may have been a factor for some participants who declined to participate due to my close connection to the child welfare field. While no one openly acknowledged my position as a concern, I am cognisant of the issue of power in child protection.

In accordance with the Tri-Council (Medical Research Council of Canada, Natural Science & Engineering Research Council of Canada & Social Science & Humanities Research Council of Canada, 1998) and Memorial University of Newfoundland's ethics review process, participants were free to withdraw their consent at any time during the study. This right to rescind consent can be found in two areas of

the study: (1) the consent form and (2) in the recruitment script. None of the participants in the study rescinded their consent.

Cultural sensitivity: has become an ever-growing ethical concern particularly for First Nations Peoples. Historically Aboriginal communities have been misrepresented through research, which has left devastating marks on tribal life (Medical Research Council of Canada, Natural Science & Engineering Research Council of Canada & Social Science & Humanities Research Council of Canada, 1998; Mihesuah, 2005; Smith, 2002). Western approaches to scientific knowledge historically oppressed Aboriginal traditions, language and communal life. In response to the objectification of Aboriginal groups, the research community has articulated special considerations for research in this area. For example, the Tri-Council (Medical Research Council of Canada, Natural Science & Engineering Research Council of Canada & Social Science & Humanities Research Council of Canada, 1998) policy statement offers guidelines for good practice when researching Aboriginal communities including: (a) respect cultural diversity, (b) form partnerships with Aboriginal communities during the research investigation, (c) involve the Aboriginal communities in the design and analysis of the research, (d) provide information about how Aboriginal culture will be preserved, and (e) provide the community an opportunity to comment on the final report before publication (Medical Research Council of Canada, Natural Science & Engineering Research Council of Canada & Social Science & Humanities Research Council of Canada, 1998). The need for such a cultural statement can be traced back to the exploitation of Aboriginal tribes in Canada, United States and Australia (Medical Research Council of Canada, Natural Science & Engineering Research Council of Canada & Social Science & Humanities

Research Council of Canada, 1998; Mihesuah, 2005; Smith, 2002). In New Zealand, Smith (2002) argues that it is insufficient to have a policy statement regarding a researcher's need for cultural competency. Instead she purports that an Indigenous research agenda be developed inclusive of diverse scientific procedures, diverse language and topics of concern. In essence an Aboriginal research agenda is necessary to combat the homogeny of the dominant Euro-Western research community (Smith, 2002).

Confidentiality: Confidentiality and autonomy are key elements to ethical research. "Privacy is a fundamental value, perceived by many as essential for the protection and promotion of human dignity. Hence the access, control and dissemination of personal information are essential to ethical research" (Medical Research Council of Canada, Natural Science & Engineering Research Council of Canada & Social Science & Humanities Research Council of Canada, 1998, p. 3.1). The names of the participants were not used in the study; instead pseudonyms were used to represent participants. The names of the participating organizations were protected due to the small sample size of professional staff. All of these steps were taken to preserve the dignity and well-being of the individual participants.

Confidentiality is not absolute and there are legal requirements that necessitate a breach of confidentiality. Laws compelling mandatory reporting of child abuse, sexually transmitted diseases or intent to harm or murder are justifiable grounds for breach of confidentiality (Medical Research Council of Canada, Natural Science & Engineering Research Council of Canada & Social Science & Humanities Research Council of Canada, 1998). These aforementioned exceptions to confidentiality were outlined on the

oath of confidentiality form (Appendix D) and were discussed with participants prior to entering into the study.

3.4 Summary

The methods chapter provides a detailed description of the steps taken to conduct the study including the recruitment of the facilitation team, recruitment of participants, data collection processes and data analysis procedures. Ethical considerations for human subjects are also highlighted in this chapter. Chapter four describes the results of the current study.

Chapter 4

4.1 Findings

"Reality is about the meaning that people create in the course of their social interactions; the world is not about facts but about the meaning attached to facts, and people negotiate and create meaning" (Strega, 2005b, p.206).

Chapter 4 summarizes the findings from the focus group discussions from both the parent and professional participants. Interestingly there is a convergence of ideas from both participant groups regarding the changes needed in the child protection system. Parent participants suggest eleven changes to the child protection system. These suggested changes were seen as positive by the professional participants.

4.1.1 Themes from Parent Focus Group Interviews

Overall four umbrella themes emerged from the data: criticisms of child protection, praise of child protection, positive interventions, and communication issues between mothers and daughters. A discussion of each theme follows.

4.1.1.1 Criticisms of Child Protection

The criticisms of child protection services fell into four areas: (1) social workers are too judgmental, (2) there is too much discretionary power available to social workers, (3) there was a lack of appreciation for cultural diversity; (4) fathers are not held accountable for their actions.

Judgmental In terms of child protection workers being too judgmental, the parents expressed a common sense of being judged guilty until proven innocent. This

sense of being on trial before the situation was thoroughly assessed was evident in statements such as "it is like you have to prove yourself fit or unfit." One parent felt she had been judged for years and it started when she became a teenage mother. This woman stated,

> They totally judge you. They judged me for being 15 years old trying to do my very best. I am 27 years old now and I tried my best. Now at 27 years old I would not put my kid in a buggy and walk him downtown and walk around and then walk back home. Then when he wakes up put him back in the buggy and go back outside. Meanwhile he was always clean, always changed but I was always out with him. I would not do that now. ...There needs to be something for teenage mothers. There wasn't a foster home for teenage moms when I needed it, I asked.

Another mother suggested, "I think sometimes they (CAS workers) don't read the file on purpose to try and trip you up. It is as if later on they read the file and come back and point out what you said before was wrong or different than your file." This sense of being under perpetual scrutiny was repeatedly expressed in statements such as "...they totally judged the woman before they had met her" and "I asked for help but when they came in I felt like they dissected me."

There was a general sense that social workers' harsh point of view about parenting stemmed from not appreciating how the parents' backgrounds or situations historically contributed to the current child protection concerns. For example several parents shared that they had to leave their home in their early teens. One disclosed,

My mom kicked me out, I was almost 16 and I went to a friend's house and called Children's Aid. They wouldn't do anything. I lived in this older guy's basement and things got worse and worse. This may sound bad but I did not want to go to work, I wanted to finish school. I did not have any money for a really nice place so I ended up staying with these bad people. The next the thing I knew I was in a vicious circle.

This same parent offered that her mother grew up in group homes and as a result did not have positive parenting role models. Another parent shared that in her family of origin she was always babysitting her younger siblings and as a result this set up had an early expectation that she would be a parent at a young age. This woman explained,

When you grow up babysitting you are bound to have a baby young if that is all you do constantly, if you babysat your siblings. I babysat and at age 16 I was knocked up. I had a miscarriage obviously for a good reason. I knew that I would not be able to look after a child. At 18 for some reason thought I could do it again so I had a baby. That's what I think. I babysat all my life and I just wanted to have a kid.

As the parents talked about their families of origin very few disclosed information about their fathers; one woman suggested that she acted up because she was angry that her father was absent.

Despite their circumstances of early childhood, these women spoke with compassion about their mothers and other women who lived in dire circumstances. There

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was an expressed sentiment of social injustice for women who are judged by social workers in the absence of an offer of support. An example of this social injustice was found in the following comment,

> I know I am not saying your daughter, however I seen a lot of situations like your grandchildren that don't know its not normal or not strange to smoke something in front of your children because their parents or the babysitter did it in front of them…A woman was raised under the poverty line, similar to my situation. My mom was an alcoholic she loved her beer. She does not do any other type of drugs. So this other woman was raised around alcohol in the same situation and she then had children. She had her children taken away by CAS and then placed back with her. She got stable but then starting drinking again and now her children are gone. I had to ask the woman were you given any type of parenting help. What happened was the child got into something in the house. Was she never taught to put things up? Why does the CAS help the children and not help her to parent? Yes I understand that people ask for help but this woman had been involved. Why doesn't CAS help? I am an abused woman but no one offered me any type of counselling at all until I said why aren't you helping me with counselling.

This was followed by another example of a situation where children were removed from the home without support being offered to the mother,

> I saw another situation where the children were taken and put back in and then something drastic, something very detrimental happened and the child was taken

out. The woman was not given any type of parenting skills, self esteem or even life skills. Like to put things up that are dangerous, maybe she was never taught that? Maybe she was brought up in a home that did not happen. How would she know to do this?

Most of the participants suggested that social workers would feel more empathic towards parents and less judgmental if they could put themselves in the parent's shoes. One suggestion was that social workers should have children themselves. "If the worker had children they would understand the arguments. They would appreciate when I say this kid screams at me all day or we fight over homework from 3-7pm. If they have never had those arguments how are they going to know what they are about?"

It was not that the parents were asking for absolution concerning behaviours but rather they were identifying a gap in child protection services. One succinctly remarked, "...how many of these mothers have been raised in situations that they did not know right from wrong? The Children's Aid Society does not help the parent; they take their children away. Why does the CAS help the child and not the parent?"

Discretionary Power Used by Workers Parents observed that different social workers exercised different levels of intrusiveness. Through the statements made during the group, the participants questioned how such variations in authority could exist. It was not just a matter of intrusiveness but rather these parents felt their human rights have been trampled by some social workers. Actions taken by social workers were described by the participants as being intrusive when they believed the worker did something he/she did not have a right to do.

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Parents described a wielding of professional power into "things they have no right doing." For example, one mother said that she was asked to submit to drug testing. She said that she did not have a substance abuse problem. However, she was in a situation where she felt it best to comply because she did have emotional problems preventing her from parenting. This particular parent said the following about her experience:

> They (CAS) have a job to do and I went along. I was in a situation that would help me out. They were helping me out by doing their job. So I followed through with everything they asked me to. I was shocked at first. I had to take tests for alcohol because if I didn't get it done I would be seen as guilty. If I get it done, it will prove that I have nothing to hide. I went and did everything they asked.

Some of the parents recognized this woman's predicament by adding their experiences of being overpowered by CAS. One inquired how CAS could be involved with her situation when she was in a prenatal state. "How can CAS be involved in my life before I was showing?" This individual shared that her previous boyfriend, "was in jail for attempted murder and was not allowed to be around me. So why did they stress me out for nine months during the pregnancy thinking that when the baby was born it would be gone?"

Another woman shared that her family was in the process of adopting two little girls when the process was abruptly stopped based on what she describes as a misunderstanding.

> We were going through the process of adoption for Natalie[4] (5 years) with slowed development and Brianna (1.5 years) who had been in foster care since infancy.

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[4] The names of the children are not real. Pseudonyms have been used to protect confidentiality.

She was developing well. Their parents were said to be developmentally slow. They didn't provide nurturance to Natalie and did not teach her to use utensils to eat. She learned how to use utensils and to sit at a table with the foster parents. They were to be adopted as a group. The foster parents also wanted to adopt Brianna. We got as far as having the girls visit for a week. Natalie came three days before Brianna. When Brianna came I was working part-time and my husband took her with him to drop me off at work. Natalie was sleeping in the finished basement that also had our bedroom and the boys' bedroom. I forgot that a worker was to pick them up about the same time I had to be at work. The boys were playing outside and the boys told the worker that Natalie was downstairs. They went downstairs to her and took her. They said they knocked and no one answered. My daughter and my son, who were 20 and 22 years, were at home. They discontinued with the process of adoption. We heard the foster parents adopted Brianna. It seemed to me that they were just following the process until they could come up with something to find fault with.

As a remedy for professional intimidation, one parent suggested that they need to understand their rights. She suggested that if parents challenged the rationale for the intervention request more often, workers would feel less free to insist on the action. She recalled in her situation,

What happened was for years and years I would let CAS into my house and I would talk with them and they would act as if everything was fine. I put my son in care so I could go to treatment. I put him in for three months. He was not

apprehended; I had no one to watch him. I did not like the way I was living. I put

him in care and by the time I was finished treatment I had a meeting with CAS.

They gave me papers this thick and an application to adopt him out. That whole

time they were pretending. They acted like nothing was wrong and I am your

friend.

More specifically, this individual suggested that if parents sought the support of outside

legal counsel Children's Aid workers would be less likely to randomly ask parents to

participate in activities outside the scope of their investigation. This individual believed

that knowing her rights made a difference to the way she was treated by the social

worker. It was a matter of whether "...CAS would treat you like a victim or a suspect."

There was a general agreement among the parents that "When CAS comes into the life of

someone they should go by the guidelines of human rights. Sometimes they are getting

involved in situations they do not need to be. Sometimes if they left people alone they

could work it out."

A proposed solution to the problem was to have two workers assigned to the case.

The parents felt at least this way there would be opportunity to discuss a situation with

one of the workers and there would also be proof of what was said. They wanted to

avoid he-said, she-said situations, which often landed in favour of the social worker.

There were comments that with one worker your words are often twisted around. Many

of the participants agreed, "You have to watch every word. You feel like you are under a

microscope" when dealing with CAS social workers.

Lack of Appreciation for Cultural Diversity Several parents felt that the
workers lacked an understanding of how culture impacts parenting and family values. As
a result of the cultural gap, these women again felt unfairly judged about their parenting
skills. When it came to talk specifically about child protection services and culture, a
number expressed a lack of sensitivity on the part of the social worker. One woman from
a different culture suggested,

> I found when I had a social worker she had a problem in providing help because
> she could not understand how life was. She had to figure out what my thinking
> was, how I think. So we had issues trying to relate to each other. We had this gap
> trying to relate to each other. We had this gap.

A second woman agreed with the sentiments that cultural differences have an impact on
the working relationship between a parent and a social worker. The second woman
shared:

> I have lived in Toronto and I have lived here and was raised here. I have lived
> here since I was 2 years old. I have lived here most of my life and I move to
> Toronto and I have a black social worker. I have never seen that here. I have
> never seen a black bank teller, a black social worker, so how can this person walk
> in my shoes?

A third woman expressed feeling judged because a worker did not speak with her about
her son's tiny size. Instead the worker apparently leapt to the conclusion that he was
under- nourished. In rebuttal to the accusation of neglecting her child, this parent stated:

For one thing my son is tiny. They were concerned about his size but they never said anything to me. If you were so worried about his condition why didn't you say something? I had to have a nutritionist say this kid is fine it is his nationality.

Another stated that lack of cultural understanding stood in the way of access for her children. She declared,

> None of my kids saw each other for eight months. Eight frigging months and the reason for that was they were not siblings. That is documented- 1 went all over the place. Like they are not siblings. Don't tell me that, they all came out of me. My kids are siblings. Two are Native, one is African-American don't tell me they are not siblings. They think because they look different they are not siblings. Up yours!

She explained that she was extremely offended by the worker's moral judgment about her family's cultural constitution.

There was a recommendation to hire a more culturally diverse work force in child welfare and failing that, provide more education to the workers regarding cultural diversity. One family participant suggested that social workers take courses in anthropology.

Parents suggested that racism is not only experienced in the relationship with their social workers but also in their everyday life encounters. As they talked about their experiences with CAS, particularly feeling disempowered, it was difficult for them not to dialogue about other incidents of racism. One stated, "When I first came to the

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community at two years old I was the only black girl to be here and how can people know what I am going through." This same woman vividly recalls struggling with her cultural identity as a result of being bi-racial. She shared that depending on the degree of cultural diversity of the community she was living in she was either considered black or white. She explained,

> What I am trying to say is that growing up here I was called the "N" word every day of my life almost. I would get it from both sides because I would go to Toronto and they would say you are not black. I was the darker shade here but when I would go to Toronto I was not called anything but then I realized who I was. I was not black, I was not white I am me, right. What I am trying to say is how is somebody to know what you going through. They would not actually understand what you have lived through unless they have walked in your shoes. I have a problem because I feel a lot of people judge me.

This disclosure of racism opened the door for others to discuss their experiences. Several of the mothers shared that they feel judged because they have bi-racial children. One mother in particular suggested that she has concern for her children and what they will face as a result of being bi-racial. She was concerned about her daughter being in cultural limbo as a result of society being socially intolerant. Emotionally this mother shared,

> I see that for my daughter. My daughter is bi-racial and a lot of African American women look at her like, and then they look at me like I am a piece of shit. Then

they look at her, my daughter and say she would be so much cuter if she was a shade darker or something like that.

Several suggested that that cultural difference contributed to some of the isolation they experienced in their life.

Lack of Paternal Accountability The question about paternal responsibility for child safety became an issue for the mothers. Many of them started to ask, "Why is CAS coming to my house and not daddy's?" Some commented that women are over represented in the world of child welfare and began to contemplate why that is. They expressed a concern that fathers are not jointly held responsible for correcting the situation that lead to child protection involvement. In general the participants were wondering, "What about the men? Are they perfect fathers?" There were examples of situations were there appeared to be a double standard of accountability when it came to the parental responsibility to protect the children.

What follows are some examples of this gendered phenomenon. One woman commented, "I will just give you my side and then when are you going to see him? Here is something I do not understand. This father would go to England for 2 weeks and he is called a workingman. If I went to England for 2 weeks I would be called a bad mother." This mother expressed concerns that social workers arrived at different conclusions about a prolonged absence from the child depending on whether or not you were the mother or father. It appears this woman felt her male counterpart's behaviour could be positively explained while her action would be interpreted as abandonment.

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A second mother added,

People would think you are selling drugs or whoring around. You get labelled as a neglectful mother while the father gets to slough it off. She has to go to anger management or anything else. If there is anything that you want him to do, you have to ask him if he wants to go.

In this second example, the woman felt there was a different exertion of professional power over women and men. Her perception was that women are told what to do while men are asked whether or not they wish to participate in service. This perceived imbalance of control over women and men was an issue the participants started to consider.

A woman who had experienced differential treatment during an abuse allegation made a third example.

My ex, I have two kids with him. I left him. I did not have custody; he did not have custody. I went to the shelter. I had kidney stones and had to go to the hospital. One child went to their godmother's and he went and picked up the other child. He then took me to court for custody of the kids. He got custody of my son and I got custody of my daughter. It was all mixed up. He had them here and I had them there. It wasn't stable. Something happened years later and CAS came and took out three of my kids and gave those two kids to him. They did not even look at him. They did not give me a chance to say 'Do you know what, there is a child that said this happened to her.' No one said this child goes here and this

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child goes there because both parents have custody of this kid. This child is

saying that something happened we need to take the child out of both of these

homes because we need to find out what happened. But because one parent said

this child said something happened and the other parent made the report it was the

other parent that did it. That is not fair. … My daughter should have been taken

out of my care and her dad's care. Those kids should have all been together in

one house.

