

SOCIAL WORK AND CHILD PROTECTION:
IS ANTI-OPPRESSIVE SOCIAL WORK
PRACTICE RELEVANT AND APPLIED IN
CHILD PROTECTION WORK ?

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Social Work and Child Protection:

Is Anti-Oppressive Social Work

Practice Relevant and Applied in Child Protection Work?

by

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Abstract

The social work profession has a responsibility to promote social justice and can be understood as anti-oppressive in approach. The Code of Ethics reflects certain values and principles that are integral to anti-oppressive practice. These values and principles include social justice and advocacy, which are generally not embraced within government bureaucracies (Barter, 2000; Herbert & Mould, 1992). How can social workers abide by their Code of Ethics if they are under the direction of a provincial organization that does not embrace these values and principles?

Two focus groups were conducted with front-line child protection social workers to explore this question. Findings from the study indicate that while social work participants do recognize that the child welfare system is oppressive, they still attempt to work from an anti-oppressive framework. Participants were quick to defend their compliance with their professional Code of Ethics. The role of social work within child protection as well as changes needed to ensure the system is less oppressive to workers and clients is discussed.

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Chapter 1

Introduction

This is an exploratory study. Its primary purpose is to inquire from front-line child protection workers how they perceive anti-oppressive practice and examine how and if they apply principles of anti-oppressive practice in their work. Focus groups are used for data collection. How front-line workers perceive their ability to apply anti-oppressive principles within their agency and whether or not there is a conflict between agency policy and ethical practice is also a part of the data collection process. A Children's Aid Society in Nova Scotia was the site for data collection.

While the literature suggests ideological differences between child protection and anti-oppressive social work practice exist, I am most interested in determining if front-line child protection workers perceive this ideological difference in actual practice. If this difference is observed, how do workers balance their employee role with their professional one?

My interest in this study stems from my own experience as a child protection social worker. I have been interested in how the components of the anti-oppressive perspective can be applied in a field of practice that has serious ideological differences with this perspective. I completed my social work degree at St. Thomas University. This academic institution taught the curriculum from a structural and an anti-oppressive perspective. When I began my practice as a child protection worker in Ontario, I was concerned about how I could apply the principles of the anti-oppressive perspective in this organizational setting.

My single biggest challenge at the agency was dealing with child apprehensions. I can only imagine the amount of emotional pain and anguish for parents where child maltreatment necessitates removing a child from their care. At St. Thomas University, a professor taught me that he has never met a parent who did not love their children, however, he has met some that did not have the skills to raise them. I carried that logic with me into my professional practice only to find that parents on child welfare caseloads are seldom seen as individuals dedicated to their children.

I have witnessed cases where children were removed from homes with little or no emphasis placed on the well-being of the family. The child is placed in a foster home with the social worker returning to the office to complete necessary legal documentation to prepare for family court. The emotional and psychological well-being of the parents is not necessarily foremost in the intervention.

In my experience, children and foster parents are also negatively impacted by this process. For a variety of reasons, little thought is given to the emotional and psychological well-being of the children or foster parents who are often left on their own to look after the child. Pressures of workload and court make the social worker inaccessible unless there is a need for answers to questions that must be documented for the file. At a family's most vulnerable time, I think it is unfortunate that so many other responsibilities take the social worker away from spending time with the family.

I am not suggesting that social workers are insensitive and unjust. Rather they are exhausted from a system that fails to recognize the importance of building continuous and positive relationships. In my experience, social workers in child welfare have become

bureaucratic professionals and managers of scarce resources. How can one spend time focusing on client care when agency managers and the Ministry have set rigid and inflexible guidelines for documentation and accountability?

From a professional practice perspective, I found working within child protection agencies to be quite difficult. I believe that my high caseload was negatively impacting my ability to work effectively with clients because it was hurting my opportunity to form quality relationships. I believe relationship building is vital to practicing from an anti-oppressive perspective and realizing positive outcomes for families.

In addition, other factors within the agency became problematic. The focus was on individuals, families and a 'goodness of fit' model rather than addressing larger social issues. The social worker's responsibility was to help clients fit with the present system rather than examine and address problems within the system itself. In my experience, the social worker's role was more reactive to child protection issues rather than preventive. I found many agency policies oppressive to workers and clients. In addition, the agency ideology was often times in conflict with my professional education and the CASW Code of Ethics (1994).

Agency accountability presented another challenge during my time as a child protection worker. I found that 'agency accountability' rarely referred to responsibility to clients and families. Rather, it more often translated into complying with organizational requirements. In other words accountability was dedicated to ensuring the legal protection of the child welfare agency was maintained. For example, this focus kept workers busy with documentation whereby professionals tend to spend less time in the

field ensuring the safety of children in the community. Documentation impacts upon the culture of an agency and how social workers view their role within it. "When our paperwork requirements direct attention away from those issues that are important to families, we risk developing *form-centered services* rather than *family-centered services*" (Madsen, 1999, p. 330). Paperwork requirements which negatively impact the quality and quantity of worker-client interaction creates a significant challenge for child protection workers interested in practicing from an anti-oppressive perspective.

This researcher acknowledges there will always be accountability requirements in child protection practice. The challenge is in determining how much is necessary in ensuring true accountability to the system, to families, and to the profession. Finding this balance may be the key to freeing time so front-line workers may spend more time developing positive relationships with clients, families, and the larger community. Understanding the importance of this balance will better prepare social workers to practice from an anti-oppressive framework.

This study is an attempt to understand how child welfare systems operate and look for ways to improve services for clients, communities, and society as a whole. It is hoped this study will invite a discussion about some of the ways an anti-oppressive perspective can be applied in professional practice. In addition, the research will lead to a broader debate about the role of the social work profession in our society. Such debate is imperative to developing insight into professional practice with respect to agency policy and societal expectations of our profession.

From a practice perspective, this study will help to better understand how social workers can maintain professional integrity in a child welfare working environment. The study provides an opportunity for professionals in the field to examine their own professional values with respect to their agency, the profession, and families. Such a discussion is not only beneficial to individual workers but also will serve to create a collective awareness of the role of social work in our current child welfare system.

My experience as a social worker within the child welfare system has been largely positive despite the challenge associated with practicing from an anti-oppressive perspective. It is my hope that completing this study will help me achieve the balance referred to above.

It should be noted that this study does not explore issues relevant to Aboriginal Peoples. The experience of Aboriginal Peoples with respect to oppressive practices and policies pertaining to the child welfare system are far more complex and beyond the scope of this study. It would be inappropriate to assume that the issues of Aboriginal Peoples exist on the same level as the general population.

Chapter 2

Conceptual Framework (Anti-Oppressive Perspective)

According to Mullaly (2002),

oppression is generally understood as the domination of subordinate groups in society by a powerful (politically, economically, socially, and culturally) group. It entails the various ways that this domination occurs, including how structural arrangements favor the dominant over the subordinate group (p. 27).

It is important to note that oppression is not only found on an individual level. Mullaly (1997) believes that oppression is structural and takes the form of, "...unquestioned norms, behaviors and symbols" (Mullaly, 1997, p. 145).

This view is supported by Dominelli (2002) who highlights the importance of conceptualizing oppression as "cruel or unjust treatment" on multiple levels including cultural and structural. She stresses that viewing oppression simply on a one-dimensional level ignores the "multiplicity of the structural elements of power that are located in the institutional and cultural domains" (Dominelli, 2002, p. 9). She further states that these are important components because they shape our everyday lives and support oppression in a way in which we do not have to consciously think about.

A misconception is that oppression only occurs through intentional acts. According to Mullaly (1997) this is not the case. He believes that oppression is also prevalent in our publicly funded health and social services programs as well. This view is support by Dominelli (2002). "When forming oppressive relationships, people engage in strategic decisions that exclude certain groups or individuals from formally and legitimately

accessing power and resources” (p. 8). Most members of the public may not see themselves as oppressors. Rather they see themselves as being in a privileged position as a result of their own hard work and effort and see oppressed people as a “dangerous class” that need to be “controlled” (Mullaly, 1997, p. 140).

Why does oppression occur? Mullaly (1997) stated that oppression occurs because it benefits the dominant group. He states,

Oppression protects a kind of citizenship that is superior to that of the oppressed. It protects the oppressors’ access to a wider range of better paying and higher status work. It protects the oppressors’ preferential access to and preferential treatment from our social institutions (p. 139).

Furthermore, Mullaly (1997) pointed out that oppression can take several forms. They include: exploitation, marginalization, and powerlessness.

Exploitation refers to the process whereby the energy and labour of subordinate groups are used by dominate groups to maintain status and power within a society. Marginalization refers to the exclusion of subordinate people or groups by individuals and groups occupying positions of dominance within society. Finally, powerlessness refers to the lack of power that individuals and groups have in the decision making process concerning issues that affect their lives. In addition, it refers to the way people are treated as a result of their lack of power in society (Mullaly, 1997).

Given certain behaviors may be interpreted as oppressive to others, it is important to develop practices to help ensure we are working from an anti-oppressive perspective. The question remains, what is anti-oppressive social work practice? According to Dumbrill

(2003), “anti-oppressive practice is concerned with eradicating social injustice perpetuated by societal structural inequalities, particularly along the lines of race, gender, sexual orientation and identity, ability, age, class, occupation and social service usage” (p. 102).

Dominelli (1998) defines anti-oppressive practice as,

a form of social work practice which addresses social divisions and structural inequalities in the work that is done with ‘clients’ (users) or workers. Anti-oppressive practice aims to provide more appropriate and sensitive services by responding to people’s needs regardless of their social status. Anti-oppressive practice embodies a person-centered philosophy, an egalitarian value system concerned with reducing the deleterious effects of structural inequalities upon people’s lives; a methodology focusing on both process and outcome; and a way of structuring relationships between individuals that aims to empower users by reducing the negative effects of hierarchy in their immediate interaction and the work they do together (p. 6).

Social workers who support an anti-oppressive perspective, “...conceive of social work as a social institution with the potential to either contribute to, or to transform, the oppressive social relations which govern the lives of many people” (Campbell, 2004).

Based on the literature discussed above, the purpose of the anti-oppressive perspective is to recognize and reduce some of the oppressive structures and behaviors that exist within society. An anti-oppressive social worker realizes that interactions with clients may also be deemed oppressive and works to reduce these oppressive behaviors.

How does a social worker practice from an anti-oppressive perspective? According to Mullaly (2002), “to be able to engage in meaningful dialogue the anti-oppressive social worker must develop a dialogical relationship with service users- a relationship based on horizontal exchange rather than vertical imposition” (p. 182). In order to do so, social workers must not use an expert approach when working with clients. While it is true that workers have unique knowledge and skills, the client equally has unique and special knowledge about their own family. In this approach, knowledge is accepted and validated ‘from below’ as well as ‘from above’ (Ife, 1996).

A social worker using an anti-oppressive approach helps reduce the sometimes oppressive nature of the work. “As anti-oppressive social workers we do not want to reproduce the kinds of social relations that have oppressed people in the first place” (Mullaly, 2002, p. 182). As discussed above, the worker/client relationship is imperative to establishing trust and deconstructing some of the myths that add to the oppression of clients. Fine, Palmer and Coady (2003) found that “parents appreciated workers who they could trust, and who reached out to them” (p. 286).

Dominelli (2002) highlights the importance of workers having a knowledge and understanding of their own identity and value system. Referring to social workers, Dominelli (2002) states, “unless they locate themselves and who they are within the context of a working relationship, practitioners are likely to engage in stereotypical behavior that can damage the work they do with clients” (p. 107). Social workers need to appreciate how their own value system impacts upon their understanding of the world, as

well as how they see their position within society and how they interact with others around them.

This view is supported by Mullaly (2002) who refers to the process as being “critically reflective” (p. 174). This means a worker must critically analyze his/her own behavior with respect to their clients and within the larger system (Thompson, 1998). In this way, workers are constantly evaluating their own actions to ensure their behavior and that of their agency is in line with an anti-oppressive practice perspective.

Linking individual issues to larger structural problems is a vital component of practicing from an anti-oppressive perspective. According to Dominelli (2002) “to work in anti-oppressive ways, social workers need to be able to address these issues directly in the work they do with individuals, if they are to deal competently with the links between social structures and individual behavior” (p. 107).

The process of addressing individual issues in a social context with clients is also addressed by Mullaly (2002) in a concept known as “consciousness raising.” Mullaly (2002) argues that there are four elements to consciousness-raising. These include: ‘the person is political,’ ‘normalizing,’ ‘reframing,’ and ‘dialogical communication’ (p. 180).

In order to empower people and to reduce oppression, Mullaly (2002) maintains that individuals need to be conscious of how their oppression is linked to the larger structures in society. He believes workers should assist clients in recognizing this so they can come together to strive for political change. In so doing, the person becomes political by forming together with others to address individual issues in a larger social context.

Normalizing an experience for clients is also a critical aspect of consciousness raising. It helps clients to recognize that oppression is being experienced by others as well. Normalizing an experience can help to reduce feelings of shame and guilt by allowing clients to gain insight into how their own issues are related to others who have experienced similar problems as a result of an unjust system.

Reframing involves assisting clients to understand issues in the context of larger social and political structures. These techniques allow the worker to practice effective consciousness-raising with clients and are important components of practicing from an anti-oppressive perspective.

Empathy is another key component of anti-oppressive practice. It is essential for social workers to attempt to fully appreciate the oppression and disempowerment that is sometimes felt by clients. According to Clarke (2003),

empathic conversational processes are manifested in a pattern of interaction that moves the dialogue toward mutual understanding. Acknowledging differences between dialogue partners and communicating one's inability to fully understand another's experience are viewed as facilitative rather than problematic (p. 259).

In this way, our empathy leads to critical analysis that is necessary to implementing anti-oppressive practice at the personal, cultural, and structural level.

Dominelli (2002) has also devised a holistic intervention chart for anti-oppressive practice (Figure 1). She suggests that in order for social workers to adopt and adhere to an anti-oppressive perspective, they must integrate, "their feelings, thinking, actions and a process of reflexivity in their evaluation of their work in practice" (p. 184).

This model allows workers to understand the various influences that interact to create an environment of oppression. Understanding these processes and their interactions with each other is the first step to practicing from an anti-oppressive perspective. The anti-oppressive focus on structural as well as personal issues, allows practitioners to appreciate the interdependency of all individuals in our society. We can not be solely held responsible for our own actions when so many other structural issues play a role in our own struggles and triumphs (Dominelli, 2002).

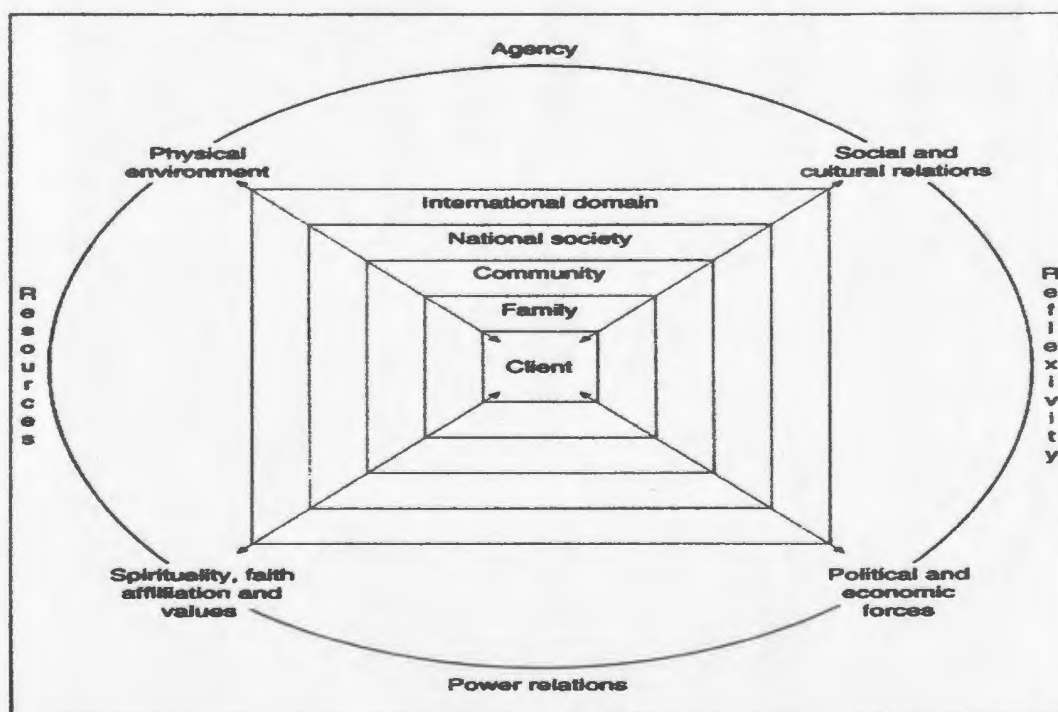


Figure 1. Holistic Intervention Chart for Anti-Oppressive Practice

Dominelli, 2002, p. 184

There are many more components necessary to practicing from an anti-oppressive perspective. I have focused on selected components of anti-oppressive practice that I have found to be useful in my own practice. These components include being empathetic

to clients and their needs, being critically reflective in ones practice, and assisting clients with consciousness-raising of their issues. All of these components are cognitively based and rely on social workers to be critical of themselves and their practice. Workers must be in a state of constant evaluation about their practices and interactions with clients and service providers. Such insight is important to practicing from this perspective and can often be impeded by other factors both within and outside of a social work agency. Failure to reconstruct our own thinking process will ultimately lead to a failure in implementing an anti-oppressive perspective in professional practice.

The anti-oppressive perspective embodies the spirit of social work practice. The conceptual framework in this chapter outlines the principles and fundamental values of practicing from this approach. The anti-oppressive perspective recognizes and seeks to address the role of larger structural issues in our society. In addition, it supports the principles of advocacy and social justice as well as attempts to empower clients to address social issues in their own lives and in the community. These concepts also represent the core values of the CASW Code of Ethics and are at the heart of social work practice.