This particular woman felt that the social workers did not exercise due diligence while

conducting an abuse investigation. Her argument was both parents should have to

explain their stories with the child in a neutral location. She felt that she had been

condemned for an incident while her ex was released from the injury because he was the

first person to make the complaint. It appeared to be a common experience for the

mothers to accept responsibility for their behaviour and be responsible to explain that of

the absent father. These women expressed a concern that their male partners were not

expected to answer for their actions.

4.1.1.2 Praise of CAS

When the study started there was a sense of trepidation from the social work field.

Social workers expressed concerns that this study would be another report in a long litany

of reports that beat up, criticized and judged child welfare workers. The presumption was

that parents who were required to participate in services involuntarily would only have

negative comments to make about the child protection system. In fact the opposite

occurred. These parents had lots of positive statements about the social work service

they received. One of the most striking stories was from a woman who was depressed and engaging in self-harming behaviour.

> CAS became involved in my life when it became too much for me and I tried to commit suicide. They reacted. I never knew what CAS was about. They helped me. I would not have what I have now for my children if it were not for them. They helped me with housing, my divorce and counselling for me. They had me take drug tests and it was not an issue but I thought just do it because if you have nothing to hide the tests will come back proving this. If I refused this may have been seen as though I was guilty. I took the tests and they proved I was not taking anything. I found the best way to work with the agency was to communicate with them. I followed through with everything with no questions asked. I thought if this is what you need to do to make your life better for the children then do this. I know that some people have had a negative experience but I would not change anything. I would not change how you intervened, what you asked me to do or anything. You have a job to do and you did it. It is a difficult job and I am glad that you were there. ...You know what, I would not have changed a thing. Because you know what, if I was on drugs and I was you know this is one way of dealing with the situation and they catch me they can help me. If I want my kids back I will do anything. When people hide things this is a problem because you are trying to help me. I would not change anything. I would not change any of the questions you asked me, I would not change any way that you went about getting the information. You are doing your job, and I figure you are doing your job not for me but for the little ones and I have to get the results for them. It is

short-term pressure for a while but I will accept that pressure to work with you. That's how I did it.

Another stated,

> We had a good caseworker. She had a bubbly personality, always a friendly smile and took a general interest in how we were doing and how our grandson was doing. She wanted to know about us. She did not just drop us when it was over, she would still say hi (in the community) if she saw us. We have seen her in Home Depot. At anytime she is always up. She is that kind of a person. I would have hated to have a snarly person trying to go through this. You would not get anything out of them. I don't think there would be too many (like that) because you would not last in that scenario for very long. It would be a hard place to work without getting very emotional.

There were examples in which social workers had provided instrumental support: "There have been times that they have turned my heat on too and I needed that because their father was not doing anything. You only have so much to live on and you try to get off the system at the same time." A grandparent, who was grateful that the social worker guided them through a court application process, provided another example,

> During all that time period we had a caseworker who was wonderful. As soon as she found out we wanted him she was all for me. When we were in court she did all the talking, she was great. I was amazed how fast and easy she was able to get things done in court. ...I get intimidated very easily in situations like that because you don't know what to say, you don't want to say anything wrong. Our family

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services worker, worked very hard. No we started with a lawyer and we paid her $250 but then we decided by talking to other people we could do it all ourselves. This was easier and we did not have to pay a lawyer. With our worker's support we got all the paper work we needed and she directed us to the offices we needed to go to. Without her help this would have been a bigger ordeal. It would have been tougher and we would have had to use a lawyer. We would not have known where to go.

The parents generally recognized that social workers had a difficult job. Some participants acknowledged that their behaviour had not always been exemplary with workers who had been trying to offer support. For example one parent shared,

I spoke with the worker and went up one side of her and down the other. I said to her that you are not doing anything. Now they were but I could not see anything. She sat there and took it. I had get out of my house. I left the room and wanted nothing to do with this poor woman. I apologized afterward. I was in denial. I realized it was my daughter who had to make some changes.

Most suggested that the positive comments such as, "I could not do your job and be a social worker" could be made only after some distance of time had elapsed. Generally, the parents believed that they would not have made these comments upon the immediate discharge of their situation. One parent explains why she never called back to tell her workers her feelings: "I have wanted to call a number of workers but I haven't because I just want them to forget about me. I don't want to remind them of anything, I don't want them to hear my name so I don't call them." Another concurred with these sentiments

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and shared, "Once I got custody of my grandson that was the end of the road for that situation. I would not have gone back to say anything."

4.1.1.3 Positive Interventions

This section outlines the factors that contributed to these parents making positive changes in their lives. This study identified the following protective factors: help of extended family, personal ownership of problems, external professional support, and supervised access.

Help of Extended Family One of the first protective factors that influenced the life trajectory of the parents was the help of extended family. When CAS became involved in their lives, extended families were sought out to intervene and look after the children. It appears that families were influential in ways CAS social workers could not be. Families took charge and were able to convince the parent to make changes. One parent participant expressed this point by sharing her experience of caring for her grandchildren. "It got to the point where they wanted us to take custody of the children. I said make changes now or lose the kids. She did. Now she is married and everything is wonderful." Another grandparent stated the only reason for participating in the study was to make the point that CAS should be looking for family first for child placements. This individual shared the devastation at finding out a grandson had been in care for a month without any knowledge.

> The thing I did not like was my son had to sign a contract to leave the child with
> them (CAS) for a length of time and if he took him out Children's Aid would
> have taken him. During this time period I would have suspected that CAS would

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have contacted the family to see whether there was anyone else who would take him rather than put him in a foster home. That is the only reason I agreed to come and talk to you. I wanted to make that point.

Families provided instrumental supports to the children, "They were so afraid when they came to us and once we knew they were staying we got them involved in Cubs and we got them into swimming lessons and gymnastics at the Y." Extended family also played a role in providing visitation between parents and children. This visitation was seen to be positive because it occurred in a less sterile environment than an agency setting. One said:

> Once a week I drop the child off at my ex's and where my son is living now. So they all see the child. They have him for overnight and I pick him up the next afternoon. It works out good for us. He (the child) loves it. He goes over and wrestles with his dad.

Another explained that she used her extended family to plan her will in the event that something happened to her.

> God forbid anything happens to me I don't want my kids separated. My oldest will go to my mother of course and then the two kids would go to their dad because he has joint custody. So on top of joint custody I have a will that sits at my mom's house that says if anything happens to me my son will go to my mother and she will have all three kids initially. She can decide what to do. She can continue joint custody with the father but I made sure that was signed because

God forbid anything should happen to me; he could take the children. I don't

think he would harm the children. I don't know because I didn't think he would

hurt me.

The woman who wrote her will disclosed that she had been abused by her ex partner and

wanted to ensure her children's safety.

Personal Ownership of Problems Parents also stated that as a direct result of

CAS intervention they took personal ownership for their problems. While they admitted

this ownership did not come immediately, somewhere through the process they

acknowledged to themselves that they had personal responsibility for their situation. The

parents shared how they made the transformation. One stated, "I built a home and never

tore it down like a fool." When I asked what this statement meant, she replied,

Not running away from situations or running to a shelter. I have not been abused

in 2 years. The children's father is still in their lives but now if he comes around

and I don't want him around I tell him. I stand up for myself. I am not afraid of

him. I see that anytime a woman gets in a situation where CAS is involved life is

up and down. Their kids are gone and it's too late. She would lose her housing

and everything. It even tells you in songs that a foolish woman tears down her

house whereas a wise woman will rebuild. I found that every time I tore down the

house I lost everything I would have to start all over again. That's all I wanted

was a home.

Another shared that she had to make changes in order to take personal ownership over the situation,

> Stuck with family and threw away my friends. It was my friends that brought me down. Even though I would still talk to them I would not feel secure in the relationship. I could not tell them anything anymore because CAS was finding out because of my friends. Then CAS would ask if I had said this or that and I would say no, and I had but not to the extreme that CAS was accusing me of. I said something along those lines, yes. How would they find out about that if my friends did not tell them?

When the parents admitted there were problems and could see their role in it, they were able to see that social workers were just doing their jobs. Any of the parents who recognized their part in the problem were only able to do so in hindsight. These parents had not been involved with child protection services for over a year.

External Professional Support When the parents felt that CAS was overpowering them it was helpful to have outside support. Legal counsel was cited as a primary source of support when CAS appeared to be heavy handed. One shared:

> Once you do get a lawyer then CAS gets that, 'oh she knows her rights attitude'... I find sometimes that when they would deal with me at first I would sense that this person doesn't think I know my rights. How many teenage parents don't know their rights?

There were other influential community leaders that the participants used to help advocate for change. One woman shared her experience of being placed in a hotel with her children as she fled an abusive partner. She stayed at the hotel because this was the overflow arrangement used by the women's shelter.

> When I was living in the Rose Town Hotel, a shelter in Brampton, people were not sympathetic to my needs. I was treated like a drug addict who lost all her money, and lost her home when I was in a shelter. There were two bars in the shelter. I found out after because I went to the MPP and the Mayor about the situation. My children would see drug raids while I was feeding them dinner. Ontario Works ran the shelter. The government put a billion dollars into the shelter, to shelter children and it was being run by a couple of crack heads. It was a crack environment and there were guns and raids in the basement. This was Rose Town Hotel which was an overflow from the shelter. So when there was no room in the shelter they would put you here. There were 40 beds. My children would see these things; so I just wrote to the Mayor and the MPP one time and said I need out of here right now. After this I had the Ontario Works supervisor call me and ask how we can help. Before this they (Ontario Works) did not set me up with counselling or anything. I was an abused woman.

Some of the parents were resourceful in finding community support to help improve the relations with CAS or improve their living arrangements. One women in particular was an advocate of calling upon others to help fight for her human rights.

Supervised Access Supervised access by CAS was seen as helpful especially in situations of domestic violence or when an extended family member could not cope with the behavioural antics of the parent. One mother succinctly remarked,

> Supervised access was helpful when I was in a custody battle with my children's father. He wanted to see the kids when he wanted to see the kids. I would say you can't just come when it is late and see the kids. So to avoid all that headache it was helpful to have the visits at the center. This way I am not part of it and the worker at the center is responsible.

Another agreed that participating in supervised access was helpful when it was arranged by CAS because it reduced some of the family tensions.

> We were a bit different because we decided when the visits would be. We had to make different access arrangements. Our daughter used to visit at our house but it got so bad that she thought we were stealing her kids. I would drop the children off for two hours and then pick them up. This way I was not involved in any of the arrangements.

While everyone's experience with supervised access was not positive there were instances in which participating in the service was helpful.

4.1.2 Communication Barriers between Mothers and Daughters

It was interesting that many of the mothers discussed their early relationships with their mothers. Many acknowledged growing up with a lack of information about relationships, parenting and general self-care skills regarding body changes. One

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suggested one reason for the lack of knowledge was a social taboo. She described her mother as being "…brought up in a generation that did not talk about it and her mom was probably the same way." This parent empathically added, "My mom was brought up in a group home and at sixteen how was she supposed to know." Another recalled her mother "was always hush hush about everything." Not only did these parents guess at a lot of things themselves concerning puberty they also recalled helping others who were also struggling. One woman shared:

> …a girl who I have known since before she became a Crown Ward and both of her parents where alcoholic, severe where she had nothing. All of the money went to alcohol. They had nothing but a couch and a table. My mother is an alcoholic but she took care of us. We came first before her booze. This poor girl was 12 years old and had nothing. I had to tell her you know what you have a beautiful smile. You have to brush your teeth every day. She was not being taught to brush her teeth. She needed to be taught about hygiene.

On the other end of the continuum were examples in which the parents struggled and fought with their mothers. One reflected upon her relationship as a teenager with her mother. She told a compelling story,

> I was a teenage mother. I had my daughter at 15 and my mother and I have never been able to get along. My mom would call CAS if I did not want to babysit my little sister. She would call CAS and say that I am out in a blizzard and drinking and doing drugs. I have experimented with alcohol but I am not an alcoholic. I have smoked pot three or four times and I have almost died each time and never

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had any in the house, but my mom would call CAS and say I was doing this stuff. For teenagers they have a lot of problems. Teenagers and their parents are butting heads all the time. …Parents say 'I want you out of my house and guess what you are not taking the baby because this kid is perfect.' Now you are the bad guy and they want you out. …CAS comes in and says 'oh you are being so bad not listening to your mother or obeying the rules.'… I think CAS should have made me and my mom go for support. All the people in the house should have to go for counselling. I was trying to be a good parent… I was telling my mother I did not want to be the mother of my siblings. I was also trying to say to her that you are not perfect.

Despite their history, these women were determined not to repeat their experiences with their children. They wanted to break the mould of silence about relationships, sex, and puberty with their children. They described themselves as being open and frank with their children. One suggested, "Now this is the generation that our voices will be heard and our kids will know."

4.2 Professionals' Responses to Parents' Recommendations

In total eleven recommendations (Chart # 4) were made by the parents. These recommendations were presented to two groups of professionals for discussion. While the professional participants accepted all of the recommendations, it was really the first five recommendations that caught their attention. This section will focus on the professional response to the first five suggestions.

Chart # 4 Recommendations of Change to Child Protection Service

		Parental Recommendations
	1.	Have a holistic approach, which includes two workers to avoid prejudiced perceptions & improve worker/family communications.
	2.	Compile a parents' rights booklet for parents outlining: what they can expect from CAS intervention, the appeal processes, the right to ask questions, and guidelines for social worker conduct.
	3.	Cultural Diversity Training for Social Workers.
	4.	Hold fathers accountable for family issues.
	5.	Locate extended family quicker for child placements in spite of parental resistance to the idea.
	6.	Design a program to help teen parents and their parents raise children together.
	7.	Educate young girls early about self respect to avoid future violent relationships.
	8.	Teach parents about life skills.
	9.	Provide information about community resources upfront for parents.
	10.	Create situations where parents can meet to discuss their experiences with other parents.
	11.	Create a membership safe web site so parents, children or youth can chat with others who have been in similar situations.

Figure 4 Recommendations made by parents

4.2.1 Have a holistic approach to child protection service.

In this recommendation parents specifically asked that they be assigned to two social workers. The reason for this was to avoid a situation in which the parent was pitted against a social worker. There were times in which families felt that social workers twisted their words, or that there was a personality conflict between themselves and the social worker. One parent gave an example of how having two social workers worked for her. "When two workers came to the house I did not like the first one because she was the first one to talk to me; so I focused on the second worker. We are now best

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friends." The anticipated outcome of this suggestion was to improve communication channels between the social worker, parent and other service providers. Additionally the caregivers believed having a second person assigned to their family could act as a mediator during times of disagreement.

Professional Response

In terms of having two social workers assigned to a single family the reviews were mixed. There were social workers who suggested they had been advocating for such a system of service for years. One social worker reported, "I am in 100% favour of that all the way, all the way." When I asked for a clearer explanation this person said: "It gives the parent a chance to be heard by the worker they perceive to be more reasonable." This sentiment was echoed by another who suggested, "For the same reasons that have been identified in the recommendation, so you have two sets of eyes, two sets of ears and two sets of ways of looking at the situation. Also for safety…we are walking into the house blindly." Others felt that having two social workers on the same file was good case management service. "We would go out a lot together and it would work well for coverage too. You get to know the other person's case load and feel more comfortable dealing with the families when they call in."

The question was put to the social workers, if this system was so desired, why is it not in place? "If you do it you are enmeshed." Several confirmed that their supervisors had told them they were too involved in someone else's case. While others reported that their supervisors had suggested, "It is not good time management." One felt that "the logistics of assigning two workers was not going to work." One final reason for not

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having two social workers assigned to a family situation was the potential for families to feel intimidated. One professional suggested, "Can you imagine two social workers coming to your door? You would think they were coming to take my kids." In response to the intimation factor one worker suggested, "I think the perception needs to change slightly because if you see two workers and the police then they should start thinking something is up."

The issue of trust was at the base of this suggestion. There were times that parents felt that social workers had taken their statements out of context. Interestingly, one professional summarized this state of distrust between families and social workers within the dichotomy of the Child and Family Services Act.

> The Child and Family Services Act (CFSA) has set up two roles and they are service provider and investigator...To be a service provider...you have to create an environment of trust with the parents. You have to be able to get them to tell you about what is they need, what is the problem that has caused the situation that created this incredibly powerful state organ to step into their lives. At the same time you are writing down everything they say. It is going to appear in an affidavit. When I was a lawyer for parents I would quite candidly tell my client, 'Don't tell them a thing, they are not your friends. They are not there to help you. They are there to take down everything you say and everything you say will appear in an affidavit in court.' What you are talking about is the primary obligation. Why should a parent trust you at all because you come through the door and scoop their kids? Then you tell them here is what you have to do. They

are looking at you like, 'get the fuck out of my house and give me my kid back on your way out.' How do you resolve that conflict?

To assist with this dichotomized state of service this individual suggested each agency have two branches, a support branch and an investigative branch. "The investigative branch is going to interrogate, review, go behind the scenes and talk to third party service providers to collect evidence. The support branch will discuss what caused this problem, why are you here, what services do you need and how can we help you get them?"

Some social workers believed that the assignment of two social workers was already in place. For situations where children are in care there is a built in assignment of two social workers. There is a specific social worker to assist the family and there is a separate social worker to support the children in care. One social worker also pointed out that each social worker has a manager. This person reflected, "There is a manager; so there is your second worker. The workers are not making these decisions independently and if they are they need to be reined in. There is another individual on the file."

4.2.2 Create a parents' rights booklet

In making this recommendation caregivers were hoping a clear document could be created that would explain the following items: what can be expected from CAS intervention, what questions you should be asked regarding service delivery, what code of conduct limits the social workers and, what appeal processes are available. This recommendation was made as a result of caregivers being concerned about the vast discrepancy in power exercised over them depending on their assignment of social worker. One parent articulated the concern by suggesting, "A lot of what they (CAS)

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say is twisted. It is not written down the way you mean it... It would be helpful if someone knew the information inside and out and could talk from a parent's perspective."