The relationship between the anti-oppressive perspective and professional social work practice makes it an ideal conceptual framework for this study. The study question explores the relevance and application of anti-oppressive practice in child welfare work. On a larger scale, the relationship between the anti-oppressive perspective and child protection work will provide further information and discussion about the application of social work principles and practices within a child welfare setting. Since the anti-

oppressive perspective shares a similar ideological position with the social work profession, it is possible to make these links.

Chapter 3

Literature Review

Oppression is a serious social issue facing our world. Social workers are challenged to confront social injustices resulting from this oppression. According to the International Federation of Social Workers (2000),

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.

Oppression and the Nova Scotia Association of Social Workers

Social workers in Nova Scotia are required to be members of the Nova Scotia Association of Social Workers (NSASW) as per the Social Workers Act. The NSASW serves as a regulatory body, "...ensuring competent social work practice through the registration of appropriately qualified social work candidates and by investigating complaints against social workers who are alleged to be incompetent, accused of professional misconduct, or have breached the Code of Ethics." (NSASW, n.d.). As a member of the NSASW, workers must respect and adhere to the rules and guidelines of the Canadian Association of Social Worker's Code of Ethics. This Code (2005) states, "the profession has a particular interest in the needs and empowerment of people who are vulnerable, oppressed, and/or living in poverty" (p.3).

The NSASW and the Canadian Association of Social Work (CASW), as a matter of policy and ethics, are committed to the enhancement of social justice and reducing oppression on an individual, cultural, and structural level. As a result of their membership in these professional associations, social work members are committed to addressing issues of oppression and inequality in society.

Oppression and the Canadian Association of Schools of Social Work

The Canadian Association of Schools of Social Work (CASSW) also recognizes the importance of training social work professionals on issues pertaining to oppression and social justice. The CASSW is the organization that is responsible for the accreditation of schools of social work throughout Canada. In order for Canadian schools of social work to offer programs that are recognized by the Canadian Association of Social Workers, these schools must be accredited and recognized as offering acceptable and appropriate social work programs. Section 1.2 of the CASSW policy statement says,

...schools are expected to promote a professional commitment to optimize the dignity and potential of all people. To this end, schools are expected to provide education enabling professional action to remove obstacles to human and social development and to challenge oppression (CASSW, 2000, p. 3).

As a requirement of their accreditation, Canadian schools of social work are obligated to provide training that is congruent with anti-oppressive practice. In addition, some Canadian schools of social work operate from a structural perspective that supports anti-oppressive practice. Anti-oppressive practice, as is the social work profession, is social justice oriented.

The point being made here is that on all levels, the social work profession is focused on social justice and anti-oppressive practice. As a requirement, Canadian schools of social work are expected to offer courses that assist students in addressing these issues. In addition, the Canadian Association of Social Workers requires social work professionals to address and advocate for social justice in professional practice. As a requirement of their Code of Ethics (2005), social workers are required to practice from an anti-oppressive perspective.

Child Protection Social Work Practice

With the exception of Aboriginal peoples recognized under the Indian Act, child and family services are the legislative responsibility of individual provinces and territories. (Government of Canada, 2000). In Nova Scotia,

the Minister of Community Services is responsible for the protection of children and has the legislated mandate for the administration of the Children and Family Services Act....To meet this mandate the Minister has established a network of private Children's Aid Societies, Family and Children Services agencies, and government-run district offices to deliver child welfare services across Nova Scotia. Both district offices and private agencies are accountable to meet the Department's program standards and policies (Government of Canada, 2000).

Section 6(1) of the Nova Scotia Children & Family Services Act (1991) requires social workers to enforce the Act.

According to Shireman (2003), “child welfare has historically been a part of the social work profession” (p. 5). On the surface, child protection practice is dedicated to

protecting children from abuse and neglect. Front-line social workers in child protection deal with social issues in the lives of individuals and families on a daily basis. It is for this reason the social work profession is very much dedicated to child welfare work.

Beneath the surface, child protection agencies provide a means of social control and regulation designed to maintain the status quo. The mandate of child protection agencies does not extend into challenging the system to make changes that are required to improve the plight of vulnerable individuals and families in our society. Instead, “child welfare protects privilege by removing the children of those marginalized in society” (Dumbrill, 2003, p. 106). In his/her role as a child protection worker, the social worker, “acts largely as an agent of control on behalf of the community” (Poirier, 1986, p. 215). Furthermore, “child welfare masks its propensity to oppress by presenting its efforts to protect children as the product of ‘civilized’ society and contrasting its compassionate treatment of children with the barbaric treatment of children in past societies” (Dumbrill, 2003, p. 103). While it is recognized that a civilized society must provide a service to keep children safe, the manner in which this is done is of question.

Anti-Oppressive Perspective and the Child Protection Agency

Child protection practice and the anti-oppressive perspective are based on conflicting ideological paradigms. Child protection practice is part of the social control and order ideology. This ideology views society as, “...orderly, stable, and unified by shared culture, values, and a consensus on its form and institutions” (Mullaly, 2002, p. 7). The order ideology views social problems in individuals as arising from issues in the socialization process. Mullaly (2002) states, “at the individual level it is believed that the

source of social problems lies within the person him or herself...Individuals are carefully scrutinized (diagnosed, assessed) to discover the explanation for the problem” (p. 10).

Mullaly further reasons,

...to guard itself from disequilibrium, society will attempt to return the person to normal functioning through its social institutions. If society’s official agents, such as teachers, social workers, or police, fail to correct or control the malfunctioning or out-of-step person, then he or she may have to be removed from society and the individual’s behavior neutralized by institutionalization (Mullaly, 2002, p. 8).

In the case of child welfare, parents who do not meet society’s expectations for how to raise children could have them removed until they are prepared to conform.

While most social work theories and practices, including child protection work, are based on the order paradigm, anti-oppressive practice arises from the conflict paradigm (Mullaly, 2002). The conflict paradigm views society as being held together by the “differential control of resources and political power” (Mullaly, 2002, p. 7). Conflict theory and the anti-oppressive perspective reject the notion of maintaining the status quo. According to Mullaly (2002), “the conflict perspective is strongly identified with critical theory, which attributes social problems to social structures, processes, and practices that favor certain groups in society and oppress others along the lines of class, race, gender, age, and so on” (p. 13). This view is supported by Payne (1997). He states, “...radical theory questions the existing social order, it sees the problem as one of social order and structures rather than one individual or group problems or disadvantages” (p. 247).

The focus in the anti-oppressive perspective is not on the individual or family but rather on how social structures lead to the oppression of individuals and families (Mullaly, 2002). Horton (1966) (as cited in Mullaly, 2002) suggests that conflict theorists believe that in order to have a just world, “radical reorganization of society” (p.13) is necessary.

Understanding the differences between the order and conflict paradigms is crucial to comprehending how the ideological positions can come into disagreement. Furthermore, appreciating how these paradigms are applied in practice is a vital component to understanding the inner workings of a social work agency.

Howe (1987) argues that our decision making process is not independent of theory and the way we perform our duties is very much related to the way in which we view and understand society. He argues,

perception, conception, and action are intimately linked, bound as they are inside their own theoretical order. What we do with our social work clients is not a matter of self-evident commonsense. It is a matter of theoretical choice, whether we care to recognize it or not (p. 46).

Essentially, the underlying theoretical framework or value system of a child protection agency and its workers toward the root causes of social problems impacts how they respond to such issues.

For example, risk assessment tools implemented by child welfare agencies impact on the ideological perspective of an agency. These tools change the way that social workers

understand their role and purpose. According to Parton (1998),

...the new mentalities of risk not only reconstitute the nature and focus of child welfare work and the nature of relationships between social workers and their clients, they are also significant in terms of the way workers think about and organize themselves and are organized- their obligations and the way they are made accountable (p. 20).

Risk assessment tools do not address larger social issues (an obligation for social workers) and put the focus on individuals and families. They tend to view families in negative terms and take an expert approach in their assessment of client issues.

If this is the case, it is suggested that Canadian child welfare systems respond to child protection concerns with an emphasis on parental dysfunction. These systems have become too narrow in focus, goals, and objectives. When examining the Canadian child protection system, Khoo, Hyvonen, and Nygren (2003) found "...the Canadian system is residual, with only the most vulnerable served by child protection agencies. Work processes are increasingly standardized and carried out by duly indoctrinated child protection workers" (p. 509).

The study by Khoo, Hyvonen, and Nygren (2003) compared the child welfare system in Sweden to that of Canada. They found that the Canadian system was most concerned with "controlling and limiting professional autonomy by regulating and proceduralizing work strategies" (p. 509). In addition, these researchers found that more emphasis is placed on assessments and eligibility requirements designed to determine child protection

rather than, “emphasis on client rights, solidarity, and participation” (p. 522) that is found in Sweden.