Professional Response

There were discussions about the content and then the process of informing parents about their rights. All of the sentiments about the parents' rights booklet were positive. Most of the comments were similar to those of one professional who stated, "I think it is a great idea because I think a lot of people have misconceptions about CAS. There is always this fear about CAS. They are there to help you." There was an acknowledgement that information was fragmented about the services of CAS. For example, one wondered:

> Is there something, for example if you apprehend a child on the weekend which I have done, is there something we can leave with the family if they have never been involved before. At what point does the family find out we have five days to be before the court. Do you know what I mean? I say here is my card and you will hear from someone on Monday...I try to educate them at the time.... They may be drunk at the time or stressed and not able to hear that. Is there something in writing we can give them which would be awesome? So that when we walk away they are left with some information about this is what your rights are, this is what is going to happen, and this is what you can do.

Social workers within the system struggled with the same issue as the parents regarding the need to have a booklet explaining the child protection system.

Professionals acknowledged there are situations that clearly have information available to families. One of the situations in which information is available occurs when a child is brought into the temporary care of the CAS. "I know that for temporary care agreements there is an attachment package that is available, although it is in legal terms." This social worker went on to explain what is included in the information package and how cumbersome it is.

> There is a statement about how to contact your worker for access. There are all
> sorts of parts in the temporary care agreement (TCA) that talk about the rights of
> the child and the parent and the obligations of the agency. It breaks it down a
> little differently. At the end of the day what if I want to complain or withdraw.
> That is the biggest part for parents, what if I don't agree anymore? Trying to
> explain to parents well it says five days and 21 days; so in five you have the right
> to write me a letter. For example if June 1 you write me a letter and on June 7th
> you want kids back. It is a lot to mull through. So if there was somebody that
> could be called upon, maybe not someone who is not in the legal sense but
> somebody that has a good articulation of the process who is willing to talk to the
> parent. Maybe someone who has been through the process and someone a parent
> can call and say I am not sure about this and I don't feel comfortable asking my
> worker.

The new complaints procedure was a second example of information that was available to parents. Despite the fact that this procedure was now in the new legislation, not many of the professionals were sure how it all worked. Some social workers knew that the new

complaint procedure involved a hearing that was chaired by an internal Director of Service and involved a third party community member. So even though this process was supposed to be clear, it was not yet well articulated to the staff.

One participant suggested that even if you have a booklet this will not deal with the issue of personality conflicts.

> The only thing missing from a booklet might be that if you truly felt there was a personality clash. If we go through a booklet you are still going to be met with resistance when it comes to making that complaint. I wish in all honesty people could say it is you and me and we have a personality conflict. I think you will still meet with resistance when it comes to filing the complaint. Who will try to solve it? Then it will go to a director but it feels to me that it is always left to the parent to suck it up and deal with the worker no matter what because they are going to support their team member. I wish there was a way that this could be changed. I don't feel if I butt heads with someone and stand my ground, the parents should have to deal with it alone, and there should be a neutral third body…. I still think as a parent if I was butting heads, I feel like I should have the right to say I want someone else. I am prepared to work it out but for God's sake give me someone else.

This individual was articulating the need for the child protection system to understand that personality clashes are a legitimate complaint and that families should have the right to ask for a new worker. "There are people who have personality clashes and they should have the right to say I really don't like you; so working together will not be helpful."

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One social worker recalled the struggle that occurred when the agency wanted to create a rights booklet for children in care. Individual social workers apparently argued that the task of creating a booklet was too overwhelming because there was so much information to share. The question became, where do you start to discuss the rights of a child in care? This person recalled the following experience of writing the rights booklet for children,

> I certainly can remember the trials and tribulations of getting the child's rights into a book. The argument was that there are so many rights and so many ways of writing it, it was not possible. Well we finally did write it and the children get a book. The child can read it and understand the complaints procedure. So why don't we have a flyer that is written with workers and families about what it is like to be involved with the CAS. Just some kind of a booklet and keep it simple.

Several suggested one of the ways of simplifying the daunting task of writing a parents' rights booklet was to consult with parents who have been through the system.

The professional group believed there was merit to having parents be trained as advocates to help other parents through the process of CAS involvement. One social worker felt it would be advantageous to have parents or a community member talk with parents involved in child protection services. This person remarked:

> Having an advocacy person that we can say is volunteering their services in the community who is totally neutral but has an understanding of the Child Welfare

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Act and can answer parents' questions would be wonderful. I don't know legally

how this would fit...but process wise it would be helpful.

There was discussion about the parent's right to understand informed consent. Did a

parent have the right to refuse to disclose information and if they did refuse what are the

consequences to them? One suggested,

> Essentially when a client is asked to sign a release of information they will sign
>
> consents under a TCA (Temporary Care Agreement) to allow CAS to deal with
>
> service providers and get information. That has always struck me as odd and that
>
> has been my argument. Why would anyone who has to attend a drug counsellor,
>
> doctor, therapist, sexual abuse counsellor, psychologist, or psychiatrist, sign
>
> anything to allow the person they perceive to be on the other side of the equation
>
> information that is going to cut the legs right out of the treatment right away?
>
> They will stop talking to their counsellors; they will stop talking to everyone...I
>
> understand the need for information but this need is going to completely curtail
>
> someone's recovery. It seems to be a self-consuming request that is just going to
>
> set everybody up for a long litigation.

One of the parents agreed with the paradox of consents, "This is what I have been trying

to say. People will not say anything because they know it is all going to CAS. They will

pretend everything is alright." Social workers then debated the merits of a risk

assessment in the absence of information. An outside counsellor suggested that social

workers ask for progress reports only and trust the service provider will fulfill their

obligation of duty to report if there are any issues.

What makes the issue of parents' rights so complicated and daunting to explain is the fact that individual circumstances may cross several legislative statutes. The rules of conduct and disclosure are not always consistent with one another. One professional shared an interesting twist that at times the legal community will use the threat of CAS to prevent a potential surety from posting bail. This person's point was that even if the CAS makes the best attempts at explaining the process of involvement, the support services they offer, there are other forces that can sabotage the agency's positive profile. This makes the understanding of personal rights in child protection difficult to comprehend. An example of how legislation can be used against families was demonstrated in the bail hearing process. The following story was shared,

> The Crown will very often, especially if it is a woman with children at home, say 'are you comfortable with the fact that someone may need to call the CAS because what you are saying is that this person who is a criminal will be living with you.' The purpose (of the statement) is not about community service but rather an attempt to disqualify the person. The point is that we see that echoed in other parts of my consultation with people. People who are living in the economic margins of our community also tend to be the clients of the society and Ontario Works. What happens is they are used as weapons against one another. You pissed me off so I am going to call about your kids even if there is nothing wrong, but you will have a social worker. So the perception that CAS can be used as a weapon not only amongst the clientele, but also from professionals such as the crown's office is real. They use the threat of duty to report not for the intended purpose but to disqualify a surety.

As this last example illustrates, it is no wonder that families are not always sure where they stand with CAS if, in fact, the legal community uses CAS as an intimidation tool.

These professionals suggested that despite what information maybe available, its dissemination was not equally applied by each social worker. One social worker acknowledged that it is a professional obligation to share as much information as possible with the parent.

> I would like to think that there is a lot more responsibility that could be placed on workers. I am reading what's available so 1 am not tainted by it at all. This is what my obligation is anyway. So by sharing this information it is not going to hinder the process. I believe it comes back to the worker to explain the process and say you need to tell your families it is their right to know.

It appeared that the professional response to the suggestion of a parents' rights booklet was positive. In fact several concluded that the booklet could be written as a team approach by "Asking parents what they think would be helpful to know." Professional participants also suggested including a consult with a lawyer and a literacy expert.

4.2.3 Cultural Diversity Training for Social Workers

Parents spoke strongly about the need to hire a more culturally diverse work force in child protection and secondly, the parents felt social workers lacked knowledge in the area of cultural diversity. One parent suggested that social workers take courses in anthropology. It appeared that the parent participants were tired of being the ones who

had to explain any cultural differences concerning parenting practices. As one parent suggested,

> I don't see a lot of black workers and I have a African American daughter. If I started talking about the Rasta religion the worker is going to say what? I should not have to explain my culture. She should have to understand where I am coming from.

Aside from gaining knowledge about diverse cultures, these parents were also hoping that social workers would appear less morally righteous about multi-racial family compositions.

Professional Response

The recommendation about cultural diversity created a great deal of discussion among the professional participants. Some of the initial responses to this recommendation suggested that workers could not possibly know everything about every culture. One questioned,

> I wonder what the spectrum is, not to be negative about the issue because I do believe that having cultural sensitivity is important. What scope are we talking about? I don't have the time to go to training to learn about specific cultures. Is that something we should take on our own? Our agency has been sensitive to the Native population. I don't know how I can be diverse to every possible scenario and maybe that is not what is being asked.

Others concurred that becoming culturally sensitive was a large commitment. One believed the request to have workers conversant about diversity matters was "...fair enough but the reality is in our community there are potentially a hundred cultures so one person can't be an expert on every culture."

One professional examined the recommendation of culture through a filter of power. To this person culture was not just about knowledge but it was about how culture is interpreted in making child protection assessments. The person described the following situation concerning an issue of child neglect.

> The situation especially for child protection where you go into someone's home, you have almost all the power. More or less they are sitting there waiting to hear what you have to say. You are either going to say yes or no to keeping their children. You have to create the environment where they feel safe enough to tell you why they did things a certain way. One example where a file had been transferred from a worker and the previous worker raised the issue of the child having no attachment. The child was left and had a flat head in the back. We went in and I thought what is wrong with that? I asked the interpreter and this person asked the parent. She said that is the way they do it and that is the way that I know. There is a tribe from my background that we identify them by the shape of their head. They believe the best way to place the child is on the back to create the identity. As soon as you see the shape of the head you can tell exactly the tribe they come from. Without asking the question the assumption was the child was left. You need to create that room to give the parent permission to have

the parent tell you the alternative. Other than that we are going to foster the point we are judgmental if we charge in like that and come to the conclusion this is what was done to the child.

This comment was a wonderful example of how one situation can be either believed to be child neglect, yet with a different cultural lens it can be interpreted as tribal identity. One person suggested that there is increasing pressure on social workers to be culturally literate and know more about a lot of issues now more than ever. This same individual suggested, "I think we need to say to parents I am not an expert so help me understand so when I make decisions I will know. We also need to be respectful about it. If you do not know own up to not knowing but be respectful of people's wants and wishes."

One comment suggested that culture diversity is partially about training but it is also an opportunity to become critical thinkers about difference. This individual challenged the professional group to consider cultural understanding was not only about gaining as much knowledge about as many cultures as possible, but rather change the lens through which you judge family actions. This individual shared the following commentary about culture and social work practice in child protection.

I don't think that you are conscious about a comment you made. When you made the comment you don't have the time to go to all the training. This is a very negative image to give out to someone who is different. What you are saying, is minimizing their situation by that comment. I go to training about domestic violence; I have not been exposed to it. I go to training for other things. As soon as you say a thing like that you are minimizing the person's situation. Just be

mindful of that. When it comes to diversity there is no way that anyone can go around and become familiar with how all these things should be done. It is a training to give you a view that there is another way of doing things other than your way. People do things differently in their context as opposed to yours. How best do you deal with the differentness of the other view? Personally what I tell people— the best way to deal with the other view is to ask the other person. I do not know in your situation what do you or will you do. The other person will give you the information. Then you can say this is the bottom line. The question is how do we blend the two? So you are open, you give yourself the open-mindedness to see how best you can work with the person of the other view. …The interpreter gave an example of a parent putting the child in the room and other people came in and this child was open to anybody. They thought it was because this child had no attachment to the parent. I said this may not be the case there are other cultures where this child could be exposed to large extended families how many uncles and aunties and cousins and what not. Therefore they do not have the same inhibitions to strangers as someone who was raised in a different context. You need to ask why this child is so free with everyone and you need to assess it. It is this way of thinking that there is a different way of doing things other than my way.

It would appear that cultural diversity training is a complicated matter. As this topic elicited very strong reactions from both parents and professionals this is an area of joint planning in the future. The following question was posed to the professionals concerning cultural training, is there a role for families to become trainers? The responses to the

question of parents assisting child protection workers understand cultural diversity was well received by the professional group.

4.2.4 Hold fathers accountable for family issues

Several of the mothers believed that women and men were held to different standards of accountability when it came to the protection of the children. The recommendation was for CAS social workers to speak with male partners about their role in the family dysfunction. More importantly the mothers wanted their male partners to enrol in intervention programs as they were expected to.

Professional Response

The professionals believed that they were holding fathers to equal standards of accountability. Some suggested, because of confidentiality issues, it might seem that they were not holding the male counterparts as responsible. This new examination of responsibility was explained by a social worker in the following manner,

I think what is missing is we do not always convey what we are doing with the other half of the family. There are parts of our work that we are not at liberty to discuss. There should be an expectation that everyone is accountable because they are all accountable for the children. We are limited at times about what we can share... In this one case it is a recent separation and both sides of the family saying you are not telling them what they the other side is doing. They say I am telling you A, B, C about him/her and you are not telling me anything about him/her. I say it is not your business what I decided to say or do at the other end

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but feel assured that I have addressed it. I am not going to give you information so you can go to your lawyer and throw it all in the mix and vice versa.

The explanation of apparent inequity in social work expectations needs to be described instead as a lack of transparency due to regulations surrounding confidentiality.

Another social worker suggested that perhaps there was some gender inequality at play by virtue of how the files were opened. This worker commented that until recently all of the complaints that come to the agency were listed under the mother's name even if the call was specific to the father. An example of this gender specific practice was provided. "Now if the complaint is about dad, then the file will be opened under his name. If a report comes in that says that dad hit Tommy with a belt traditionally the file would have gone under mom. Now the new legislation states the file should be open under dad."

There was one example cited that suggested that a father experienced the CAS as being too supportive of his wife, or rather "too mother" supporting. The social worker who recalled the situation explained, "Strangely enough in the last two weeks we have met fathers who have said you expect us to do everything and you [the workers] are too mother sided." When I asked if this reported situation was the norm, the social worker acknowledged that the situations were atypical and generally "…we hear more often that fathers are not being held accountable."

4.2.5   Locate extended family sooner for child placements

From a caregiver perspective the recommendation to find family placements was quite compelling. One parent was adamant that the only reason for participating in the study was to convey the message to social workers that children should be placed with family immediately. This person's wish was for the child to be spared the agony of going to strangers. The following explains this person's passion about the issue.

Look for family right at the start instead of having to go through all the rigmarole of foster care. It would save families and probably a lot of money too. Foster care is probably very expensive… I do not know how much resources they have. You have to throw something like that into the fire and get working on it. They have to get people out on it… They should contact everyone in the child's immediate family and find out if there is a placement.

The expectation from this individual was simple, leave no stone unturned when it comes to the continuity of family care for a child.

Professional Response

It appears the timing of this recommendation is on track with the new child welfare legislation. The majority of social workers were in favour of this suggestion. In fact the professional participants said that looking for family placements was their preference; however there used to be barriers that prevented the search. One said:

Under the old legislation we could not ask any family members about a placement if the parent stated there was no family but now we can… Previously parents

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could say you can't contact my family. We couldn't call the family. Now we can call Aunt Betty and ask if they are interested in looking after the children. Now families can choose if they are able to care for the child not just the parent saying, no, we can't call.

Parent's refusal to allow social workers to contact extended family was not the only reason why family was not contacted early in the court process. One professional shed the following insight as to why some family members may not have felt they had the right to intervene and ask for the child to be placed with them.

Under the old legislation one of the perceptions you used to get, that a society took a child in care and someone would say is there a father involved or is there a grandmother involved? The perception used to be, well, the child has been in care and a protection application is before the court. So if they are going to find out they will find out. If they are interested they will put in a plan of care. There has been a shift to actively seeking families out from the passive thinking, if they are interested they will make an effort. What I found in court often as parents' counsel is parents will also take on the same template. My son or daughter has been taken into care and you ask is there anyone who can take the child instead of a foster parent? The parent often says I don't know because no one is stepping forward. No one seems to matter or no one seems to care. I think there is very much a feeling that once the child has been taken into care there is a stigma and it almost engages a quasi-criminal situation. There is shame or a feeling that because of the shame that my family, my mother, my sister will not help me

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because I have screwed up and this is my punishment, if you will, or my thing to go through. I think there is this patina of guilt that you get that is very similar to criminal guilt... They were giving it up at the get go... They [extended family] did not feel they could because they did not get served any documents. They are not involved in the court process. They did not think they could come forward. They assumed once the child was apprehended they were locked out of it.

The approach to locating families has apparently changed and now the expectation is that family, the child protection agency, and any extended family together will plan for the child in question.

One of the ways that active joint planning is occurring is through a process called Family Group Decision Making (FGDM). This process has been described in the following manner,

Very recently I have been involved in the family group decision making process and it is working. The child has been in care for one year. Miraculously the FGDM facilitator managed to find all sorts of family from the woodwork and you know, neighbours. What we have is two drug dependent parents who were clear there was no one to look after this child but now all kinds of people available to look after this child. I see this point is very, important. It is very positive and family oriented...They try to keep to it down to two workers that is the manager and the family worker— so that it becomes the client determining what is going to happen to the child. It is very much the focus on the family deciding what is going to happen to the child and how the child will leave our care and be returned

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to family. The process [took] six hours. The entire six hours was the family and the extended family deciding what is going to happen to the child and how it is going to be done. Obviously we gave pretty clear messages about the bottom line. Now what happened in that meeting was lots of crying, lots of happy joy, people coming out saying thank you to the workers. We received lots of thanks from everyone for something that has been very difficult for the last 12 months. I know the new legislation is very hard. Emotionally I am feeling it because there is a lot of pressure on workers. Seeing what is happening with Family Group Decision Making, I say bring it on! Let's get more and more of that...I think it will answer lots of questions that families have because it is geared to families.

To demonstrate how family focused the FGDM process is someone who participated in the event made the following observation.

And the interesting thing that I saw was great aunt someone or grandpa take charge. They said you need to make some changes; here is what needs to happen. I sat back and watched and thought, 'Wow'. The whole family was making decisions about how the parent needed to change, what should happen and how it should happen. They identified what changes need to happen. It was amazing to watch.

Not everyone who participated in FGDM process was as enamoured with the practice. One worker was honest enough to admit the difficulty in having to share the power of decision making with families.

There was one comment [from the findings] that you presented that if you left

well enough alone the situation would have sorted itself out and I think that the

FGDM shows that process in action. It is hard. It is my first time with FGDM to

step back and say, 'You guys make the decision about what is going to happen

with the family.' That was very difficult, when in fact I could not have come up

with a better plan. It may have been in the back of my mind. It is nice to see that

happen.

Another social worker felt that families are at times pressured into finding solutions that

they may not be ready to accept.

My experience was absolutely unpleasant from start to finish. I think we should

always know the bottom line. Everyone should know what the bottom line is and

it should be negotiable. Things change by the hour, day or minute. If we are

going to write it in stone than you can't be flexible when the changes occur. I

think the process is too rigid... In my particular case the family was not given an

opportunity to withdraw their participation. They were contacted and were told

that it was an expectation that they participate. This is the date. It was wrong;

people should be given an opportunity to say I am not comfortable with this.

The parents themselves have expressed concerns with the FGDM process. Reportedly

one revealed,

They don't have the support systems that most of us have that we can turn to

because of addiction problems. There is a lot of wear and tear on families. They

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are concerned about the child but can't parent the child of the drug dependent

parent. It is too hard on the family. This is what the extended family has been

telling us. It is not that they didn't want to; it is not that they did not want to

come forward. It has just been very hard on the family dealing with the addiction.

Despite some drawbacks of one particular family inclusion model (FGDM) the

professional participants all agreed that there was a need to involve parents and extended

family in the solution process. As one professional commented,

It will be so nice. I have done 15 trials; so if we can get out of trials and do the

right thing. At the end of trials we always have a polarized situation with parents

feeling they have lost and the agency has won, when that is not supposed to

happen. I am really, really happy to see this coming forward.

The professional participants generally supported doing things differently in service

delivery. Current legislation facilitates such thinking.

4.3 Summary

This chapter revealed the findings of the parent participants. There was a balance

of both negative and positive comments made by parents about the service they received.

Parents suggested eleven recommendations all of which were supported by the

professional participants. These findings suggest that parents and professionals in this

study are like-minded in terms making changes to the child protection system. Further

the study findings suggest there is a need for social workers and parents to continue their

discourse about the protection of children. The next chapter discusses the interpretation

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of these findings, considers the implications of the findings from the current study in light of existing participatory research in child protection, discusses the limitations of the current study, proposes recommendations for future research and calls to mind considerations for an empowerment model of child protection.

Chapter 5

5.1 Discussion

"...It is only recently that service users have been able to mount an effective change to dominant discourses. Social work and social care are probably at the leading edge in involving the perspectives of service users. They are certainly more advanced than some other academic disciplines...however, there is still far to go" (Beresford, 1999, p. 5).

In this chapter the findings, the literature review and the ideological and theoretical lenses of the study have been coalesced into a line of reasoning by which one can discuss the need for change in Ontario's child protection system. The discussion chapter concentrates on the implications of change at three levels of practice: micro (worker), mezzo (organizational) and macro (broader society/structural). Details of the study's limitations are found in this chapter. The chapter includes a discussion about anti-oppressive practice and the need for families associated with child welfare to create their own body of research knowledge.

5.1.1 Overview of significant findings

The two questions explored in this study, as well as the participatory process used, created an opportunity for me to experience a dimension of child protection work that is both enlightening and empowering. I was able to move beyond what seems to be the dominant thinking in child protection that parents are 'cases' requiring interventions, to experiencing parents as partners and research colleagues. Working side by side with these few parents has taught me how inattentive we are as child protection systems to creating opportunities for the parents we serve to be included in the various aspects of

practice and policy. I have learned that they, similar to the professional participants, have

experiences, knowledge, and ideas that can make significant contributions in addressing

the many challenges associated with child protection work. The professionals involved in

the study attest to this given their agreement with the recommendations suggested by the

parent participants. Although it is espoused within the child welfare system that parents

should be partners and included, this study confirms for me that the inclusion does not go

far beyond rhetoric. The data raises critical questions for consideration and further study

in terms of child protection policies and practices. The current climate of transformation

in Ontario's child protection systems is opportune for these questions to be posed.

5.1.2 Power sharing in child protection work

Grappling with the relational aspects of power is difficult for those who aligned

themselves with value of caring (Mullaly, 2007; Swan, 2009). At times, whether we

recognize it or not we can find ourselves as either being oppressive or suffer an injustice

as a member of an oppressed group (Mullaly, 2007; Strega, 2007; Swan, 2009). Naming

and unveiling oppression always means coming to terms first with how we contribute to

and benefit from the very obstruction we are attempting to extinguish (Saulnier, 1996;

Strega, 2005b; Swan, 2009). Our personal journey towards understanding the concept of

oppression is not a reflective activity performed once, but "rather a daily commitment if

we hope to work anti-oppressively" (Swan, 2009, p. 194). Speaking personally, I had

dabbled with an abstract understanding the concept of social location in the past but it

was not until I formally and honestly recognized the benefits of membership in the

mainstream dominant group of middle/upper class, managerial, professional,

heterosexual, waged, person without disabilities, service provider and under 60 years of

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age, was I able to see how the others were marginalized and excluded by non membership (Dumbrill, 2003; Swan, 2009). Acknowledging that I personally or the agency I represent intentionally or unintentionally contributes to oppression of others is an uncomfortable process to engage in because it creates an existential crisis. However it is only through this process that one comes to understand the tangibility of social location (Brown & Strega, 2005, Swan, 2009).

In order to reclaim a stake in the structural issues that effect the lives of families that come to the attention of the child welfare system social workers, child protection organizations and social policy makers need to cultivate a culture that promotes anti-oppressive practice. At every level the structures, philosophies and language needs to be challenged. This is a time consuming process but can be harder in hostile environments such as child protection work. While it has been argued that it is the social worker's responsibility to create a positive helping relationship, it is not the sole responsibility of the social worker to create an anti-oppressive work environment. As suggested by Mullaly (2007), both the worker and the organization have a collective responsibility to work within and outside the organization. It is the collective responsibility that starts with the leadership of the board of directors and trickles down to the frontline service delivery that creates openness to sharing power with service users (Lopes & Thomas 2006; Mullaly, 2007; Swan, 2009). You cannot have an anti-oppressive environment without the readiness of the organization and social policy makers (Strega, 2007; Swan, 2009).

There are steps that organizations can take to prepare for the duality of child safety and shared power. Swan (2009), Mullaly (2007) and Lopes & Thomas (2006)

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recommend a reflective and critical thinking approach to power sharing. They make the following concrete suggestions about ways in which organizational change can occur:

- Organizations need to hire staff who understand anti-oppressive practice and the need to involve service users in child protection work

- Co-author (professionals and service users) agency policies that acknowledge the value of service users as partners in child protection work

- Examine the language and structure of the social policies to ensure they are reflective of the service users

- Boards of Directors can create indicators of success in addressing share power and annually review them as part of an appraisal of an executive director

- Join collations that represent the issues faced by service users such as anti-poverty, quality child care, equal rights for gay, lesbian, transgendered individuals, homelessness, parental rights, or access to education

- Frontline social workers and managers can use reflective exercises to deconstruct the many taken for granted assumptions and beliefs that constitute our own world view

- Managers can use supervision as an opportunity to reflect on the ways in which service users have been meaningfully included in planning

- Clearly understand your organizational mandate, which in this case is to protect children from abuse and neglect

This list is not exhaustive but rather a starting position for organizations to dialogue about the work that will need to be undertaken if there is a sincere commitment to create meaningful room for service users. The scope of critical change is beyond a simple one

time training session (Lopes & Thomas, 2006). It is necessary for the leadership in organizations to recognize the ways in which power operates in the structure of service delivery before a meaningful place for service users can be legitimized (Mullaly, 2007; Swan, 2009). It is essential to understand that the creation of a collegial relationship between service users and professionals requires a multi-pronged approach one of which is the organizational commitment toward citizen involvement in delivery of child protection services.

5.1.3 Implications of the study for anti-oppressive practice

One should consider the implications of standardized practice against anti-oppressive practice. Can there be harmony in these two seemingly dichotomized approaches (Dumbrill, 2003)? The answer to the question of duality in child protection is yes. However, I would be remiss if I were not to mention that inherent in this approach is the potential for misinterpretation of anti-oppressive practice and create a risk to child safety. It is incumbent upon a social worker not to loose sight of the primary obligation to child safety in this approach. Parents in this study did not recall needing more control. What they wanted most was to be heard, to have a chance for change for their children, and to find a way to counterbalance the professional power exerted over them. They wanted help with housing, life skills, racial equality, and a connection to others who had a similar experience. The parent participants wanted to have their rights explained more clearly. All of the parents' desires through the child protection experience suggest a need for an anti-oppressive approach to practice (Campbell, 2004; Dominelli, 2004; Potts & Brown, 2005; Strega, 2005a; Swan, 2009). Parents in this study needed personal help, structural changes, and someone to listen to them in order to meet the challenges of

parenting. This study highlights the need for further engagement of parents with social workers to create structural change. Parents and social workers in this study are in harmony that change needs to occur. The question now is whether there is commitment to follow through with more of this research and work? Perhaps conviction to social justice is the first step that will encourage change both in the research process and child protection practice. It is more likely that significant change will occur as a result of social workers honestly answering the question, who benefits from parents not having a voice in child protection reform?

5.1.4 Implications of the study for child protection practice

The parents in this study, although mandated to be involved in child protection, have not been actively involved with any agency for over a year. They were successful in bringing about the necessary changes in their families and lives where risk factors were replaced with protective factors. They had many positive comments to make about the services they received. Such comments are often not heard by social workers, yet as stated by one worker it is very helpful,

> ... it is good to hear that you have some parents that found some positive things to say. If there is any way that those parents could give those comments to CAS because personally it would be good to know what I am doing right. I struggle with not being sure about the impact on the families I am working with because you do not get that feedback from the families. Just last week one staff member here was having a conversation and she asked how CAS workers measure success. I told her it was hard to know because you don't have families

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coming back. For me, my judgment is examining myself and asking have I done

my best for the family. In four years I have only had three families that have

given me positive feedback. If that is what I have to go by that is very

discouraging. If there is anyway for families to give feedback to us that would be

very helpful.

Of interest is that the parents indicated their desire to provide feedback with respect to the

services they received but refrained from doing so out of fear that their comments would

be held against them. This is alarming. One has to question whether social workers are

aware that this fear exists. What is taking place within a working relationship where

parents have this genuine fear of reprisal? Of significance is that this fear is being

expressed even when the feedback is positive. If a parent should wish to challenge a

worker in any way or to express a criticism, then one can only assume their fear would

prevent them from doing so. This obviously suggests that parents do not feel they are

partners in the intervention process where their views and opinions are valued. What does

this suggest about practice? What does this say about the quality of relationship between

parents and social workers?

There is consensus in the field that "the quality of the helping relationship is one

of the most important determinants of client outcome (de Boer & Coady, 2003) and

research has consistently shown the worker-client relationship to be a key component in

change processes" (OACAS, 2006a, p. 12).   Relationship is fundamentally important in

social work practice (OACAS, 2006a) and can only take place where there is trust,

respect, and caring based on genuineness. If parents are fearful, can it be implied they do

not see the interventions in their lives as having these relationship elements? The input from the parent participants suggests this is a critical issue for them that requires being addressed. The professional participants equally see the importance of addressing this issue.

For example, the parents expressed the importance of them having a larger say in their child's intervention plan. Their suggestions are supportive of Ontario's move to introduce the Family Group Decision Making (FGDM) as the preferred process for dispute resolution. The FGDM process is centered on the philosophy that "families are the experts on their own children and no one knows a family's strengths, needs and problems better than the family" (OACAS, 2006a, p. 14). The parents, supported by the professionals in the study, see this as a positive move in recognizing the valued contribution parents can make. Similar to the processes in this study, FGDM creates an opportunity for parents and professionals to come together with their collective talents, skills, and experiences and collaborate on what is in the best interests of children and their families. The move to FGDM implies the importance of preparation, not only for professionals but equally for parents. What processes are in place to introduce parents to FGDM? What needs to take place so parents can see FGDM as a positive intervention where they do have the freedom to express their views and opinions without fear of reprisal? Comments made by the parent participants in this study suggest that fears of reprisal are very real for them. Hence an important dimension to implementing FGDM is for parents and professionals to come together to dialogue on ways that are acceptable to them to facilitate the process. Based on the experiences of the parents and professionals in this study this coming together has merit.

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Another example is reflected in the suggestion by parents about the possibility, in the initial stages of intervention, to be exposed to two social workers rather than one. At first glance this suggestion appears to be contraindicative to the stories of oppression and misrepresentation by parents. One would naturally assume if the impact of one child protection social worker was overwhelming to a parent, than doubling that power would be immobilizing. However, for the parents who had experienced the assignment of two social workers the effect was quite empowering. Parents felt their chances of fair representation actually increased by this team approach to child protection service. A similar phenomenon was experienced by the social workers who co-managed family situations. What does this say about professional accountability? Is the power divested to individual social workers in child protection so overwhelming that we need our colleagues to help regulate its potency? Consider the magnitude of powerlessness parents feel when they believe a strategy towards equality is the constant presence of a mediator. Again this recommendation raises the issue of trust or more accurately the issue of distrust within the helping relationship. For social workers this is a significant learning lesson. We cannot image the weight of fear that rests on the shoulders of parents despite our empowering approach. On a positive note the proposed team approach is a palatable idea to both parents and social workers. How can the social work field leverage this finding as a best practice approach to relationship building within the current climate of efficiency, accountability and volume production? One method would be to include both social workers and parents in the development of outcome measures of child protection work. Parents and social workers together could articulate the relationship conditions that lend themselves to positive parenting and child outcomes.

Women in the study were also trying to find a voice of equality when it came to parental accountability for protection of children. The mothers in the study passionately recounted stories of women being over represented in the child protection system and how absentee fathers are not held accountable. Their sentiments are echoed in feminist research that suggests that child protection work is a gendered issue for both families and staff (Nixon, 2002; Scourfield, 2001; Strega, 2005a; Swift, 1998; Tronto, 1994). For some the issue of why women appear at the foreground of child protection is simple. "They can not afford child-care, house-cleaners, professional counsellors, summer camps and holidays away from their children that economically advantaged parents can to assist them with parenting. Many times they cannot even afford food" (OACAS, 2006a, p. 60). However, for others the issue goes deeper than that. There is the illusion of choice for mothers in situations of domestic violence; physical or sexual abuse perpetrated by their male partners (Nixon, 2002; OACAS, 2006a; Strega, 2005a). It appears as if women have the choice between

> …partner and children, between income and poverty, between predicable violence
> and unpredictable violence and they must make their decisions at a time when
> they are most vulnerable and least informed. The impact of all of this is clear:
> children suffer because their mothers are assigned their care yet do not have the
> power to provide for or protect them (OACAS, 2006a, p. 60).

The issue of engaging fathers in child protection service continues to be an area requiring attention. It was an area that both social workers and parents were in agreement about addressing. Simplistically men are viewed by social workers as fathers or perpetrators

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(Scourfield, 2006). As a field we have not figured out how to balance the predicament of paternal disengagement in relation to child safety. By default the literature suggests (Nixon, 2002; Scourfield, 2001; Strega, 2005a; Swift, 1998) and the parents in the study agree, in the majority of cases child protection social workers hold women responsible for their male partners' actions. Additionally, child protection social workers have also relied, where applicable, on the criminal court system to deal with absent men (Featherstone, 2006; Scourfield, 2006).

What are the implications and opportunities for service delivery of taking a more active approach to engaging fathers? Consider the paradigm shift that would occur by adopting a philosophical position that recognizes, "Men need to be regarded as core business…and this needs to become institutionalized within services…We have to see men as both risk and resource for women and children and avoid 'either or' approaches" (Scourfield, 2006, p.446). Of interest more men have reportedly participated in strength based family conferences rather than the traditional case management approach to child protection services (Scourfield, 2006). More importantly the male participants "did not dominate the process as some feminist commentators had feared" (Scourfield, 2006, p. 447). One can presume that the newly appointed FGDM process in Ontario could be one of the likeliest places to engage men in child protection services.

These are examples of the importance of hearing the voices of parents with respect to practice. Parents and professionals alike see the importance of having this voice. Agencies also acknowledge the importance. However there are barriers. For example, social workers in the study acknowledged attempts for agencies to hear from

parents through surveys did not realise any positive outcomes due to the extremely low rate of return. The professional participants indicated the surveys that were returned were from individuals satisfied with the service. This is not surprising given what parents expressed about their fears of reprisal. That surveys were not received expressing concerns with the service is telling. It is clear from research and literature that parents have expressed many concerns with child protection intervention (Barter, 1997, 2004b; Cameron, 2003; Dale, 2004; Wharf, 2002). For example, parents feeling overpowered with the degree of intrusion (Wharf, 2002); parents concerned about the risk assessment process and how they feel it devalues who they are as individuals (Cameron, 2003; Dale, 2004; Dumbrill & Maiter, 2004), and parents being excluded as full research partners (Vander Stoep et al., 1999). Child protection agencies and their workers are aware of these views of parents and the less than positive image of child protection within the public eye (Barter, 1997, 2001; Dumbrill & Maiter, 2003; Prilleltensky, Peirson & Nelson, 2001; Waldfogel, 1998).

5.1.5 Implications for organizational change: parents as resources

The child protection field has much to gain by considering parents as individuals with competencies that could influence social work training curricula, solve human resource issues, improve the public image of child protection work, and generate intervention strategies beyond parenting classes. Data suggest four ways in which agencies can tangibly include parents as resources to improve the quality of child protection service delivery.

(1) Parents as human resource colleagues: For example, organizations could use parents to conduct exit interviews with other parents leaving the child protection system. This study and Cameron's (2003) suggest parents are more likely to discuss their experiences with other parents rather than professionals. Parents could work along side human resources staff to receive exit interview training, data collection procedures and be influential in forming the questions. The primary goal of these interviews would be to understand how parents experience the child protection system by asking questions about the prevailing weakness and dynamic strengths of an organization. Organizationally, this data have the potential to reduce parent complaints, create new service programming, influence staff hiring practices, and set a true collegial culture in the work place. Parents interviewing parents is a strategy, similar to that used in this study, that would help counterbalance the sense of power over parents of child protection workers, thus creating a safer environment in which to freely speak.