Khoo, Hyvonen, and Nygren’s (2003) study highlights the Canadian child protection system’s focus on individuals and families rather than addressing larger structural issues. A similar view is supported by Dominelli (2004). She suggests the child welfare system needs to ensure that focus on children is placed in the social context and recognizes the importance of community involvement in a child’s life. It is not being suggested that children need not be protected. Rather there is a need to look at these social issues from a larger perspective to understand what common factors place families on child protection caseloads. Once these reasons have been identified, more work needs to be done to address the larger social issues so that the present system of blaming parents and families can end. After all, are not social justice and advocacy for oppressed people the major components of the social work profession?

Dominelli (2002) contends it is important for the entire agency to support an ideology dedicated to anti-oppressive practice. She believes it is not enough for a worker to support anti-oppressive principles. The child welfare agency must also support the initiative. Referring to social workers, Dominelli (2002) suggests, “the agencies they work within have to be committed to addressing the structural components of oppression rooted in institutional practices and cultural norms alongside the interpersonal ones. The working environment has to be an anti-oppressive one throughout” (Dominelli, 2002, p. 33).

However, research has found that government agencies are not necessarily committed to anti-oppressive principles and values. According to Barter (2000), "social justice, advocacy, client participation in decision-making and individual empowerment are not principles or values generally supported within public government bureaucracies" (p. 8). This view is supported by Herbert and Mould (1992). They found that organizations employing child welfare workers do not view advocacy for children as being "legitimate" and "necessary" for front-line workers. "These organizations neither include the advocacy function in their job description nor encourage frontline workers to advocate for clients on their caseloads, perhaps because they tend to perceive these activities as potentially adversarial to the system" (Herbert & Mould, 1992, p. 115). As principles of advocacy, social justice, and client participation are vital to practicing from an anti-oppressive perspective, social workers employed within government operated child protection agencies are placed in a dilemma.

Wasserman (1971) (as cited in Poirier, 1986) found that child protection workers employed within an agency for a few years eventually accept procedures of that agency. The workers come to adopt agency procedures and policies into their own thinking as a means to derive job satisfaction. Workers who are unable to adjust their professional values to those of the bureaucratic organization eventually leave. Workers who do choose to continue their careers working within the child welfare system must confront barriers to practicing from an anti-oppressive perspective.

Barriers to Anti-Oppressive Practice

Wagner and Cohen (1978) argue that the “professionalism” of social work has changed the way in which social workers address client issues. They view “professionalism” as a,

...political strategy and ideology which affects workers in their relationships with their agencies, clients, colleagues, and workers in allied fields. Professionalism dictates certain political behaviors which are very different from those of nonprofessionals. Professional social workers are expected to identify with their agency, supervisors, and administrators (p. 47).

These authors argue that professionalism creates a workplace culture that views social workers as aligning themselves with management rather than clients or colleagues. In this way, “the neutrality of professionalism is a thin veneer for standing on the side of the bosses” (p. 48). In addition, such an approach also further oppresses child welfare clients. The social worker perpetuates the oppression caused by the dominant group (child welfare agency).

Other agency factors may also impede a worker’s ability to practice from an anti-oppressive perspective. According to Dominelli (2004), “social work with children has become highly routinized and bureaucratized as it has increasingly moved away from professional and into managerial control” (p. 115). As an example, agencies determine worker caseloads and supervise the content of practice (Wagner & Cohen, 1978). A recent study by the Canadian Association of Social Workers found that many social workers believe that caseloads are too high and there are not enough adequate services

available to meet client needs (CASW, 2003). According to the study, “employing organizations are seen as more interested in saving money than providing quality service to children and families” (CASW, 2003, p. 12). Social workers participating in this study believed that forming relationships with clients is an important “catalyst for change” and the demands of the work environment hinder this process (CASW, 2003, p. 21).

This view is supported by Clarke (2003). She states, “...a large body of clinical outcome research offers substantial evidence that relationship factors, including empathy, are more predictive of successful clinical outcome than treatment method or technique” (p. 248).

Dominelli (2002) argues that mainstream social work is also not supportive of adopting an anti-oppressive position. She argues that the mainstream profession sees anti-oppressive practice as, “...a political act that runs counter to professionalism and outwith the bounds of professional solidarity with clients” (p. 71). She further states, “remaining neutral, rather than displaying a commitment to improving people’s well-being in general, has enabled the profession to forgo challenging structural inequalities within the existing social order” (p. 71).

A similar view is supported by Barter (2000). He states, “ethical commitments to social and economic justice imply challenging the status quo” (p. 14). Social workers who claim to be neutral are actually supporting the status quo. The current status quo in Canadian society is one represented by increased child poverty, dominance and violence toward women and children, and continued and prevalent wage disparity (Barter, 2000).

Given the serious levels of oppression and poverty that continues to exist in society, it is important to challenge the status quo by abiding by the Code of Ethics (Barter, 2000).

Herbert and Mould (1992) found that social workers in public service settings perceive their advocacy roles to be limited as a result of "bureaucratic barriers, by heavy client demands and organizational demands, and by their own perceived lack of knowledge and skills necessary for advocacy activities" (p. 116). In addition, they found that child welfare workers believe that, "advocacy behaviors should be more evident in their day-to-day practice" (p. 125).

Madsen (1999) also supported the view of other authors when he stated, "clinicians describe having too much to do with not enough time and too few resources, being overwhelmed with paperwork, and feeling exasperated with bureaucratic dilemmas and continually shifting mandates" (p. 325).

Bailey (1980) believes that social workers need to be "agitators" in their pursuit of social justice for their clients. He argues that if policies are not congruent with the professional assessments of social workers, then they should not execute them. However, Bailey (1980) does not believe this is happening. He states, "social workers do not do this, however: they carry out policies which are detrimental, in social work terms, to their clients, and so they are the pawns and police of the system and not professionals" (Bailey, 1980, p. 225). However, challenging the system can come with a price. Social workers who choose to take the side of their clients in opposition to their employer or agency often face dismissal (Lundy & Gauthier, 1989).

Lundy and Gauthier (1989) give the example of social workers and management in Newfoundland and Labrador who challenged the system. Three social workers and a manager, “refused to implement a provincial policy on the grounds that it was culturally inappropriate to the Aboriginal community they were serving, potentially harmful, and counter to the social work ethics of practice at the time....” (Lundy, 2004, p. 187). The workers were dismissed and the case was taken to court. In the end, the Supreme Court of Newfoundland and Labrador supported the actions of their government employer. It is interesting to note that neither the national office of the CASW or the local union advocated on behalf of the workers (Lundy & Gauthier, 1989; Lundy, 2004). Lundy and Gauthier (1989) state, “this is a striking case of how the state monitors practice, regulates social work, and ultimately attempts to undermine alliances” (p. 192).

Garrett (1980) also comments on the culture of social services agencies. Referring to social workers, she states,

we are encouraged to be deferential and passive to authority but ambitious and successful enough to get up far enough to make decisions which affect others. We can afford to care about our clients as long as doing so doesn't interfere with the efficient peaceful running of the department and the smooth relations between managers, workers, and clients (p. 202).

The assumption here is that workers can not hope to move up the professional ladder if they insist on advocating for the best interests of clients. In this way, workers struggle with what is best for clients and what is best for their own professional career.

This type of ethical decision making creates difficulty for social workers. The recently revised CASW Code of Ethics (2005) continues to be ambiguous with respect to what decisions to make when ethical issues arise within one's agency. The Code of Ethics (2005) states,

Instances may arise when social workers' ethical obligations conflict with agency policies, or relevant laws or regulations. When such conflicts occur, social workers shall make a responsible effort to resolve the conflicts in a manner that is consistent with the values and principles expressed in this Code of Ethics. If a reasonable resolution of the conflict does not appear possible, social workers shall seek appropriate consultation before making a decision. This may involve consultation with an ethics committee, a regulatory body, a knowledgeable colleague, supervisor or legal counsel (p. 3).

Although the new Code of Ethics (2005) acknowledges that ethical issues may arise between agency policy and the Code of Ethics, it still does not commit the CASW to support social workers who choose to violate agency policy. According to Lundy and Gauthier (1989), "like the profession itself, the Code embodies a duality that both challenges and supports the status quo" (p. 192). The Code of Ethics needs to be revised to protect the rights of social workers as employees within agencies (Lundy & Gauthier, 1989).

Child Welfare Legislation and the Use of Power

Child welfare legislation, in theory, provides social workers with a tremendous amount of power and authority to intervene in the lives of families, even with strong

opposition from clients (Poirier, 1986). How workers utilize their legislative power in working with clients can seriously impact the quality of the relationship with a family. If social workers exert power over families, clients often feel oppressed and disempowered. Pinkerton (2002) states, "the power and status imbalance is firmly with the worker who is advantaged as a representative of the state. It is also likely to be reinforced by the parents being disadvantaged by factors such as class, gender, race and age" (p. 102).

Dalrymple and Burke (1995) state that sometimes people get duties and power confused. They argue that power is given to individuals or bodies by a statute. However, the individual social worker may choose not to exercise that power. "It is the imposition of duties which people in social care practice may feel contributes to the oppressive elements of legislation" (Dalrymple & Burke, 1995, p. 32). In the case of child protection, it is irresponsible to pretend that social workers do not hold power in the relationship. What is important is how social workers use that power in the relationship to facilitate change in the client or family.

Dumbrill (2003) studied the reactions of child welfare clients to the use of power by social workers. He found that parents' responses to the social workers was dependent upon how the client perceived the workers use of power. Clients described their experience as either "fighting child protection services," "playing the game by feigning co-operation," or "co-operatively working with services" (Dumbrill, 2003, p. 115). Furthermore, he found that parents who felt that workers were using power over them tended to fight or "play the game." Parents who felt that power was being used with them tended to have co-operative relationships with workers (Dumbrill, 2003, p. 115). A

client's perceptions' impacts their reactions to child protection workers. This reaction is a major determining factor in intervention outcomes.

There is also a concern that too many children are being uprooted from their families because social workers have not taken the time or simply do not have the time to build positive relationships with families. There is a requirement for more preventive work to take place so children can remain with their families. How often has the system failed children and families by failing to provide early intervention and preventive services?

Challenge for the Profession

According to Specht and Courtney (1994), "...social work emerged as a profession in response to the inability of communities and families to deal with poverty, disease, disability, discrimination, oppression, and loneliness" (p. 8). Social workers are often agents of change fighting oppressive government programs and systems. Child protection social workers often find themselves in the role of the oppressor employed by government agencies.

Workers are dealing with increasingly high caseload numbers and documentation requirements. Increasing amounts of time are spent moving from crisis to crisis rather than addressing larger structural issues. The result is the belief that social work has abandoned its mission. Specht and Courtney (1994) argue that over the years social workers have become convinced that psychiatry, psychoanalysis, and humanistic psychology are more appropriate ways to deal with social issues. As a result, social workers have a tendency to focus on individuals rather than larger social structures. In order for child protection theory and practice to become more anti-oppressive and user-

empowering, more collective and community based practices must be utilized (Boushel, 1994).

According to Barter (2000), "the client/community paradigm emphasizes caring, respect, acceptance, and personal and social power. These results are derived from relationships, as opposed to programs and services that are preoccupied with efficiency, effectiveness, and accountability" (p. 7). As discussed above, the focus on relationships is important to practicing from an anti-oppressive perspective. "The community vision supports the importance of therapy and advocacy, but suggests that these activities take place within a framework that connects personal troubles and public issues" (Barter, 2000, p. 9).

For Lundy (2004), "community work inevitably includes strategies to promote social change and social justice" (p. 181). She believes that social workers are increasingly realizing the need to form coalitions to impact larger social change. In that spirit, the importance of organizing community has never been more important.

Dominelli (2004) believes that what needs to change is our thought process about the entire system. She states that while we should continue to address child protection concerns, our focus needs to shift to examining the larger social context. According to her, "...professionals would reorient the system towards a child's personal well-being within a social context that includes interactions with others from their communities alongside family members and tackling structural inequalities as they impact upon a specific child" (p. 110).

For child protection social workers the challenge is how to transform the present system to one that involves and embraces the community as an important part of social work practice.

The core values of social work promote the principles of social justice and anti-oppressive practice as part of its philosophy statement and professional Code of Ethics. Review of the literature has found that ideological differences between the professional Code of Ethics (2005) and child protection practice leaves front-line workers caught in the middle between their professional and employee roles. In addition, the literature suggests that this conflict has lead to workers adopting oppressive roles within society. With these opposing ideological positions, is it possible or even appropriate for child protection work to be practiced from an anti-oppressive perspective? How do social work professionals maintain their commitment to their Code of Ethics and to their child protection agency? How can the social work profession hold true to its own value system within the field of child welfare?

Chapter 4

Methodology

Qualitative methods were used to gather data for this study. There are several reasons why using a qualitative research method is appropriate for this study. In qualitative research studies, “researchers develop concepts, insights and understanding from patterns in the data, rather than collecting data to assess preconceived models hypotheses or theories” (Taylor & Bogdan, 1984, p. 5). For this study, I am interested in learning more about how social workers perceive the relationship between anti-oppressive social work practice and child protection practice. I am beginning my study with only a “vaguely formulated research question” (p. 5) and this makes this type of study ideal for qualitative analysis (Taylor & Bogdan, 1984). I am not attempting to test a theory. This type of study would be more appropriate for quantitative research designs.

In addition, qualitative analysis is descriptive in nature and allows for more exploration of social situations (Edmunds, 1999). Quantitative research studies are more rigid and often times do not lend themselves to gathering large amounts of descriptive data about events and situations. In quantitative analysis, the researcher has already designed questions in advance and this generally does not allow room for information to be obtained outside of these pre-conceived questions. I am expressing a genuine curiosity about the field of child welfare and the perceptions of those working within it. Therefore, it is important that a qualitative research method be used to ensure that I have not unintentionally ‘shut the door’ on possible insights about this field that might occur if I had used a quantitative research design.

Once determining that a qualitative research design would be most appropriate for this study, I considered several possible methods for data collection. Ultimately I determined that focus groups would be most appropriate.

Focus group research allows a researcher to probe and seek clarification during the conversation (Edmunds, 1999). According to Rubin and Babbie (2001), “the group dynamics that occur in focus groups can bring out aspects of the topic that evaluators may not have anticipated and that may not have emerged in individual interviews” (p. 589). This is important for this study as the goal is to gather as much information as possible to help understand the issue.

Focus group’s facilitate brainstorming and is a good way to generate ideas (Edmunds, 1999). In addition, “focus groups are advantageous when the interaction among interviewees are similar and cooperative with each other, when time to collect information is limited, and when individuals interviewed one on one may be hesitant to provide information” (Creswell, 1998, p. 124). For these reasons focus groups were the ideal way to collect data for this study and with this group of participants.

Participants

Twelve front-line child protection social workers participated in this study. Two Bachelor of Social Work students completing their internships at the agency also participated. All participants were working with a Children’s Aid Society in Nova Scotia. In addition, all participants were in front-line child protection social work positions. With the exception of the two social work students, these front-line social workers were in positions of intake, assessment, and working with children and families designated as

protection cases on either a short or long-term basis. Social workers in these positions directly serve clients in the community. While roles are slightly different, they have an appreciation for the types of issues and situations that confront clients.

Two different focus groups were held. Three females and two males participated in the first focus group. One participant held a Masters Degree in Social Work while the remaining participants held Bachelor of Social Work Degrees. The age of participants and years of service for participants was gathered using an age distribution scale. The average age of participants in the first focus group fell within the 36-40 age range. The average number of years that participants were employed as child protection workers fell within the 6-10 year range. Three of the participants have worked between 3-5 years while the remaining two participants were employed between 11-15 years.

Seven females and two males participated in the second focus group. The average age for participants in this focus group also fell within the 36-40 age range. One participant held a Master of Social Work Degree. Two participants were students completing the internship component of their Bachelor of Social Work Degree within the agency. The remaining participants each held a Bachelor of Social Work Degree. Of those participants with work experience (excluding the Bachelor of Social Work students), the average number of years that the participants have been employed in front-year child protection is on the lower side of the 6-10 year range. Four of the participants have been employed for 6-10 years in front-line protection positions. Two of the participants have been employed for 3-5 years in these positions. One worker has been employed between 0-2 years.

Including the student participants the average number of years of experience in front-line protection for the second focus group is on the higher end of the 3-5 year range.

Overall the average age of all participants for this study falls within the 36-40 age range with the years of experience in front-line child protection falling somewhere between 5 and 7 years. Of course there is variation. Workers range between 0 and 15 years working in front-line protection with the majority of workers falling within the 3-5 and 6-10 year range. Most social workers held Bachelor of Social Work Degrees. Two workers are attending school to earn their Bachelor of Social Work Degrees and two workers currently hold Master of Social Work Degrees. Three workers have previously held other social work positions (i.e. mental health, addictions, etc) outside of the child welfare program. Table 1 (p. 37) highlights the number of participants that fall within each age range. This data is corresponded with the number of years of service for each worker in child protection practice.

A letter outlining the purpose of the research was forwarded to two designated workers of this agency (Appendix A). These two workers were located at different offices within the same agency. They facilitated the completion of this study by distributing a recruitment letter to all front-line child protection workers in their agency (Appendix B).

Social workers interested in participating in the focus group, after reading the recruitment letter, were invited to contact the designated worker within their office or the researcher to discuss any questions or issues about the study. They were required to read and sign a consent form before participating in the study (Appendix C). The consent form was also distributed to interested participants by the two designated workers.

Table 1:**Demographic Information for Focus Group Participants**

Age in Years							
	20-25	26-30	31-35	36-40	41-50	Over 50	Total
0-2	0	0	1	1	1	0	3
3-5	0	1	1	2	1	0	5
6-10	0	1	2	0	1	0	4
11-15	0	0	0	1	1	0	2
16-20	0	0	0	0	0	0	0
Over 20	0	0	0	0	0	0	0
Total	0	2	4	4	4	0	14

Procedure

Volunteers for this study participated in one of two focus groups held at two different offices of the Children's Aid Society in Nova Scotia. The focus groups were held during regular working hours with the full knowledge and support of agency management.