(2) *Parents as training colleagues*: Parents in this study strongly voiced the need for individuals to understand their rights in relation to the child protection system. Child protection agencies could establish orientation sessions for newly involved parents run by parent trainers. This could be a forum in which parents ask about legal representation options, cultural diversity accommodations, parent- social worker relations, social work code of conduct and expected service standards. The child protection system has orientation training for new workers, new foster parents, and potential adoptive parents. The question to be asked is how can exited parents be a support to new parents regarding such a complicated system as child protection? My experience with the facilitation team in this study suggests parents want to be more involved in helping other parents navigate

such a complex system. Professionals in the study concur that parents would offer a different lens through which to explain the child protection system.

(3) *Parents as marketing colleagues:* The public image of child protection work has been brandied as bureaucratic, obstructive, and impermeable. These negative stereotypical images can be attributed to the public coverage of child deaths which have come to epitomize the work of child protection (Lawrence, 2004; Waldfogel, 1998; Wharf, 2002). Powerful images of child protection work as caring, responsive, and supportive to families have been overshadowed by the publicity of extreme situations. This is where the social work field has been remiss in not leveraging the sentiments of empathy, compassion, and respect that parents and professionals alike have for social workers in child welfare. Child protection services have not capitalized on the voices of support that could create a positive social marketing campaign. If social workers, parents and public relations companies team together different messaging about protecting children could be created. Through this current study and the work of Cameron (2003) the mutual self-help model of parents helping parents is one of child protection's strongest allies. The success of this approach can be transferred to a pubic image campaign that reflects a supportive model of child protection. The voice of parents in such a campaign would force an examination of congruency between public image, social policy and social work practice.

(4) *Parents as research colleagues*: This current study and others (Cameron, 2003; Dumbrill & Maiter, 2004) demonstrate there are times and conditions under which parents and professionals can and should work together towards the common purpose of ameliorating child abuse. The adult mental health system can offer child protection

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some guidance when it comes to using parents as research colleagues as this sector has

successfully operationalized the adage, nothing about us without us (Beresford, 1999,

2003, 2004). If social work does not undertake the practice of collegially involving

parents in processes we will continue to speak about parents, or for parents, instead of

with parents. This study created an aperture through which I was able to see parents in a

different light. It is what Hart (2002) coins as the difference between having information

and knowing something. Before I started the study I had a superficial understanding of

the PAR and social justice. Having worked along side these women as researchers, I

cannot envision child protection reform without the voice of parents. If the Ontario child

protection system is leaning towards evidence informed practice approach to

understanding child protection service, it is critical that parents have a voice in this

research. A collegial approach to research involving parents legitimizes their role as

creators of knowledge. Parents could be a good resource to agencies in an advisory

capacity. Group meetings can occur for agencies to obtain parent views and ideas on

policy and practice. To extend the value of the advisory group, several members could

serve as representatives on the agency's board of directors. The advisory group could be

a good resource to recruit potential board members, research colleagues and trainers.

This study is an indication that social workers are prepared to acknowledge parents as

researchers and resources. Future studies involving parents are important, timely and

vital to addressing the issue of anti-oppressive practice in child protection.

5.1.6 Implications for PAR in child protection research

What then does this research say about the future of PAR, in child protection

practice? Once I started speaking with the women who had agreed to co-research, I

received confirmation that the collegial approach to research was a valuable design methodology. The facilitation team challenged my assumptions about empowerment and engagement and offered a critical eye to issues that I had become desensitized to. The power of this approach lies in the ability of many to survey language and look for perspectives of hegemony (Reason, 1998). My parental colleagues offered insight about issues of racism, sexism, structural oppression, and inequality at levels I would not have arrived at on my own given my position of power and privilege.

The social work field in child protection is apparently ready and open to such an approach. Front-line professionals who participated in the study offered words of praise for such a research strategy. The fact that the professionals respected the parents as researchers during the study speaks to the openness about the process. Managers also supported a collegial research design. After making a presentation about the research and the design at a staff meeting, one front-line manager stated,

> I am in favour of the research because when I started at the organization I wanted to bring parents into the planning process but workers did not believe they could be objective. Workers were concerned that families would be self absorbed and not able to think beyond their own circumstances. I believed that families could participate with workers. This study is a chance for families to have a say.

There is even support in the espoused social policy by the provincial government of Ontario to work in a collaborative manner with parents. I am suggesting in this study that parents are able to reach beyond the role of collaborator and act as colleagues.

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If there is agreement about parents participating in research, planning and designing practice, why then is there a lack of research to support this methodological approach in child protection? It is at this time that I reflect upon the nature of power in the child protection system (Dale, 2004). While some parents expressed that they had been supported by their social workers, fear of the same agency prevented others from participating in the study. Simultaneously some social workers were cautious about over criticizing a system in which they work. In order for an empowerment model of research to be successful social workers are required to step outside their position of authority, families are forced to face their trepidation of a system that has exerted power over them and the researcher needs to be continually grounded in principles associated with social justice and anti-oppression. A PAR approach to research requires that the stakeholders involved in child protection step aside from their generally prescribed roles and take on a new worldview. In essence social workers suddenly become the observed, families become the researchers and the academics become the students.

All of this shifting is a tall order but generally seen as a prerequisite in order to pursue a PAR approach to research (Brown & Strega, 2005). I am not suggesting in this analysis that the outstanding realities of court, legislative mandates and academic protocols are to be ignored; instead I am making a comment that to align new thinking patterns amongst these realities there has to be an organizational readiness to share power. All of these factors need to be balanced to create a safe environment to critically analyze a very powerful system. This study creates challenges and more importantly, creates opportunities for agencies to plan not only for parents in need of support but also for ways in which parents can be collegially involved in service delivery and social

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policy. The choice of methodology has illuminated parents as resources. It is anticipated that this study will generate discourse in the social work field about who can be researchers and how the truth about child protection services can be known.

5.2 *Study Limitations*

5.2.1 Generalizations

As with any interpretive study the issue of generalization is a concern (Ungar, 2007). The study provides insights into the child protection system through a limited but rich dialogue with a small group of parents and professionals. While the study explores familial experience with the mandated aspects of child protection, it is not intended to cover all non-voluntary circumstances. For example, the study is not designed to include parents currently in the midst of a legal proceeding or who have suffered the permanent loss of their child(ren) through a court order. These families' experiences are valuable. However, the intent of this study was to hear the voices of parents involved in the entry-level of court ordered service. While this current study may not be applicable to other situations, lessons can still be drawn from it (Delong, Black & Wideman, 2005: Ungar, 2007). The steps taken in the study are outlined and could be replicated in another geographical area. At some point, should the study be replicated, the additional findings might be compared using meta-analysis approach (Delong, Black & Wideman, 2005).

5.2.2 Collegial Research Process

Some may argue that the research was not collegial because there is always someone who has to complete the research and write the paper. This is a valid point and one that should be considered. For this current study the definition of collegial was "researchers and local people working together as colleagues with different skills to offer,

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in a process of mutual learning where local people have control over the process"

(Cornwall & Jewkes, 1995, p.1669). In reflecting on this limitation parents were very

involved in the following: the design of the research focus group questions, the selection

of language used to represent parents, participant recruitment, focus group data

collection, the data analysis process, and the editing of the final thesis document. In this

regard the current study has met the expectations for collegial involvement in this study's

research process. Parent participants will be invited to take part in presentations and

dissemination opportunities. As the researcher, my role was analogous to that of a

project manager responsible to ensure momentum for the study however, the facilitation

team was integral to the process.

While this study pushed the envelope of parent involvement in the research

process there is always room to improve. Perhaps future studies could include parents in

the writing of the research proposal, assisting with the research literature review or

writing a specific conclusion. To make these changes more feasible the research study

should consider financial reimbursement for the participants' time and expertise.

5.3 Recommendations for future research

Dumbrill and Maiter (2004) certainly raised the bar for parent involvement in

child protection service delivery. Parents became champions of program evaluation in

their research. A spark was ignited towards parent engagement in service delivery.

Senior administrations in child protection organizations carried on with these sentiments

to the point of driving social policy towards a collaborative approach to child protection

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service (OACAS, 2006a). This study demonstrates that parents can be more than collaborators in child protection reform. They can be colleagues.

At this time I feel it would be presumptuous to write the script for the types of issues parents would select to research if they had the chance. However, given the positive experiences of parents in this study, it would make sense to research the methodological process of parents becoming research colleagues. Perhaps this is where the expertise of service users in the mental health sector would be helpful. It would be interesting to examine whether or not parents in child protection could achieve the validation that adult mental health service users have gained in the area of research. It would be quite powerful to have parents gain respect in child protection service through their own research agenda.

From a substantive position there is work to be done in the area of social worker-parent engagement. While this may seem an obvious topic, this study demonstrated that there is a large disconnect between what social workers believe is empowering and how families experience it. Even parents who had positive statements to make about the service they received shied away from the study because of fear of reprisal. While this study opens the door for more communication between social workers and parents, the need for parent feedback into the system is continuous.

5.4 Summary

In 1997 the child protection direction in Ontario changed dramatically as a result of the emotional story of Jordan Heikamp's death and five years later with death of Jeffery Baldwin. Both boys tragically died at the hands of their caregivers. The impact

of the extreme life circumstances of these two boys "dominated both political thinking and front-line practice" (Hill, 2003, p. 293) and came to epitomize the profile of child protection work (Waldfogel, 1998). Efforts by the social work field to: (1) advocate for improved collaboration with parents, (2) capitalize on community relations as formal and informal partners in child protection work, and (3) design an anti-oppressive alternative to child protection had been, and continues to be, stymied in favour of a social control approach (Barter, 2001; Cameron, 2003; CASW, 2003; Dumbrill, 2003; Strega, 2005b; Wharf, 2002). The new climate of child protection reform represented accountability and control not only over parents but the professional staff as well. "Professional staff were and still are, expected to adhere to detailed guidance and follow rules of practice, rather than use professional discretion and judgement" (Hill, 2003, p. 294).

To secure an anti-oppressive approach to child protection the call to action is now. Social workers, administrators and parents need to discuss the issue of power in child protection work such as a move to de-gendered perspective on caring work, scrutinizing the language of policy in respect to masking the oppression of women through the use of the title 'parent' when it really means mother (Featherstone, 2006; Scourfield, 2001; Strega, 2005a). How will we know when we have arrived at a collegial approach to child protection service? We will know when parents have penned literature that is quoted in evidence informed practice; when parents have a presence on CASs boards of directors; when diversity committees include parents as colleagues; when it becomes second nature to include parents as colleagues in research, training and policy development.

This research study was an exploration of a child protection story not yet finished. Professional opinions on child protection reform are plentiful, what is missing is the voice of parents as service users (Dale, 2004; Dumbrill & Maiter, 2004, Thorpe, 2007). We have known that "parents make a crucial contribution to children's development, and when professionals treat them as full partners, children have much to gain" (Rickford, 2001, p.1). If one is still not convinced that the voice of parents is necessary the following comment made by a parent participant in Thorpe's (2007) study is very telling,

> Parents and the families of children are a vital stakeholder group which has absolutely no voice and which has been and is marginalized. As individuals, with the odds so stacked against us, parents don't have much of a chance. The recommendations...may just as well be hot air unless parents are given confidence, support and a sense of not being alone and merely pariahs (p. 12)

The parent was advocating for the need in collective efforts such as the Australian Family Inclusion Network (Thorpe, 2007). Young in Mullaly (2007) further defends the position that service users' involvement reaches beyond a collegial research agenda and empathically advocates for public resources and institutional mechanisms towards:

1) The self-organization of subordinate groups whereby group members could achieve collective empowerment and a reflective understanding of their collective experiences and interests in the context of society.

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2) Group analysis and generation of policy proposals in institutionalized settings where decision-makers are obliged to demonstrate that their deliberations have taken relevant group perspectives into consideration.

3) Group veto power regarding specific policies and decisions that affect a group directly (p. 284).

The global recommendations including the spending of public funds to ensure full citizenship participation in child protection certainly encapsulates the study's definition of social justice. The time has come not only to treat parents as cases but rather as resources, colleagues and a collective with their own unique voices.

References

Adams, R. (2003). Social work and empowerment. (3rd ed.). New York: Palgrave, MacMillan.

Archard, D. (2004). *Children: Rights and childhood* (2nd ed.). New York: Routledge.

Atkinson, L., & Butler, S. (1996). Court-ordered assessment: Impact of maternal non-compliance in child maltreatment cases. *Child Abuse and Neglect, 20* (3), 185-190.

Audi, R. (2003). *Epistemology: A contemporary introduction to the theory of knowledge* (2nd ed.). New York: Routledge.

Baines, C., Evans, P. & Neysmith, S. (1998). Women's caring: work expanding, state contracting. In C. Baines, P. Evans, & S. Neysmith (Eds.), *Women's caring: Feminist perspectives on social welfare* (2nd ed. pp. 3-22). Toronto, ON: Oxford University Press.

Bala, N. (1998). Reforming child welfare policies: Don't throw out the baby with the bathwater. *Options Politiques,* (September), 28-32.

Barter, K. (1997). Rethinking values and beliefs in child protection: A challenge for social work. *Child and Family: A Journal of the Notre Dame Child & Family Institute,* 1(2), 6-15.

Barter, K. (2001). Building community: A conceptual framework for child protection. *Child Abuse Review, 10,* 262-278.

Barter, K. (2003). Social work identity real or imagined? In W. Shera (Ed.), *Emerging perspectives on anti-oppressive practice* (pp. 203-221). Toronto, ON: Canadian Scholars' Press.

Barter, K. (2004a May). *Social work and social justice: Confluence and transformation.* Paper presented to Canadian Association of Schools of Social Work 2004 CASSW Annual Conference, London, ON.

Barter, K. (2004b). *Community capacity building: A conceptual and organizing framework for child welfare.* Paper presented to National Social Work Conference, Saskatoon, Canada.

Barter, K. (2004c). A community approach to child protection. *Family Resource Programs Canada,* 1 (1), 27-31.

Barter, K. (2005, May). *Maintaining social work as a viable profession in contemporary society: The need for re-thinking.* Paper presented to Canadian Association of Schools of Social Work Conference, London, ON.

Barter, K. (2009). Community capacity building: A re-conceptualization of services for the protection of children. In J. Turner & F. Turner (Eds.), *Canadian social welfare* (6th ed. pp. 270-288). Toronto, ON: Pearson Education Canada.

Beniot, D. (2000). Attachment and parent-infant relationships: a review of attachment theory and research. *Ontario Association of Children's Aid Societies*, 44(1) 13-23.

Beresford, P. (1999, May 26). *Service users' knowledges and social work theory: Conflict or collaboration?* Paper presented at the Brunel University Seminar Series: Theorizing social work research: Social work what kinds of knowledge? Retrieved from the Social Care Institute for Excellence, January 27, 2006. http://www.scie.org.uk/publications/misc/tswr/seminar1/beresford.asp

Beresford, P. (2003). *User involvement in research: Connecting lives, experience and theory.* Retrieved January 27, 2006 from Warwick University, Making Research Count Web Site: http://www2.warwick.ac.uk/fac/soc/shss/mrc/userinvolvement/beresford/

Beresford, P. (2004, March 18). *A new day dawning: Our rights, our hopes, our futures.* Paper presented at the 2004 Mind Annual Conference retrieved January 27, 2006, from http://www.mind.org.uk/NR/rdonlyres/EB9C5FE2-34A6-4315-97FB-96A30DFFAD91/0/peterberesfordspeech.pdf

Blackstock, C. (2003). First Nations child and family services: Restoring peace and harmony in First Nations Communities. In K. Kufeldt & B. McKenzie (Eds.), *Child welfare: Connecting research, policy and practice* (pp.331-342). Waterloo, ON: Wilfrid Laurier University Press.

Brown, L. & Strega, S. (2005). Transgressive possibilities. In L. Brown & S. Strega (Eds.), *Research is resistance: Critical, indigenous & anti-oppressive approaches* (pp. 1-18). Toronto, ON: Canadian Scholars' Press.

Cadzow, S., Armstrong, K., & Fraser, J. (1999). Stressed parents with infants: Reassign physical abuse factors. *Child Abuse & Neglect, 23* (9), 845-853.

Callahan, M. & Lumb, C. (1995). My cheque and my children: The long road to empowerment in child welfare. *Child Welfare, 74* (3), 795-820.

Cameron, G. & Birnie-Lefcovitch, S. (2000). Parental mutual aid organizations in child welfare demonstration project: A report of outcomes. *Children & Youth Services Review, 22* (6), 421-440.

Cameron, G. (2003). Promoting positive child and family welfare. In. K. Kufeldt & B. McKenzie (Eds.), *Child welfare: Connecting research, policy and practice* (pp.79-101). Waterloo, ON: Wilfrid Laurier University Press.

Campbell, C. (2003). Principles and practices of anti-oppressive pedagogy as represented by Dr. Terry Swice. In Wes Shera (Ed.), *Emerging perspectives on anti-oppressive practice* (pp. 393-413). Toronto, ON: Canadian Scholars' Press.

Campbell, C. (2004). *Anti-oppressive social work: promoting equity and social justice.* Retrieved October 15, 2004 from the Dalhousie University www.dal.ca/aosw.

CASW, Canadian Association of Social Workers, (2003). *Child welfare project: Creating conditions for good practice.* CASW. Ottawa, ON: Canadian Association of Social Workers.

CFSA, Child and Family Services Act (2000). Toronto, Ontario, Canada: Queen's printer for Ontario.

CFSA, Child and Family Services Act (2006). Toronto, Ontario, Canada: Queen's printer for Ontario.

Charmaz, K. (2004). Grounded theory. In S. Nagy Hesse-Biber & P. Leavy (Eds.), *Approaches to qualitative research: A reader of theory and practice* (pp. 496-522). New York, NY: Oxford Press.

Coffey, C. (2005, March 4). *Giving our children the skills to soar: An investment in early learning and child care.* Paper presented at the meeting of the Brantford Rotary Club, Brantford, ON.

Cook, J. (1995). A history of placing-out: the orphan trains. *Child Welfare, 74*(1) 181-197.

Cornwall, A. & Jewkes, R. (1995). What is participatory research? *Social Science Medicine, 41*(12), 1667-1676.