However, the identity of any of the participants involved was not disclosed to management personnel. Although the assistance of the Children's Aid Society was sought for this study, the Society was not given any access to the audio tapes or any other data throughout this study. Management personnel employed by the agency did not participate in the focus groups. The agency will receive a final copy of this study.

Two separate focus groups were held. One group involved five (5) participants, the other, nine (9). Each group was held at a different branch office of the agency. Both focus groups were asked the same core questions (Appendix D) and given the same instructions and information about the study prior to beginning the discussion (Appendix E). It should be noted that after asking participants about their definition of “anti-oppressive practice,” the researcher distributed, to each participant, a definition of “anti-oppressive practice” (Appendix F) and requested they use this definition as a framework for their discussion. Each focus group was approximately 1.5 hours in duration with both groups being conducted on the same day.

This study followed ICEHR guidelines and was approved by ICEHR committee (Appendix G). These guidelines ensure that participants were informed they could withdraw from the study at any time before, during, or after the focus group. Individuals were not paid for their participation. The confidentiality of all participants was protected by the researcher. While participants were recorded (audio) throughout the focus group, the identity of the participants was not revealed in the research report. In addition, any information that may identify the participant was removed from the research report. Only the principle researcher has access to the focus group audio-tapes. While the researcher could promise confidentiality and anonymity concerning data collection and the research report, he could not ensure that confidentiality of individual participants would be maintained by the other members of the focus group. Members of the focus group were reminded about the importance of confidentiality.

Prior to beginning the focus group, the researcher asked each participant to complete a short questionnaire (Appendix H). The focus of the questionnaire was to collect demographic information about each of the participants. As with the focus group, the participants were not obligated to complete any of the questions and their participation was voluntary. However, all participants did complete the questionnaire. The information collected in the questionnaire was necessary to interpret the data collected in the focus groups.

Given the fact that two focus groups and a total of 14 participants were used for this study it would not be appropriate to make sweeping generalizations about child protection workers throughout the province of Nova Scotia or Canada. However, it is fair to suggest that the experiences of these particular social workers may be mirrored by other social workers practicing in Canada even if it is inappropriate to make that conclusion based solely on the findings of this research. In addition, the data collected in these focus groups can, at the very least, provide a basis for further study about the nature of anti-oppressive practice within the field of child protection.

Content analysis was used to interpret the data. Themes and patterns were identified within the focus groups and reported in the results. This type of analysis is necessary and appropriate given the large amount of data that was collected for this study. The data was screened manually from the transcripts of the focus group sessions by the primary researcher. No other reviewer was involved in this process and no qualitative analysis computer package was used. Focus group participants did not have the opportunity to vet or give face validity to the analysis prior to its final submission.

Obviously, not all information collected can be reported but, by completing data analysis using this format, it is anticipated that the reader can gain a greater sense of the main themes and patterns that exist in the data. Furthermore, these themes and patterns provide the basis for discussion of these issues.

Chapter 5

Findings

As previously mentioned, child protection social workers in each focus group were asked the same core questions concerning the application and relevance of the anti-oppressive perspective in child protection practice. Each question and the responses given will be presented separately in this section in order to give the reader the opportunity to gain a clear understanding of how the participants responded to each question. Analysis and interpretation of the data can be found in Chapter 6.

How would you define anti-oppressive social work practice?

This question was asked of the participants at the beginning of the focus group before they were given Dommielli's (1998) definition of the anti-oppressive perspective. When this question was asked, participants took a few seconds to ponder a response. One focus group turned to a participant that had recently attended social work education to make an initial response. Other participants in the group then added to those comments. The other focus group joked about the difference between social work education and practice. In this group a participant commented, "I find it so funny to go back to theory. It's like going back to school again."

Some words and phrases used by the focus group participants concerning anti-oppressive practice included: "preserving and maintaining client's rights," "not abusing power," "advocate for people," "empower people," and "support them."

The importance of recognizing barriers for clients was also brought up in this discussion. One participant responded, "When you're working with clients, not only to

see this person as a black person or a native person or a young person but to understand the impact of the barriers they would have...along the way and how that would impact how they feel now.” Another worker commented, “That is something that, regardless of what framework you practice under, its something, at the end of the day, you hope you’ve done.”

Finally the comment was made, “....In a perfect world we’d be out of a job. That’s something that we’re trying to do. Try to work in an anti-oppressive framework, that these folks will be able to overcome their own problems without the assistance of a social worker or without the assistance of an income support worker.”

Overall, participants seemed to provide a definition of anti-oppressive social work practice that was consistent with the definition supplied by Dominelli (1998).

Do you think that you’re able to practice from an anti-oppressive perspective as a child protection worker?

The vast majority of participants in both focus groups acknowledged that they try to work from an anti-oppressive framework but acknowledged that safety of the child takes priority in all the families with which they work. They also commented on the difficulty of practicing as a child protection worker from an anti-oppressive perspective. One worker said, “I think our basic role is to protect the child which makes it very hard to be anti-oppressive to families.”

Participants spoke about the conflict of roles and how reducing oppression for a child may actually be further oppressing a family. One participant spoke about the difficulty of removing a child from a woman who has been battered. Referring to the battered woman

the worker said, “....there’s another 20 pound weight put on her shoulders but we need her to protect the child and I don’t always know that that’s anti-oppressive for her.”

Another worker stated, “I think that sometimes its difficult because we often get lost in the issue at hand....I know myself that I kind of am more focused on how to deal with this problem and how to make sure the kids are safe because that’s our primary goal.”

It was also pointed out by the participants that even within child welfare agencies, some social workers are in a better position to practice from an anti-oppressive perspective than others. One participant stated, “...we have social workers doing different jobs within child welfare and some roles are certainly more able to do an anti-oppressive framework.” The argument was made that some workers (i.e. child in care workers) may be able to do more relationship building than front-line protection workers. “You can start to do the education that a lot of times the protection workers don’t have the time to do” said one worker.

Some participants did say that some of their work is anti-oppressive. They referenced the fact that they attempt to assist clients with housing and accessing other community resources in the hopes of empowering clients to advocate for themselves. “I think we go more than out of our way to try and put in services to try and keep the family together.”

Workers also made reference to the fact that they treat clients the same regardless of social status. Said one worker, “We really try to be fair. Social status means nothing to our practice.” Another worker commented, “I think regardless of who it is or even their history, we always approach them very respectfully. And I think that’s one of the things we can take pride in.”

However, the general consensus was that workers try to start from an anti-oppressive perspective but ultimately safety of the child has to take priority. None of the social work participants viewed the removal of the child as something that would be deemed anti-oppressive from the family's perspective. One worker commented, "I think the longer I practice the more I realize that we're not it (anti-oppressive) and because of systems, because of practices, because of policies, because of society, that at this point, we're not close enough to this utopian measure of anti-oppressive measure of social work."

What are some of the challenges of practicing from an anti-oppressive perspective in child protection work?

A majority of the social work participants in the focus groups identified "availability of services" and "lack of resources" as two major barriers to practicing from an anti-oppressive perspective. One worker said, "One of the things that makes it difficult sometimes to practice anti-oppressive is that our services and our options for families keeps reducing."

Another worker spoke about the desire to use culturally appropriate services for clients. The example was given of attempting to place an Aboriginal child in an Aboriginal foster home. However, with the lack of available foster homes that are culturally appropriate, the service can not necessarily be provided and this can be viewed as oppressive to clients.

One worker pointed to the fact that lack of services may not seem relevant to people from a middle or upper class background who can find other ways to access services outside of the community. However, to clients from a lower socioeconomic background

the availability of these resources may make the difference. This statement was followed up by another worker who argued that a new-class of working poor, who do not receive income assistance, also struggle with this issue since they may not qualify for services that may be offered to clients receiving income assistance (i.e. legal aid).

Participants also pointed to the family court system as a barrier to practicing from an anti-oppressive perspective. They talked about the difficulty that some clients have with meeting their legal aid attorney prior to court. They acknowledge that it is frustrating to see a client not receive fair representation in court. The participants acknowledged they are representing the Children's Aid Society against the client but stated they want the process to be fair. Referring to clients one worker said, "You want to see their rights represented as well as our lawyer represents our rights."

In addition, it was stated that the child welfare system has shifted in the last ten to fifteen years. It is no longer about winning or losing but about servicing the best interests of the child. "We're here to collect information. We're here to make assessments....I'm bringing information to the group....to the team, to the judge, for them to make the decision."

It was acknowledged that the nature of the job and public perception of child welfare workers also present a barrier to working from an anti-oppressive perspective. Referring to meeting with a client, one participant said, "...right off the bat, we've created oppression and you have to work through all of that first, before you can even look at all of the other things that go along with it." However, it was also pointed out that workers need to go into the home with a respectful attitude with clients in order to start to build a

relationship. “You get more bees with honey type thing than you would if you went in with a different attitude” said one participant.