Covell, K. & Howe, B. (2001). *The challenge of children's rights for Canada.* Waterloo, ON: Wilfrid Laurier Press.

Creswell, J. (2003). *Research design: Qualitative, quantitative, & mixed methods approaches* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Crosson-Tower, C. (2002). *Understanding child abuse and neglect* (5th ed.). Boston, MA: Allyn & Bacon.

Dale, P. (2004). Like a fish in a bowl: Parents' perceptions of child protection services. *Child Abuse Review, 13,* 137-157.

Dalrymple, J. & Burke, B. (2003). *Anti-oppressive practice: Social care and the law.* Philadelphia, PA: Open University Press.

Delong, J., Black, C., & Wideman, R. (2005). *Action research for teaching excellence.* Barrie, ON: Data Base Directions.

Dey, I. (2004). Grounded theory. In C. Seale, G. Gobo, J. Gubrium, & D. Silverman, (Eds.), *Qualitative research practice* (pp. 80- 93). Thousand Oaks, CA: Sage Publications.

DiLauro, M. (2004). Psychosocial factors associated with types of child maltreatment. *Child Welfare League of America, 83* (1), 69-99.

Diliberto, G. (1999). *A useful woman: The early life of Jane Addams.* New York: A Lisa Drew Book/ Scribner.

Dodge, D. (2003, May). *Human capital, early childhood development and economic growth: an economist's perspective.* Paper presented to the annual meeting of the Sparrow Lake Alliance, Sparrow Lake, ON.

Dominelli, L. (1997). *Anti-racist social work* (2nd ed.). New York: Palgrave.

Dominelli, L. (2002). Values in social work: Contested entities with enduring qualities. In L. Dominelli & M. Payne (Eds.), *Critical practice in social work* (pp.15-27). New York: Palgrave Macmillan.

Dominelli, L. (2004). *Social work practice: Theory and practice for a changing profession.* Cambridge, UK: Polity.

Dumbrill, G. & Maiter, S. (2003). Child protection clients designing the services they receive: An idea from practice. *Child and Family: A Journal of the Notre Dame Child and Family Institute,* 7(1), 5-10.

Dumbrill, G & Maiter, S. (2004). Moving from clients evaluating services to clients designing services. *OACAS Journal, 48* (4), 17-21.

Dumbrill, G. (2003). Child welfare: AOP nemesis'. In W. Shera (Ed.), *Emerging perspectives on anti-oppressive practice* (pp. 101-120). Toronto, ON: Canadian Scholars' Press.

Dumbrill, G. (2005). Child welfare in Ontario: Developing a collaborative intervention model. Consultation draft. A position paper submitted by the provincial project committee on enhancing positive worker interventions with children and their families in protection services: Best practices and required skills. Toronto, ON.

Dumbrill, G. (2006). Parental experience of child protection intervention: A qualitative study. *Child Abuse & Neglect, 30(1), 27-37.*

Durham, A. (2002). Developing a sensitive practitioner research methodology for studying the impact of child sexual abuse. *British Journal of Social Work, 32* (4), 429-442.

Epstein, L. (1999). The culture of social work. In A. Chambon, A. Irving, & L. Epstein (Eds.), *Reading Foucault for social workers*, (pp. 3- 26). New York, NY: Columbia University Press.

Featherstone, B. (2006). Why gender matters in child welfare and protection. *Critical Social Policy,* 26, 294-314.

Fein, E., & Maluccio, A. (1992). Permanency planning: Another remedy in jeopardy? *Social Service Review, 66,* 335-348.

Foucault, M. (1977). Power/knowledge: Selected interviews and other writings 1972-1977. New York, NY: Pantheon Books.

Fournier, S. & Crey, E. (1997). *Stolen from our embrace.* Vancouver, B.C.: Douglas & McIntyre.

Freire, P. (2005). *Pedagogy of the oppressed* (30th anniversary edition). New York: Continuum.

Gallagher, B. (2004). Permanency planning: An update on the foster care drift revolution. *Memorial University, St. John's, Newfoundland, paper presented for social work 7910.*

Gatenby, B. & Humphries, M. (2000). Feminist participatory action research: Methodological and ethical issues. *Women's Studies International Forum, 23* (1), 89-105.

Gilligan, C. (2001). *In a different voice: psychological theory and women's development (37th printing).* Cambridge, MA: Harvard University Press.

Grinnell, R. (2001). *Social work research and evaluation: Quantitative and qualitative approaches* (6th ed.). Itasca, IL: F. E. Peacock Publishers, Inc.

Guba, E. & Lincoln, Y. (2004). Competing paradigms in qualitative research: Theories and issues. In S. Nagy Hesse-Biber & P. Leavy (Eds.), *Approaches to qualitative research: A reader of theory and practice* (pp. 17- 38). New York: Oxford Press.

Hart, M. (2002). *Seeking mino-pimatisiwin: An Aboriginal approach to healing.* Halifax, NS: Fernwood Publishing.

Healy, K. (2001). Participatory action research and social work: A critical appraisal. *International Social Work, 44* (1), 93-105.

Heikamp's worker testifies at inquest. (2001). Retrieved on May, 28, 2008 from http://www.cbc.ca/news/story/2001/03/21/heikamp_martin010321.html#skip300x250

herising, F. (2005). Interrupting positions: Critical thresholds and queer pro/positions. In L. Brown & S. Strega (Eds.), *Research is resistance: Critical, indigenous & anti-oppressive approaches* (pp. 127-153). Toronto, ON: Canadian Scholars' Press.

Herrick, J. & Stuart, P. (2005). *Encyclopedia of social welfare history in North America.* Thousand Oaks, CA: Sage Publications.

Hertzman, C. (May, 2004). *Making early childhood development a priority: Lessons from Vancouver.* Vancouver, BC: Canadian centre for policy alternatives

Hesse-Biber, S. & Leavy, P. (2004). Distinguishing qualitative research. In S. Nagy Hesse-Biber & P. Leavy (Eds.), *Approaches to qualitative research: A reader on theory and practice* (pp. 1-16). New York: Oxford Press.

Hill, A. (2000). A First Nations experience in First Nations child welfare services. In M. Callahan (Ed.), *Valuing the field:Child welfare in an international context.* Cambridge, UK: Ashgate Publishing.

Hill, M. (2003). Children. In P. Alcoock, A. Erkskine & . M. May (Eds.), The student's companion to social policy (2nd ed.), (pp. 289-295). Victoria, Australia: Blackwell Publishing.

Howe, D. (1987). *An introduction to social work theory: Making sense in practice.* Cambridge, UK: Ashgate Publishing.

Ife, J. (1997). *Rethinking social work towards critical practice.* South Melbourne, Australia: Longman.

Jones, A. & Rutman, L. (1981). *In the children's aid: JJ Kelso and child welfare in Ontario.* Toronto, ON: University of Toronto Press.

Kanani, K., Regehr, C., & Bernstein, M. (2002). Liability considerations in child welfare: Lessons from Canada. *Child Abuse & Neglect*, 26, 1029- 1043

Kidd, S. & Kral, M. (2005). Practicing participatory action research. *Journal of Counselling Psychology*, 52 (2): 187-195.

Kimberley, D. & Osmond, L. (2009). Social workers. In J. Turner & F. Turner (Eds.), *Canadian social welfare* (6th ed. pp. 353-374). Toronto, ON: Pearson Education Canada.

Konecki, K. (1997). Time in the recruiting search process by headhunting companies. In A. Strauss & J. Corbin (Eds.), *Grounded theory in practice* (pp. 131-147). London, UK: Sage Publications.

Koroloff, N. & Friesen, B. (1997). Challenges in conducting family-centered mental health services research. *Behavioral Disorders*, 5 (3), 130-145.

Kovach, M. (2005). Emerging from the margins: Indigenous methodologies. In L. Brown & S. Strega (Eds.), *Research is resistance: Critical, indigenous & anti-oppressive approaches* (pp. 19-36). Toronto, ON: Canadian Scholars' Press.

Kufeldt, K & McKenzie, B. (2003). Conclusions and directions for the future. In K. Kufeldt & B. McKenzie (Eds.), *Child welfare: Connecting research, policy and practice* (pp.429-439). Waterloo, ON: Wilfrid Laurier University Press.

Lasch, C. (1965). *The social thought of Jane Addams.* New York : The Bobbs-Merrill Company Inc.

Lawrence, A. (2004). *Principles of child protection: Management and practice.* Berkshire, UK: Open University Press.

Lebacqz, K. (1986). *Six theories of justice: Perspectives from philosophical and theological ethics* (pp. 9-50). Minneapolis, MN: Augsburg Publishing House.

Lee, B. (1999). *Pragmatics of community organization* (3rd ed.). Mississauga, ON: Common Act Press.

Legislative Assembly of Ontario. (1998, June, 25). 1997 Annual report, provincial auditor: Ministry of Community and Social Services. Retrieved January 20, 2007, from http://www.ontla.on.ca/hansard/committee_debates/36_parl/session2/accounts/p005.ht m

Leschied, A., Whitehead, P., Hurley, D., & Chiodo, D. (2004). Protecting children is everybody's business. *OACAS Journal,* Winter 2003/2004, 47 (3), 10-15.

Leslie, B. (2005). Creating and sustaining research partnerships between academic institutions and service agencies. *Ontario Association of Children's Aid Societies* 49, (1) 20-23.

Levine, D. (1971). *Jane Addams and the liberal tradition.* Madison, WI: State Historical Society of Wisconsin (pp. ix-xvii; 89-110).

Linn, J. (2000). *Jane Addams a Biography.* Chicago, IL: University of Illinois Press (pp.1-112; 178-189).

Lopes, T. & Thomas, B. (2006). *Dancing on live embers: Challenging racism in organizations.* Toronto, ON: Between the Lines

Lotter, H. (1993). *Justice for an unjust society.* Atlanta, GA: Rodopi,

Lundy, C. (2004). *Social work and social justice: A structural approach to practice* (pp. 48-70; 183-198). Orchard Park, NY: Broadview Press.

Macnaghten, P. & Myers, G. (2004). Focus groups. In C. Seale, G. Gobo, J. Gubrium, & D. Silverman, (Eds.), *Qualitative research practice*, (pp. 65-80). Thousand Oaks, CA: Sage Publications.

Maguire, P. (1987). *Doing participatory research: A feminist approach*. Amherst, MA: The Centre for International Education.

Maluccio, A., Fein, E., & Olmstead, K. (1986). *Permanency planning for children: Concepts and methods*. New York: Tavistock Publications.

Manji, S., Maiter, S., & Palmer, S. (2005). Community and informal social support for recipients of child protective services. *Children and Youth Services Review,* 27 (3), 291-308.

Mannes, M., Roehlkepartain, E., & Benson, P. (2005). Unleashing the power of community to strengthen the well-being of children, youth, and families: An asset-building approach. *Child Welfare League of America*, 84, (2), 233-250.

Markey, U. (2000). PARtnerships. *Journal of Positive Behavior Interventions,* 2 (3), 188-190.

May, T. (2004). *Social research: Issues, methods and process* (3rd ed.). Berkshire, UK: Open University Press.

McCain, M. & Mustard, F. (2002). *The early years study three years later*. Toronto, ON: The Founders' Network.

McIntosh, P. (1989). White privilege: unpacking the invisible knapsack. *Peace and Freedom,* July/August, pp. 10-12.

McKenzie, B. & Seidl, E. (1995). Child and family service standards in First Nations: An action research project. *Child Welfare*, 74 (3), 633-653.

McKenzie, B. & Trocmé N., (2003). Child maltreatment and implications. In K. Kufeldt & B. McKenzie (Eds.), *Child welfare: Connecting research, policy and practice* (pp.67-77). Waterloo, ON: Wilfrid Laurier University Press.

MCSS, Ministry of Community and Social Services. (1998, June 12). MCSS Fact sheet: CAS case file review. Retrieved January 20, 2007, from http://www.childwelfare.ca/cwrcprs2.shtml

MCSS, Ministry of Community and Social Services. (2000). *Risk assessment model for child protection in Ontario*. Toronto, ON: Ontario Association of Children's Aid Societies.

MCYS, Ministry of Children and Youth Services. (n.d.). Child protection services in Ontario. Retreived January 20, 2007, from http://www. Children.gov.ca/CS/en/programs/default.htm.

Medical Research Council of Canada, Natural Science & Engineering Research Council of Canada & Social Science & Humanities Research Council of Canada. (1998). *Tri-Council policy statement: ethical conduct for research involving humans.* Author

Mihesuah, D. (2005). *So you want to write about American Indians? A guide for writers, students and scholars* (pp.1-48). Lincoln, NE: University of Nebraska Press.

Miller, B., Fox, B., & Garcia-Beckwith, L. (1999). Intervening in severe physical abuse cases: Mental health, legal, and social services. *Child Abuse & Neglect*, 23 (9), 905-914.

Miller, D. (2003). *Political Philosophy: A very short introduction.* New York: Oxford University Press.

Miller, R. (2005). Wife Rena Teary. In L. Brown & S. Strega (Eds.), *Research is resistance: Critical, indigenous & anti-oppressive approaches* (pp. 181-198). Toronto, ON: Canadian Scholars' Press.

Moffatt, K. (1999). Surveillance and government of the welfare recipient. In A. Chambon, A. Irving, & L. Epstein (Eds.), *Reading Foucault for social workers*, (pp. 219-245). New York, NY: Columbia University Press.

Morgan, D. (1997). *Focus groups as qualitative research* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Morse, J. (1998). Designing funded qualitative research. In N. Denzin & Y. Lincoln (Eds.), *Strategies of qualitative inquiry* (pp. 56-85), Thousand Oaks, CA: Sage Publications.

Mullaly, B. (1997). *Structural social work: Ideology, theory and practice*, (2nd ed.), (pp. 163-186). Don Mills, ON: Oxford University Press.

Mullaly, B. (2002). *Challenging Oppression: A critical social work approach.* Don Mills, ON: Oxford University Press.

Mullaly, B. (2007). *The new structural social work* (3rd ed.). Don Mills, ON: Oxford Press.

Nixon, K. (2002). Leave him or lose them: The protection response to woman abuse. In L.M. Trutty & C. Goard (Eds.), *Reclaiming self: Issues and resources for women abuse by intimate partners* (pp. 64-80), Halifax, NS: Fernwood Publishing.

O'Connor, L., Morgenstern, J., Gibson, F., & Nakashian, M. (2005). Nothing about me without me: Leading the way to collaborative relationships with families. *Child Welfare League of America*, 84(2), 153-170.

OACAS, Ontario Association of Children's Aid Societies (1997). *Ontario child mortality task force final report.* Journal (July), 1-47.

OACAS, Ontario Association of Children's Aid Societies. (2004). *Ontario child welfare statistics.* Retrieved March 12, 2005, from http://www.oacas.org/resources/casstats.htm#Investigation

OACAS, Ontario Association of Children's Aid Societies. (2006a, March). *A child protection handbook to assist in the use of collaborative intervention strategies with children, families and communities.* Excerpts from a position paper submitted by the provincial project committee on enhancing positive worker interventions with children and their families in protection services: Best practices and required skills. Toronto, ON.

OACAS, Ontario Association of Children's Aid Societies. (2006b, December). Transformation orientation for community partners. Paper presented community meeting, Toronto, ON.

OACAS, Ontario Association of Children's Aid Societies. (2007, June). *Advice on the funding model.* Toronto, ON: Author.

Pain, R., & Francis, P., (2003). Reflections on participatory research. *Royal Geographical Society,* 35 (1) 44-54.

Parsons, P., Gutierrez, L., Cox, E. (2003). An introduction to empowerment practice. In L. Gutierrez, R. Parsons, & E. Cox, (Eds.), *Empowerment in social work practice* (pp. 3-23). Belmont, CA: Wadsworth/Thompson.

Payne, M. (2005). *Modern social work theory,* (3rd ed.). London, UK; Palgrave, Macmillan.

Peirson, L., Nelson, G., Prilleltensky, I. (2003). Expanding the frontiers in family wellness and prevention. In K. Kufeldt & B. McKenzie (Eds.), *Child welfare: Connecting research, policy and practice* (pp.101-109). Waterloo, ON: Wilfrid Laurier University Press.

Perkins, C., Steinberg, D., Lenkinski, E., & James, E. (2005). *Ontario family law practice: 2006.* Markham, ON: LexisNexis Canada Inc.

Pinkerton, J. (2002). Child protection. In L. Dominelli & M. Payne (Eds.), *Critical practice in social work* (pp.96-105). New York: Palgrave Macmillan.

Potts, K. & Brown, L. (2005). Becoming an anti-oppressive researcher. In L. Brown & S. Strega (Eds.), *Research is resistance: Critical, indigenous & anti-oppressive approaches* (pp. 255-286). Toronto, ON: Canadian Scholars' Press.

Prilleltensky, I., Peirson, L. & Nelson, G. (2001). Mapping the terrain: Framework for promoting family wellness and preventing child maltreatment. In I. Prilleltensky, G. Nelson & L. Peirson (Eds.), *Promoting family wellness and preventing child maltreatment* (pp. 3-41). Toronto, ON: University of Toronto Press.

Rawls, J. (1971). *A theory of justice*. Cambridge, MA: Harvard University Press.

Reamer, F. (1993). *The philosophical foundations of social work*. New York: Columbia University Press.

Reason, P. (1998). Three approaches to participative inquiry. In N. Denzin & Y. Lincoln (Eds.) *Strategies of qualitative inquiry* (pp. 261-291). Thousand Oaks, CA: Sage publications.

Regehr, C., Bernstein, M., & Kanani, K. (2002). Liability for child welfare social workers: Weighing the risks. *OACAS Journal*, 46 (1), 32-39.

Richard, K. (2004). Toronto Native agency makes child welfare history. *Ontario Association of Social Workers*, 31 (3), 1-2.

Richmond, M. (1964). *Social Diagnosis*. New York: Russell Sage Foundation.

Rickford, F. (2001, February 26 & May 15). *Realising the potential: What works in prevention and family support*. Presented at the first Research in Practice Symposium, London and Darlington, UK.

Rodwell, M. (1998). *Social work constructivist research* (pp. 3-24). New York: Garland Publications.

Rubin, A. & Babbie, E. (2001). *Research methods for social work* (4th ed.). Belmont, CA: Wadsworth/Thompson Learning.

Rutman, D., Hubberstey, C., Barlow, A., Brown, E. (2005). Supporting young people's transition from care: Reflections of doing participatory research with youth from care. In L. Brown & S. Strega (Eds.), *Research is resistance: Critical, indigenous & anti-oppressive approaches* (pp. 153-180). Toronto, ON: Canadian Scholars' Press.

Rutman, D., Strega, S., Callahan, M, & Dominelli, L. (2002). Undeserving mothers? Practitioners' experiences working with young mothers in/from care. *Child & Family Social Work* 7, 149-159.

Saulnier, C. (1996). *Feminist theories and social work: Approaches and applications*. Binghamton, NY: Haworth Press.

Scourfield, J. (2001). Constructing women in child protection work. *Child & Family Social Work* 6, 77-87.

Scourfield, J. (2006). The challenge of engaging fathers in the child protection process. *Critical Social Policy*, (26), 440-449.

Sharland, E. (1999). Justice for children? Child protection and the crimino-legal process. *Child and Family Social Work*, 4, 303-313.

Sher, G. (2001). *John Stuart Mill: Utilitarianism, and the 1868 speech on capital punishment*, (2nded.), (pp.3-27). Indianapolis, IN: Hackett Publishing.

Shriver, J. (2001) *Human behaviour and the social environment shifting paradigms in essential knowledge for social work practice* (3rd ed), pp 3-19. Needham Heights, MA: Allyn and Bacon.

Sims, J. (2003, October 17). Area CAS stretched to brink. The London Free Press, www.canoe.ca/NewsStand/LondonFreePress/News/2003/10/17/228235.html

Smith, Tuhiwai, L. (2002). *Decolonizing methodologies: Research and indigenous peoples*. New York: Zed Books.

Steiner, H. & Alston, P. (2000). *International human rights in context:Law, politics, morals* (2nd ed.) pp. 511-533. Oxford, UK: Oxford University Press.

Steinhauer, P. (1999). Recognizing and management of attachment disorders in children. Teleconference, (audio tape). Child Welfare League of America.

Stoecker, R. (1999). Are academics irrelevant? Roles for scholars in participatory research. *American Behavioral Scientist*, 42 (5), 840-854.

Stoesz, D. (1997). The end of social work. In M. Reisch & E. Gambrill (Eds.), *Social work in the 21st century* (pp. 368-375). Thousand Oaks, CA: Pine Forge Press.

Strauss, A. & Corbin, J. (1998). Grounded theory methodology. In N. Denzin & Y. Lincoln (Eds.), *Strategies of qualitative inquiry* (pp. 158-183). Thousand Oaks, CA: Sage Publications.

Strega, S. (2005a). The case of the missing perpetrator: Improving child welfare interventions when mothers are being beaten. *The Manitoba Journal of Child Welfare*, 4 (1), pp.23-42.

Strega, S. (2005b). The view from poststructural margins: Epistemology and methodology reconsidered. In L. Brown & S. Strega (Eds.), *Research is resistance: Critical, indigenous & anti-oppressive approaches* (pp. 199-236). Toronto, ON: Canadian Scholars' Press.

Strega, S. (2007). Anti-oppressive practice in child welfare. In D. Baines (Ed.), *Doing anti-oppressive practice: Building transformative politicized social work* (pp.67-82). Winnipeg, MAN: Fernwood Publishing.

Strong-Boag, V. (2002). Getting to now: Children in distress in Canada's past. In B. Wharf, (Ed.), *Community work approaches to child welfare* (pp. 29-47). Peterborough, ON: Broadview Press.

Swan, T. (1994). *Feminist thinking: An emerging perspective in child welfare. The implications of caring for sexually abused girls: the foster parents*. Hamilton, ON, Canada.

Swan, T. (2009). The nature of oppression and anti-oppressive policy development. In J. Turner & F. Turner (Eds.), *Canadian social welfare* (6th ed. pp. 185-200). Toronto, ON: Pearson Education Canada.

Swift, K. (1998). Contradictions in child welfare: neglect and responsibility. In C. Baines, P. Evans, S. Neysmith (Eds.), *Women's caring: Feminist perspectives on social welfare* (2nd ed.), (pp. 160-187). Toronto, ON: Oxford University Press.

Thomas, A. (2005). Honouring the oral traditions of my ancestors through storytelling. In L. Brown & S. Strega (Eds.), *Research is resistance: Critical, indigenous & anti-oppressive approaches* (pp. 237-254). Toronto, ON: Canadian Scholars' Press.

Thorpe, R. (2007). Family inclusion in child protection practice: Building bridges in working with (not against) families. *Communities, Families and Children*, 3(1), 1-18.

Toronto Star, (April 8, 2006). Jeffery's short journey and the road to justice p.A20.

Trattner, W. (1986). *Biographical dictionary of social welfare in America*. Westport, Connecticut: Greenwood Press.

Trocmé, N., MacLaurin, B., Fallon, B., Black, T., & Lajoie, J. (2005). Child abuse and neglect investigations in Canada: Comparing 1998 and 2003 data. Centre of Excellence for Child Welfare information sheet # 26E. www.cecw-cepb.ca

Trocmé, N., Phaneuf, G., Scarth, S., Fallon, B., & MacLaurin, B. (2003). The Canadian incidence study of reported child abuse and neglect: Methodology and major findings. In K. Kufeldt & McKenzie, B, (Eds.), *Child welfare connecting research, policy and practice* (pp. 13-26). Waterloo, ON: Wilfrid Laurier University Press.

Tronto, J. (1994). *Moral Boundaries: A political argument for an ethic of care*. New York: Routledge.

Turner, F. (1996). Theory and social work treatment. In F. Turner (Ed.). *Social work treatment* (4th ed.). New York: The Free Press.

Turner, F. (2002). *Diagnosis in social work: New imperatives*. Binghamton, NY: The Haworth Social Work Press.

Ungar, M. (2007). What happens when funders misunderstand the strengths of qualitative research design. *Qualitative Social Work*, 5 (2), 261-277.

Vander Stoep, A., Williams, M., Jones, R., Green, L., Trupin, E. (1999). Families as full research partners: What's in it for us? *The Journal of Behavioral Health Services & Research*, 26 (3) 329-344.

Waldfogel, J. (1998). *The future of child protection: How to break the cycle of abuse and neglect*. Cambridge, MA: Harvard University Press.

Wengraf, T. (2004). *Qualitative research interviewing*. London, U.K.: Sage Publications.

Wharf, B. (2002). *Community approaches to child welfare*. Peterborough, ON: Broadview Press.

Wikipedia (2006). R. v Askov. Retrieved September 26, 2006. http://en.wikipedia.org/wiki/R._v._Askov

Wilson, J. & Symons, M. (2004). *Wilson on children and the law*. Markham, ON: LexisNexis, Canada Inc.

Appendix A: Letter of request to participate

Adjusting the Lens: Parents Create Change in Ontario's Child Protection System

My name is Bernadette Gallagher and I am a social work doctoral student enrolled at Memorial University of Newfoundland. I am writing to inquire about your agency's willingness to participate in a study. This study has been approved by the Interdisciplinary Committee on Ethics in Human subjects at Memorial University of Newfoundland. If you have any questions or concerns about the study that are not dealt with by me, you may contact the Chairperson of that Committee through his/her secretary, Ms. Eleanor Butler, Office of research at 709 737-8251. Participation in the study is voluntary, anonymity and confidentiality will be respected and the data will be used for the purposes of the research.

Focus of Research:

The project is focused on hearing from parents who have had involvement with the child protection system. The purpose of the research is to provide parents with an opportunity to voice their opinions on the child protection system and offer recommendations, if any, on how the current system of care could be improved. The information collected will be reviewed with professionals associated with child protection for their reactions. A sample of both participant groups will be brought together in a focus group to discuss a blended perspective of the new child welfare reform model in Ontario. This research is performed as a partial fulfillment of the requirements for my Ph.D. in social work at Memorial University of Newfoundland.

Role as Participating Agency:

Today I am writing to inquire if your organization would be interested in assisting with the recruitment of three target populations: (1) families as co-researchers, (2) previously involved parents as focus group members and (3) professionals for focus group members. If you choose to participate I would provide a contact script, which an administrative person whom you identify can read to potential participants.

Benefit of Participating:

It is anticipated that this study will do more than simply describe necessary reforms but rather, encourage families and professionals to work collaboratively to create a change in Ontario's child protection system. Your participation in this study advances the social justice agenda of citizen participation in child protection reform. You will receive a copy

of the research study and the information collected may be helpful to your agency by way of program planning, social advocacy or policy statement development.

I would like to thank you for taking the time to read my request and I will be in contact next week to discuss any questions or comments you have about the study. If you have any questions please feel free to contact the project supervisor Dr. Ken Barter or me at the numbers provided below. I look forward to working with your organization on this project.

Contact Information

Researcher: Bernadette Gallagher, PhD Candidate;
Memorial University of Newfoundland, Phone (647) 229-2766, Fax (519) 754-1221,
Email: bgallagher@rogers.com
Or
Project Supervisor: Dr. Ken Barter, Memorial University of Newfoundland
School of Social Work: Phone (709) 737-2030; Fax (709) 737-7701,
Email: kbarter@mun.ca

Sincerely,

Bernadette Gallagher

PhD Candidate

Appendix B: Interdisciplinary Committee on Ethics in Human Research, Memorial University

Memorial
University of Newfoundland

Office of Research

September 18, 2006

ICEHR No. 2005/06-124-SW

Ms Bernadette Gallagher
School of Social Work
Memorial University of Newfoundland

Dear Ms Gallagher·

Thank you for your submission to the Interdisciplinary Committee on Ethics in Human Research (ICEHR) entitled *"Adjusting the lens: at risk parents create change in Ontario's child protection system"*. The ICEHR is appreciative of the efforts of researchers in attending to ethics in research.

The Committee has reviewed the proposal and we agree that the proposed project is consistent with the guidelines of the Tri-Council Policy Statement (TCPS). Full approval is granted for one year from the date of this letter.

The Committee found the proposal to be well-written and thorough. However, we would suggest that the wording of the consent form for participants be simplified, given that at-risk parents may be people with low levels of literacy skills

If you intend to make changes during the course of the project which may give rise to ethical concerns, please forward a description of these changes to ICEHR for consideration

If you have any questions concerning this review you may contact Dr. Katherine Gallagher at kgallagh@mun ca. We wish you success with your research

The TCPS requires that you submit an annual status report to ICEHR on your project, should the research carry on beyond September 2007 Also, to comply with the TCPS, please notify ICEHR upon completion of your project

Yours sincerely,

T Seifert, Ph D
Chair, Interdisciplinary Committee on
Ethics in Human Research

TS/emb

cc   Supervisor

St John's NL. Canada AIC 5S7 • Tel 709· 737 8251 • Fax 709· 737 4012 • http ·/www mun ca/research

Appendix C: Letter to Contact Managers

Adjusting the Lens: Parents Create Change in Ontario's Child Protection System

Dear_____ :

Research Recruitment Process

This is a letter to confirm that your organization has agreed to participate in the research study and that you have been named as the contact person. First I would like to say thank you for participating, as I am well aware that you have a very busy schedule.

I thought it would be helpful to outline the steps in the study and some tentative timeframes I am hoping to meet.

Step 1 Recruitment of Research Team : November 15, 2006

The first step is the recruitment of the research team. This team will act as co-researchers for the project and will assist in all aspects of the research design from reviewing the focus group questionnaire, co-facilitating focus groups, analysing the data and developing an information dissemination plan. I am anticipating five or six parents (this could include extended family) as team members. To qualify for membership the individual should have experience with the child welfare system and have voiced a desire to create change within the system.

If you could canvass amongst the social work staff for names of parents who may be interested in being a research team member.

Once the families have been identified I have a recruitment form (enclosed) that I would ask you to complete. The form is a recruitment script that explains the purpose of the research and the individual's role as a team member. This form once signed by you confirms whether or not the person is has agreed to be contacted for further discussions about the study. I would ask you to complete the recruitment form for each person contacted whether they agree to participate or not. This will allow me to track how many people were contacted in total.

As soon as you have identified someone who is willing to participate it would be helpful if you could email me the contact information. I will conduct a follow up call or letter immediately. It would be helpful if your agency could recruit a minimum of two research team members.

Step 2 Recruitment of Parents as Focus Group Participants: Dec. 1, 2006

The second step is to recruit parents or extended family as participants for the three focus groups.

Parents qualify to participate in the study if they have: (1) previously been ordered to participate in child protection services through a court order known as a supervision order. A supervision order is an entry-level process into mandated service of child protection. The study seeks to understand the advice of parents who engaged in this level of court order in hopes of avoiding this process for other families. (2) If the supervision order was six months in length or longer. A supervision order can range from a minimum of three months to a maximum of twelve months therefore, six months is seen has having a significant length of involvement for individuals to make comments about change. (3) The family file was open after the amended Child and Family Services Act, 2000. The criticisms of the system have been made since the child protection legislation was amended in 2000; therefore the situations under study are designed to explore the new statute. (4) Maintained a one-year period free from child protection services. The final condition was decided upon to reduce the risk of undue influence or coercion for the parents to participate in the research (Medical Research Council of Canada, Natural Science & Engineering Research Council of Canada & Social Science & Humanities Research Council of Canada, 1998). This would mean that the case file must have closed no later than Oct 31, 2005.

Once the families have been identified I have a recruitment form (enclosed) that I would ask you to complete. The form is a recruitment script that explains the purpose of the research and the individual's role as a team member. This form once signed by you confirms whether or not the person is has agreed to be contacted for further discussions about the study. I would ask you to complete the recruitment form for each person contacted whether they agree to participate or not. This will allow me to track how many people were contacted in total.

It would be helpful if your agency could recruit a minimum of seven focus group participants.

Once again thank you for your participation in the recruitment process of the study.

Sincerely,

Bernadette Gallagher
PhD Candidate
Enclosures

Appendix D: Oath of Confidentiality

Adjusting the Lens: Parents Create Change in Ontario's Child Protection System

CONTACT INFORMATION

Researcher: Bernadette Gallagher, PhD Candidate:
Memorial University of Newfoundland, Phone (647) 229-2766, Fax (519) 754-1221,
Email: bgallagher@rogers.com
Or
Project Supervisor: Dr. Ken Barter, Memorial University of Newfoundland
School of Social Work: Phone (709) 737-2030; Fax (709) 737-7701,
Email: kbarter@mun.ca

I _____ (name) understand that by participating in the research study I will be privy to confidential and private information. As a participant in the study I am aware of my responsibility not to disclosure any information that I obtain as a result of meetings, reading materials, or focus group discussions. I am aware that the information is to be kept confidential and for research purposes only.

The exception to the rule of confidentiality pertains to any information that is disclosed during the course of the research that concerns risk of child harm as this must be legally reported to the local Children's Aid Society; other situations such as the disclosure of sexually transmittable diseases or intent to harm someone must also be reported.

A breach in confidentiality will result in a withdrawal from the research study.

I _____ (name) have read the oath of confidentiality or had it read to me_____ (participant initials) and understand the importance of respecting the privacy of others.

Participant Signature: _____
Date:_____

Witness Signature:_____
Date:_____

I acknowledge receiving a signed copy of the confidentiality form. Participant's Signature_____

Appendix E: Recruitment script for facilitation team

My name is _____ and I am calling from _____ (name of organization) to inquire if you would be interested in participating in a research study. The project is focused on hearing from parents who have had involvement with the child protection system. The purpose of the research is to provide parents with an opportunity to voice their opinions on the child protection system and offer recommendations, if any, on how the current system of care can be improved. Bernadette Gallagher, a PhD student at Memorial University of Newfoundland, is conducting the research and this study has been approved by the Interdisciplinary Committee on Ethics in Human subjects at Memorial University. If you have any questions or concerns about the study that are not dealt with by me, you may contact the Chairperson of that Committee through his/her secretary, Ms. Eleanor Butler, Office of research at 709 737-8251. Participation in the study is voluntary, anonymity and confidentiality will be respected and the data will be used for the purposes of the research. The agency will not know if you participated in the research or not. You are free to withdraw from the study at any time.

Your voice is important in this matter. I would like to ask if you are interested in participating as a facilitation team member? As a research team member your role would be to work with the researcher on all aspects of the study including developing research questions, co facilitating focus groups and reviewing the information that is collected. If you choose to participate you would be one of five other parents who make up the team, along side the researcher. At this time I would like to ask if you would be willing to be have the researcher, Bernadette Gallagher contact you? By saying yes to the contact you have not made a commitment to the study rather it is an opportunity to hear more about the research and ask questions.

I would like to remind you again that your participation is voluntary and whether you participate or not in the research does not impact on any future service with this agency. I would like to thank you for taking the time to hear about the research project.

My name again is _____ (name of administrative assistant) from _____ (name of agency) and I can be reached at _____ (phone number).

Consent to be contacted (check only one)
ı Verbal consent given for researcher to be in contact with _____ (name), _____ (telephone number) and _____ address.

Or

ı Verbal consent denied.

Administrative Assistant Information

Name of individual making contact: _____
Name of organization: _____
Date: _____
Time: _____
Signature: _____

Appendix F: Consent to participate as a facilitation team member

Adjusting the Lens: Parents Create Change in Ontario's Child Protection System

Contact Information

Researcher: Bernadette Gallagher, PhD Candidate:
Memorial University of Newfoundland, Phone (647) 229-2766, Fax (519) 754-1221,
Email: bgallagher@rogers.com
Or
Project Supervisor: Dr. Ken Barter, Memorial University of Newfoundland
School of Social Work: Phone (709) 737-2030; Fax (709) 737-7701,
Email: kbarter@mun.ca

Thank you for agreeing to put your name forward to participate in this research as a facilitation team member and providing permission for me to make contact with you. The aim of the study is to have parents and professionals associated with child protection talk with each other about how the current system of care can be improved. Parents are asked to propose changes to the system of care and professionals are asked to respond to these changes. This research is performed as a partial fulfillment of the requirements for my Ph.D. in social work at Memorial University of Newfoundland.