One worker stated that sometimes dealing with issues in child welfare are “simple.” Referring to their time in social work education the participant said, “somebody said, is it better as a social worker to have good common sense or good theoretical knowledge base. And that’s a very good question for a child protection worker because there are many situations where you really appreciate the value of common sense in work like this” It was further stated, “As much as there are all of these other factors, racial and economic, and all those kind of things ...a lot of cases, there’s a...lot of issues that are either this way or that way in terms of you keeping a child safe....You either do the work or you don’t.”

Following up on this statement and pointing out that apprehending a child from a family on a first visit to a home is “rare,” another worker stated, “...parents have made all kinds of decisions up until that point.”

One participant also pointed to the difficulty of implementing the anti-oppressive perspective based on global ideology and structure. “I think locally anti-oppressive liberation theology and those types of social justice stances or perspective have been difficult to implement.” This participant pointed to the negative position that the Catholic Church has taken with respect to liberation theology in Latin America as proof that this type of perspective is not widely accepted throughout the world.

Child welfare legislation was also seen as a major barrier to practicing from an anti-oppressive perspective. Reference was made to clear guidelines in the legislation about

how to react to certain situations (i.e. definition of risk and scale of risk) and there is little to no recognition of oppression in the child welfare legislation. Regarding the legislation, one worker said, "...it kind of puts us in a box."

Overall, workers identified lack of service/resources, child welfare legislation, the legal system, the nature of the work and negative public perception as being barriers that make it difficult to implement an anti-oppressive perspective in child welfare work.

Do you think your agency supports an anti-oppressive approach to child protection work?

(Note: "Agency" in this question refers to the specific Children's Aid Society in which all workers participating in this study were employed. A similar question with respect to the Government and policy maker's support for anti-oppressive practice was asked later.)

There was some division between the focus groups with respect to this question. One group of participants believed that their agency did support an anti-oppressive perspective in their work. They specifically cited the willingness of agency management to financially support clients. In addition, one worker stated, "I think the expectation is that we treat each client fairly." However, a majority of the workers in this same group did not believe that other child welfare agencies necessarily support anti-oppressive principles and values. Some workers cited stories they have heard from other child welfare agencies where the management are more distant from clients and tend not to deal with them directly. The participants in this focus group maintain that their own management staff is much more involved when necessary.

The participants in the other focus group were not as quick to agree with their colleagues although some of the ideas presented by the first focus group were raised in the second group. Workers said that even within the agency, managers have varying styles of working. One participant said, "...it depends on individual practice and where you come from." Another worker added, "Our mission statement would certainly support an anti-oppressive framework."

Referring to the child welfare system itself, one worker commented, "we know our system's oppressive. We'd be foolish and naïve to think that it's not an oppressive system."

One worker highlighted that their agency has put funding in place for a community program. This community program is attempting to bridge the gap between the agency and the community. The worker acknowledged the difficulty in getting participants into this program because of the negativity around the name of the Children's Aid Society. "We're starting to physically distance ourselves from the agency. We have a new name. We have a new logo." This worker also spoke of attempts made by the Board of Directors of the Children's Aid Society to attract former child welfare clients to the Board of Directors.

Overall, many of the workers acknowledged that there are some attempts on the part of the agency to support an anti-oppressive perspective, but this support is not without its challenges or issues.

Do you think the Government and policy maker's support an anti-oppressive approach to child protection work?

The participants in both focus groups were much more decisive in their response to this question. None of the participants believed that government officials or other policy makers were committed to providing an anti-oppressive environment for clients or families. One worker commented, "Everything is based on financial, based on budget, based on what they can afford." People are seen as coming second. Referring to a comment made by a previous instructor, a worker commented, "Change will come and go but good change for oppressed people will come and go far more quickly if the economics support it. It will be the economics that drives it, long before the social conscious of society."

Other workers pointed to the government's lack of support for effective programs as a way to justify their opinion. Some workers discussed situations where government has cut programming on a local level. The cut in funding has forced clients to seek services outside communities without any form of transportation. In this way, the workers say the programming is designed to save money rather than to serve client best interests. "The government doesn't take that (client needs) into perspective when they're cutting." Another worker commented, "some of the things they do aren't client friendly, you know, putting the client first; the services that they cut out. I get the sense that it's not about what these clients need or what was working well."

Some workers suggested that Government cutbacks and priorities often don't make sense from a financial perspective. It was pointed out that there have been times when the

difference between a parent being able to support a child or not being able to support a child came down to money. Rather than give the family some extra money, the child may be removed. In that scenario much more taxpayer money is spent to maintain the child rather than simply supporting the family in the first place. One worker stated, “At the end of the day, the 8,000 dollars a year was the difference in the kids staying or going from her house....So as a result, we come in and we’re invited in or we’re mandated in and we spend....12,000 a month to put the kid in residential care as opposed to give the family 12,000 dollars a year to care for this child.”

Another worker seemed to sum up the thoughts of most of the participants quite well. The worker stated, “I think part of the problem of the people making the policies and procedure and you know setting out what needs to be done probably have never been in child welfare.”

In your experience, do you see anti-oppressive practice as being in conflict with child protection work?

Reaction to this question was mixed. Many focus group participants acknowledged that a conflict does exist within the dual roles of the job. Other social workers stated that their attempt to work from an anti-oppressive perspective demonstrated that the conflict does not exist.

One worker stated, “I think there’s a bigger goal at the very end and at times anti-oppressive practices are put aside for the sake of safety.” Another worker commented about their personal struggle with having two roles when working with clients. “It always goes back to the dual roles now. It’s somewhat of a conflict now. That we’re the support,

the social worker, but we're also the police officer... You want to develop relationships and you want that trust and you want to help them work along. But there are almost times that I almost feel guilty that I'm doing my job the way I need to because, I mean, are they fully aware that I got that hammer in my back pocket."

Some workers commented on how this dual role can negatively impact upon worker/client relationships and make it more difficult to work with clients. They said that the court system didn't appreciate this dual role situation either. One worker spoke of the difficulty of having a judge order a client to allow a social worker to visit their home on a regular basis just after the removal of a child. Regarding the clients placed in this situation the worker said, "the judge orders the child returned and this client sits with you in court and you're the worst thing that ever walked in....They see me as taking their child. The most precious thing they have."

Other workers did not necessarily view the profession as being in such a conflict with the anti-oppressive perspective. One worker stated, "Yes, we have our mandate and yes part of what we do is oppressive. But I think we go out and try to practice anti-oppressive social work. And we try to empower people and even though we do have a mandate and you know, end of the day, if this doesn't happen this happens, I think that we go out and we do, we try to offer families every service possible." She further stated, "I think we're trying to practice anti-oppressive social work....but unfortunately we're under the umbrella of an oppressive agency."

Workers said that they try to practice using an anti-oppressive model. "There are different theoretical backgrounds that we bring into our job, yet we all practice under an

anti-oppressive or we attempt to practice under an anti-oppressive framework,” said one worker.

Overall, most social work participants acknowledged that some form of conflict exists between the child welfare system and the anti-oppressive perspective. The critical point of the question seemed to lie in whether an attempt to practice from an anti-oppressive perspective is enough to suggest that this framework is in conflict with the child welfare system. Most workers seemed to believe that the conflict existed. Others seemed to suggest that the mere fact they are trying to implement an anti-oppressive perspective in their work is enough reason to say that there is no conflict present.

Do you think child protection practice can sometimes place social workers in a violation of their professional Code of Ethics?

None of the workers believed that child protection practice can sometimes place social workers in a violation of their professional Code of Ethics. Workers said that they couldn't think of any time when their practice could place them in violation of the Code. I then re-iterated their comments about child welfare being an oppressive system and asked them how that keeps them from being oppressive and thus in violation of the Code. One worker responded, “I think when we say oppressive....I don't think we mean that we've breached an ethic in our profession.”

Workers then went on to explain how the word 'client' can be defined. Workers said that if the client is defined as a child then removing them from abuse and neglect would be anti-oppressive, though it may not be seen that way for the family.

Another worker acknowledged that it is difficult to do any advocacy work in child protection practice. Referring to advocacy one worker stated, "I put that in my evaluation every year to try and do more but every time I don't. I can't."

Workers in that focus group then began talking about caseload size and paperwork and how it impacts upon client outcomes and services. One worker said, "We're pulled in every direction plus given bigger numbers." Another worker stated, "It affects the contact we have. Like we're not getting enough contact....Our own personal feeling that we should be seeing this family more. It's our supervisors feeling we should, but at the same time they're giving you more and more referrals."

Workers continued talking about the paperwork and its negative effect upon their clients. They discussed the frustration of not being able to return phone calls because of emergency situations and of the frustration of only seeing clients during crisis periods. When this focus group was asked if they thought that the large amount of paperwork impacted upon the results of the case, all workers agreed that paperwork is probably more complicated than it needs to be. Furthermore, when this group was asked why they thought all this paperwork was being implemented the response from one worker was, "Cover their (Government) ass. Cover their ass." It was also stated, "I think its covering their ass but its putting us as social workers more at risk because if we're not seeing a client, that's who we have to answer too."