By agreeing to participate in the study I understand the following:

1. I am participating in one or more group interviews with the researcher(s), other parents_____ *(initial for consent)* and professionals _____ *(initial for consent)* to discuss my experience with child protection services. Each group may take up to two hours of my time.
2. I agree that I may be contacted to participate in a focus group consisting of parents and professionals to discuss recommended changes ___(initial for consent).
3. I can request a copy of the focus group discussion.
4. The information I provide will be held in the strictest confidence and identifying information will not be used without my written permission.
5. The interview may be tape-recorded _____ *(initial for consent)* and transcribed by an assistant. _____*(initial for consent)*
6. The administrative assistant has signed an oath of confidentially form and has been briefed by the researcher about the duty to protect privacy.
7. In accordance with Memorial University's standard of data retention, the tape recordings, transcripts and notes from the study will be kept for five years and then they will be destroyed to protect participant privacy.
8. The information collected will be stored in an electronic file and a locked cabinet. The researcher and her supervisor are the only persons who have access to these storage sites.

9. The information obtained from the interviews will be read by a committee at the university and will be published for public viewing.
10. The information may be used to write journal articles after completion of the study but no identifying information will be released without prior written permission. _____ *(initial for consent)*
11. I can receive a summary of the final report if I wish.
12. Any information that is disclosed during the course of the interview that concerns risk of child harm must be legally reported by the researcher to the local Children's Aid Society; other situations such as the disclose of sexually transmittable diseases or intent to harm someone most also be reported.
13. There are no foreseeable physical risks with the research study however, the questions are sensitive in nature and may raise emotions. I can speak to the researcher for referral information about resources for ongoing support.
14. I can choose not to answer any question during the course of the interview.
15. I am free to withdraw from the study at any time. If I withdraw from the study all of my information will be removed.
16. I can direct questions about the study or this form to the researcher or her supervisor before I agree to participate.
17. I can speak with a School of Social Work resource person who is not directly involved in the project. That individual is Dr. Nancy Sullivan: chair of PhD (709) 737-4093.
18. Any parking or bus fare expenses I have as part of the study will be returned.
19. The information collected is for research purposes.
20. This study has been approved by the Interdisciplinary Committee on Ethics in Human subjects at Memorial University. If you have any questions or concerns about the study that are not dealt with by me, you may contact the Chairperson of that Committee through his/her secretary, Ms. Eleanor Butler, Office of research at 709 737-8251.

You are making a decision as to whether or not to participate in the study. Your signature on this form indicates that you have read the consent to participate information, or had it read to you, and decided to participate. You may withdraw from the study at any time even after signing the form.

STATEMENT OF CONSENT

I _____ (participant's name) have read the consent form, or had it read to me ____ (participant initials) and understand my role in the research process. I have had the opportunity to ask questions about the study and these questions have been answered to my satisfaction as a result (please check one of the following):

☐ I _____ (participant's name) agree to participate or
☐ I _____ (participant's name) do not agree to participate.

Participant's Signature_____ Date: _____

I acknowledge receiving a signed copy of my consent form. Participant's
Signature_____ Date: _____

Appendix G: Research interview question guide- parents

Adjusting the Lens: Parents Create Change in Ontario's Child Protection System

Focus group with parents

1. Please describe your experience with the child protection system.
2. Are there supports that would have helped you avoid the legal system of child protection?
3. What supports were or would have been helpful during the legal process?
4. What recommendations would you make about the child protection system?
5. How have you managed to prevent re-involvement with a child protection agency?
6. Do you have any suggestions about how to involve parents in child protection changes?
7. How would you recommend the findings of this research be shared with families?
8. Do you have any questions?

Appendix H: Research interview question guide-professionals

Research Interview Question Guide-Professional

Adjusting the Lens: Parents Create Change in Ontario's Child Protection System

<u>Focus group with professionals</u>

1. Please describe your reaction to the proposed changes made by parents.

2. What are the strengths in the suggested changes?

3. Can you identify any barriers in the proposed changes?

4. Which of the recommendations of change would you most likely engage in and why?

Appendix I: Field note

Field Note

Adjusting the Lens: Parents Create Change in Ontario's Child Protection System

Focus Group #	Date:	Location:
Facilitation Members:	# of Participants	

Details of the Discussion:

Non- Verbal Behaviours of Participants:

Appendix J: Participant recruitment script –parent

My name is _____ and I am calling from _____ (name of organization) to inquire if you would be interested in participating in a research study. The project is focused on hearing from parents who have had involvement with the child protection system. The purpose of the research is to provide parents with an opportunity to voice their opinions on the child protection system and offer recommendations, if any, to the current system of care. Bernadette Gallagher, a PhD student at Memorial University of Newfoundland, is conducting the research and this study has been approved by the Interdisciplinary Committee on Ethics in Human subjects at Memorial University. If you have any questions or concerns about the study that are not dealt with by me, you may contact the Chairperson of that Committee through his/her secretary, Ms. Eleanor Butler, Office of research at 709 737-8251. Participation in the study is voluntary, anonymity and confidentiality will be respected and the data will be used for the purposes of the research. The agency will not know if you participated in the research or not. You are free to withdraw from the study at any time.

Your voice is important in this matter. As a participant you would be with other parents discussing your experiences with child protection. There is also opportunity to discuss the changes with professionals within a separate focus group setting. At this time I would like to ask if you would be willing to be have the researcher, Bernadette Gallagher contact you? By saying yes to the contact you have not made a commitment to the study rather it is an opportunity to hear more about the research and ask questions.

I would like to remind you again that your participation is voluntary and whether you participate or not in the research does not impact on any future service with this agency. I would like to thank you for taking the time to hear about the research project.

My name again is _____ (name of administrative assistant) from _____ (name of agency) and I can be reached at _____ (phone number).

Consent to be contacted (check only one)

⌐ Verbal consent given for researcher to be in contact with _____ (name), _____ (telephone number) and _____ address.

OR

☐ Verbal consent denied.

Administrative Assistant Information

Name of individual making contact: _____

Name of organization: _____

Date: _____

Time: _____

Signature: _____

Appendix K : Participant recruitment script-professional

My name is _____ and I am calling from _____ (name of organization) to inquire if you would be interested in participating in a research study. The project is focused on hearing from parents who have had involvement with the child protection. The purpose of the research is to provide parents with an opportunity to voice their opinions on the child protection system and offer recommendations, if any, to the current system of care. Bernadette Gallagher a PhD student at Memorial University of Newfoundland is conducting the research and this study has been approved by the Interdisciplinary Committee on Ethics in Human subjects at Memorial University. If you have any questions or concerns about the study that are not dealt with by me, you may contact the Chairperson of that Committee through his/her secretary, Ms. Eleanor Butler, Office of research at 709 737-8251. Participation in the study is voluntary, anonymity and confidentiality will be respected and the data will be used for the purposes of the research. The agency will not know if you participated in the research or not. You are free to withdraw from the study at any time.

Your voice is important in this matter. As a focus group participant you would be with other professionals discussing the proposed changes made by parents to the child protection system. There is also opportunity to discuss the changes with parents within a separate focus group setting. At this time I would like to ask if you are agreeable to have the researcher, Bernadette Gallagher contact you? By saying yes to the contact you have not made a commitment to the study rather it is an opportunity to hear more about the research and ask questions.

I would like to remind you again that your participation is voluntary and whether you participate or not in the research does not impact on your role as a professional within the agency. I would like to thank you for taking the time to hear about the research project.

My name again is _____ (name of administrative assistant) from _____ (name of agency) and I can be reached at _____ (phone number).

Consent to be contacted (check only one)

| Verbal consent given for researcher to be in contact with _____ (name), _____ (telephone number) and _____ address.

OR

| Verbal consent denied.

Administrative Assistant Information

Name of individual making contact: _____
Name of organization: _____
Date: _____
Time: _____
Signature: _____

Appendix L: Consent to participate as a parent focus group member

Adjusting the Lens: Parents Create Change in Ontario's Child Protection System

CONTACT INFORMATION
Researcher: Bernadette Gallagher, PhD Candidate:
Memorial University of Newfoundland, Phone (647) 229-2766, Fax (519) 754-1221,
Email: bgallagher@rogers.com
Or
Project Supervisor: Dr. Ken Barter, Memorial University of Newfoundland
School of Social Work: Phone (709) 737-2030; Fax (709) 737-7701,
Email: kbarter@mun.ca

Thank you for agreeing to put your name forward to participate in this research as a parent focus group member. The aim of the study is to have parents and professionals associated with child protection talk with each other about how the current system of care can be improved. Parents are asked to propose changes to the system of care and professionals are asked to respond to these changes. This research is performed as a partial fulfillment of the requirements for my Ph.D. in social work at Memorial University of Newfoundland.

By agreeing to participate in the study I understand the following:

1. I understand that the purpose of the study is to explore the experiences of parents who have had with the child protection system in Ontario.
2. I am willing to take part as in a focus group interview and that anything I say in the interview will be held in the strictest confidence. Identifying information will be excluded.
3. I can request a copy of the focus group discussion.
4. I understand that I can choose not to answer any questions during the interview and I am able to withdraw from the study at any time. If I withdraw from the study all of my information will be removed.
5. I consent to the interview being tape-recorded and I understand the tapes will be kept for a period of 5years according the university's research policy. After this time the tapes will be destroyed.
6. I understand an administrative person who has signed an oath of confidentiality may read the audiotapes.
7. The information obtained from the interviews will be read by a committee at the university and will be published for public viewing.
8. The information may be used to write journal articles after completion of the study but no identifying information will be released without prior written permission.
9. I can receive a summary of the final report if I wish.

10. Any information that is disclosed during the course of the interview that concerns risk of child harm must be legally reported by the researcher to the local Children's Aid Society; other situations such as the disclose of sexually transmittable diseases or intent to harm someone most also be reported.
11. There are no foreseeable physical risks with the research study however, the questions are sensitive in nature and may raise emotions. I can speak to the researcher for referral information about resources for ongoing support.
12. This study has been approved by the Interdisciplinary Committee on Ethics in Human subjects at Memorial University. If you have any questions or concerns about the study that are not dealt with by me, you may contact the Chairperson of that Committee through his/her secretary, Ms. Eleanor Butler, Office of research at 709 737-8251.
13. You are making a decision as to whether or not to participate in the study. Your signature on this form indicates that you have read the consent to participate information, or had it read to you, and decided to participate. You may withdraw from the study at any time even after signing the form.

STATEMENT OF CONSENT

I _____(participant's name) have read the consent form, or had it read to me____(participant initials) and understand my role in the research process. I have had the opportunity to ask questions about the study and these questions have been answered to my satisfaction as a result (please check one of the following):

☐ I _____(participant's name) agree to participate or
☐ I _____(participant's name) do not agree to participate.

Participant's Signature_____ Date: _____

I acknowledge receiving a signed copy of my consent form. Participant's
Signature_____ Date: _____

Appendix M: Consent to participate as child protection professional

Adjusting the Lens: Parents Create Change in Ontario's Child Protection System

CONTACT INFORMATION

Researcher: Bernadette Gallagher, PhD Candidate:
Memorial University of Newfoundland, Phone (647) 229-2766, Fax (519) 754-1221,
Email: bgallagher@rogers.com
Or
Project Supervisor: Dr. Ken Barter, Memorial University of Newfoundland
School of Social Work: Phone (709) 737-2030; Fax (709) 737-7701,
Email: kbarter@mun.ca

Thank you for agreeing to put your name forward to participate in this research as a child protection professional and providing permission for me to make contact with you. The aim of the study is to have parents and professionals associated with child protection talk with each other regarding possible changes to Ontario's system of protection. Parents are asked to propose changes to the system of care and professionals are asked to respond to these changes. This research is performed as a partial fulfillment of the requirements for my Ph.D. in social work at Memorial University of Newfoundland.

By agreeing to participate in the study I understand the following:

1. I am participating in one or more group interviews with the researcher(s), other parents_____ *(initial for consent)* and professionals _____ *(initial for consent)* to discuss my experience with child protection services. Each group may take up to two hours of my time.
2. I agree that I may be contacted to participate in a focus group consisting of parents and professionals to discuss recommended changes ___(initial for consent).
3. I can request a copy of the focus group discussion.
4. The information I provide will be held in the strictest confidence and identifying information will not be used without my written permission.
5. The interview may be tape-recorded _____ *(initial for consent)* and transcribed by an assistant. _____*(initial for consent)*
6. The administrative assistant has signed an oath of confidentially form and has been briefed by the researcher about the duty to protect privacy.
7. In accordance with Memorial University's standard of data retention, the tape recordings, transcripts and notes from the study will be kept for five years and then they will be destroyed to protect participant privacy.
8. The information collected will be stored in an electronic file and a locked cabinet. The researcher and her supervisor are the only persons who have access to these storage sites.

9. The information obtained from the interviews will be read by a committee at the university and will be published for public viewing.
10. The information may be used to write journal articles after completion of the study but no identifying information will be released without prior written permission. _____ *(initial for consent)*
11. I can receive a summary of the final report if I wish.
12. Any information that is disclosed during the course of the interview that concerns risk of child harm must be legally reported by the researcher to the local Children's Aid Society; other situations such as the disclose of sexually transmittable diseases or intent to harm someone most also be reported.
13. There are no foreseeable physical risks with the research study however, the questions are sensitive in nature and may raise emotions. I can speak to the researcher for referral information about resources for ongoing support.
14. I can choose not to answer any question during the course of the interview.
15. I am free to withdraw from the study at any time. If I withdraw from the study all of my information will be removed.
16. I can direct questions about the study or this form to the researcher or her supervisor before I agree to participate.
17. I can speak with a School of Social Work resource person who is not directly involved in the project. That individual is Dr. Nancy Sullivan: chair of PhD (709) 737-4093.
18. Any parking or bus fare expenses I have as part of the study will be returned.
19. The information collected is for research purposes.
20. This study has been approved by the Interdisciplinary Committee on Ethics in Human subjects at Memorial University. If you have any questions or concerns about the study that are not dealt with by me, you may contact the Chairperson of that Committee through his/her secretary, Ms. Eleanor Butler, Office of research at 709 737-8251.

You are making a decision as to whether or not to participate in the study. Your signature on this form indicates that you have read the consent to participate information, or had it read to you, and decided to participate. You may withdraw from the study at any time even after signing the form.

STATEMENT OF CONSENT

I _____ (participant's name) have read the consent form, or had it read to me ____ (participant initials) and understand my role in the research process. I have had the opportunity to ask questions about the study and these questions have been answered to my satisfaction as a result (please check one of the following):

☐ I _____ (participant's name) agree to participate or
☐ I _____ (participant's name) do not agree to participate.

Participant's Signature_____ Date: _____

I acknowledge receiving a signed copy of my consent form. Participant's Signature_____ Date: _____

Appendix N: Consent to participate joint parent & professional focus group

Adjusting The Lens: Parents Create Change in Ontario's Child Protection System

CONTACT INFORMATION

Researcher: Bernadette Gallagher, PhD Candidate:
Memorial University of Newfoundland, Phone (647) 229-2766, Fax (519) 754-1221,
Email: bgallagher@rogers.com
Or
Project Supervisor: Dr. Ken Barter, Memorial University of Newfoundland
School of Social Work: Phone (709) 737-2030, Fax (709) 737-7701,
Email: kbarter@mun.ca

Thank you for agreeing to put your name forward to participate in this research as a joint parent and professional focus group member and providing permission for me to make contact with you. The aim of the study is to have parents and professionals associated with child protection talk with each other about how the current system of care can be improved. Parents are asked to propose changes to the system of care and professionals are asked to respond to these changes. This research is performed as a partial fulfillment of the requirements for my Ph.D. in social work at Memorial University of Newfoundland.

By agreeing to participate in the study I understand the following:

1. I am participating in one or more group interviews with the researcher(s), other parents_____ *(initial for consent)* and professionals _____ *(initial for consent)* to discuss my experience with child protection services. Each group may take up to two hours of my time.
2. I can request a copy of the focus group discussion.
3. The information I provide will be held in the strictest confidence and identifying information will not be used without my written permission.
4. The interview may be tape-recorded _____ *(initial for consent)* and transcribed by an assistant. _____*(initial for consent)*
5. The administrative assistant has signed an oath of confidentially form and has been briefed by the researcher about the duty to protect privacy.
6. In accordance with Memorial University's standard of data retention, the tape recordings, transcripts and notes from the study will be kept for five years and then they will be destroyed to protect participant privacy.
7. The information collected will be stored in an electronic file and a locked cabinet. The researcher and her supervisor are the only persons who have access to these storage sites.
8. The information obtained from the interviews will be read by a committee at the university and will be published for public viewing.

9. The information may be used to write journal articles after completion of the study but no identifying information will be released without prior written permission. _____*(initial for consent)*
10. I can receive a summary of the final report if I wish.
11. Any information that is disclosed during the course of the interview that concerns risk of child harm must be legally reported by the researcher to the local Children's Aid Society; other situations such as the disclose of sexually transmittable diseases or intent to harm someone most also be reported.
12. There are no foreseeable physical risks with the research study however, the questions are sensitive in nature and may raise emotions. I can speak to the researcher for referral information about resources for ongoing support.
13. I can choose not to answer any question during the course of the interview.
14. I am free to withdraw from the study at any time. If I withdraw from the study all of my information will be removed.
15. I can direct questions about the study or this form to the researcher or her supervisor before I agree to participate.
16. I can speak with a School of Social Work resource person who is not directly involved in the project. That individual is Dr. Nancy Sullivan: chair of PhD (709) 737-4093.
17. Any parking or bus fare expenses I have as part of the study will be returned.
18. The information collected is for research purposes.
19. This study has been approved by the Interdisciplinary Committee on Ethics in Human subjects at Memorial University. If you have any questions or concerns about the study that are not dealt with by me, you may contact the Chairperson of that Committee through his/her secretary, Ms. Eleanor Butler, Office of research at 709 737-8251.

You are making a decision as to whether or not to participate in the study. Your signature on this form indicates that you have read the consent to participate information, or had it read to you, and decided to participate. You may withdraw from the study at any time even after signing the form.

STATEMENT OF CONSENT

I _____(participant's name) have read the consent form, or had it read to me_____(participant initials) and understand my role in the research process. I have had the opportunity to ask questions about the study and these questions have been answered to my satisfaction as a result (please check one of the following):

☐ I _____(participant's name) agree to participate or
☐ I _____(participant's name) do not agree to participate.

Participant's Signature_____ Date: _____

I acknowledge receiving a signed copy of my consent form. Participant's
Signature_____ Date: _____