It was also believed that some paperwork is necessary to protect the client as well. Regarding the paperwork, one worker noted, "It covers the client for some of it though."

Another worker commented, "...if they really need all those pieces done, double the staff, we'll get it done, we'll have half the caseloads, we'll see the people, we'll get the paperwork done. But no, they want all this stuff done but you figure out how it's going to happen. And you figure out how you're also going to practice good social work."

Finally a worker stated, "I think what it comes down to is that there's so much to do and not enough time and you can't do it all. I think the paperwork, the government puts it in to try and cover their own ass and its kind of like well look, see, I made sure the workers follow this, they have a plan, they have this, they have that. But in doing that they're, I think they're putting the client more at risk because we're not getting out to see them there."

Despite the concerns regarding paperwork and best practices, participants indicated that social workers do not violate their Code of Ethics by being involved with child protection practice.

The Children's Aid Societies in Nova Scotia are privately operated non-profit agencies.

Do you think child protection workers employed within Government agencies would have a different experience with the application of the anti-oppressive perspective to child protection work than you have had working with the Children's Aid Society?

The workers who addressed this question believed that child protection workers within the province, not employed by the Children's Aid Society would have a different experience than workers employed by the Children's Aid Society. Focus group participants said that working for the Children's Aid Society allows them more "flexibility" and more ability "to speak their minds." They said they may be able to get

small amounts of money for their clients easier than workers in a Government child welfare agency would be. The suggestion was that more bureaucratic red tape is involved with these types of agencies. However, a couple of workers acknowledged that child welfare workers in Government agencies may have access to more services as well.

Do you think that child welfare clients view child welfare agencies and workers as being part of an oppressive system? If so, how do we change that perception?

The focus group participants acknowledged that child protection clients see the child welfare system as being oppressive. It was pointed out that some clients are happy to have child protection services involved, but this seems to be the exception rather than the rule. The participants also talked about how other professionals in the community also have a negative perception of child welfare social workers.

In one of the focus groups, participants spent a fair amount of time recounting stories of how other community professionals, including social workers employed in other service areas, have been disrespectful to them and their area of practice. The workers specifically spoke of social workers in addictions and mental health whom they have found disrespectful as well as doctors and nurses within the hospital system. Referring to child welfare practice one worker stated, "...it's not nice to have to do it and nobody else wants to do it....No one wants to think about it." Another comment was, "We do the dirty work. No one is really interested in figuring out what happens. They can either agree with us or not agree with us but they (child protection workers) are responsible for it so it's easy to agree or not agree."

Referring to all professional groups outside of child welfare, one worker commented, “They make sure there’s that line that we’re here to help you but if your child is apprehended, that’s Children’s Aid that does it.” Another worker stated, “...when you talk to other social work professionals and I’ve heard....you guys are the bottom of the barrel. Child welfare social workers, you’re at the bottom.”

Interestingly, police officers were not discussed by the child protection workers in negative terms. Regarding police officers, one worker stated, “They have different beliefs. They’re more understanding than social workers.”

The focus group participants argued that more education and participation by community professionals and clients would help to improve the image of child protection work within the province. They also felt that social workers need to work hard to build relationships with clients in order to break-down the false perception that exists about child protection workers in the community.

Do you think the general public views child welfare agencies and workers as being part of an oppressive system? If so, how do we change that perception?

Most workers stated that they believe the general public has a lack of understanding about what child protection workers do. In addition, they believe that the general public does not view them favorably. One worker even said that the general public views child welfare workers “horribly.” One worker explained it like this. “I think in the past there have been mistakes made and I think that its been kind of negative and people haven’t really been educated to say, ok things have changed, things are better. This is the protocol we follow now.”

At several points throughout the focus group, workers explained the lack of understanding that the general public has toward the type of work they do. Regarding child apprehensions a worker stated, “It conflicts with your own values inside too when you’ve had to do that. And then you have people look at you and they think that you’ve just had the best day of your life.” Another comment made was, “I think people’s perception of us that we have the power to take children away from their parents, that we do it on a regular basis, that we just willy-nilly go out there and take the children.” One worker had even heard that people in the general public believe that child protection workers receive a monetary bonus for every child they apprehend.

The workers do not believe the public has a clear sense of what they do. In fact, workers in one focus group reported that they do not tell other people what they do for a living out of fear of ridicule. Some of the workers have children who also will not report what their parents do for a living when they are at school. Referring to their children, one worker said, “...they will not tell the other kids in the school where I work.”

The workers believe that part of the negative public perception relates to the lack of public relations work done by the agency. One worker commented, “...if you’re not patting yourselves on the back to explain what you do...other people are going to fill in the blanks. And I think it should be in the paper what we do, the reasons why we do it.”

In addition, workers have been told not to speak to the media. Some of the workers said that previously some high profiled cases have arisen and the media were not necessarily reporting the information accurately. However, the workers were not allowed

to speak about this and the resulting coverage may have increased the public's lack of understanding and negativity about child welfare practice.

A couple of workers also said that it is easier to raise public awareness about issues such as education because people place more value in this institution. Referring to public relations work for child welfare one participant commented, "I just think it's the client population. People are less interested."

Focus group participants did acknowledge that there are some exceptions to the rule but there was little discussion about this. Overall, most participants believed that the perception of child protection practice in the general public was not positive and more public relations work needed to be done to improve their image.

Other Comments

Several other comments were made throughout the focus groups that were not directly related to the core questions but were certainly important to mention nonetheless. They are discussed under the appropriate headings below.

Relationship between Workers and Child Welfare Agency

When asked if they felt their agency and Government would support them if they ran into issues on a major child welfare case, most workers indicated that they do not believe their agency would back them up. One worker said, "We don't feel supported." Several workers talked about the importance of purchasing public liability insurance to protect themselves in the event that their agency does not provide support in a potential lawsuit by a client.

Some workers also commented that they feel constricted with respect to publicly commenting about some of the issues in child welfare. A couple of workers indicated that they would be fired if they were to publicly question agency policies or practices.

Accountability

Workers also discussed accountability in the agency. Several workers agreed that they are accountable to everyone including their clients, their managers, the agency, the legal system and the general public. They feel that they are held to a higher standard than most people and this is difficult for other people to appreciate. They discussed the need to constantly balance client visits with paperwork. Ensuring that client visits are met, often times means that paperwork does not get completed in a timely fashion.

Personal Lives

Several workers addressed the fact that their personal lives are negatively affected by their careers. Referring to their own children one participant commented, “let’s not forget the kids start crying when we go out the door because they know you’re going on another Saturday.” Another comment was, “it gets me that we’re working really hard to ensure the safety of other people’s kids and yours are sitting home....trying to find a babysitter because you’re working late again.” Workers indicated that they do care about their clients and work hard at their jobs but feel they are misunderstood. As one worker put it, “we’re not respected, not valued, under paid.”

Chapter 6

Analysis

The focus group discussions highlighted several important themes.

(1) Nova Scotia Agency May Not be Typical of Other Child Protection Agencies

The data suggest this child welfare agency seems atypical. For example, management personnel at the agency were fully aware of this study and supported the participation of workers in focus groups during regular work hours. Participants were open and honest in expressing their views and opinions. They did not feel pressure to respond as per agency policies and procedures despite being involved in the study during work hours and in their place of work. This speaks well for the openness of the agency and its interest in creating opportunities for workers to be involved in research.

My experience as an employee of child welfare agencies has not been similar with respect to the willingness of management to be examined by individuals external to the agency. Agency management have a tendency to guard their image very closely and are typically not open to outside scrutiny. This willingness of this agency to be involved in this type of research demonstrates their desire to develop a less oppressive child protection system.

In addition, participants noted the agency's Board of Directors was actively pursuing former clients to sit as members on the Board. The agency appears to believe strongly in having the input and feedback from the parents and families they serve. Appreciating and recognizing the strengths of parents and the contribution they can make in policy and management is impressive.

Participants further noted that agency management is striving to achieve a more community-based practice. Investing in this initiative speaks for an agency willing to be innovative and strive toward protecting children using a preventative, early intervention approach based on developing capacities within communities.

Finally, participants indicated the agency has a low staff turnover rate. One of the major difficulties in child protection is the high turnover of staff. Research by Jayaratne and Chess (1984) has demonstrated that child welfare workers report higher levels of stress than workers in mental health and family service agencies. This stress often motivates workers to change jobs.

The low turnover of staff, at the agency being studied, speaks well for the agency, its leadership, and management. Participants seemed to enjoy being employed with the agency and indicated that, in their experience, other child welfare agencies may be more traditional than their own.

The data supporting this theme contextualizes the analysis of the findings. It is interesting to note, that, despite the positive qualities associated with the agency in question, the participants identified many aspects of their work as being oppressive in approach. This suggests the complexity of child protection work and the many struggles and challenges being faced by child protection agencies and their staff.

(2) Participants View the Child Protection System as Oppressive in Spite of their Efforts

Participants cited many reasons for the oppressive nature of child protection services. These reasons range from paper work and legislation to policy makers who do not

appreciate the importance of relationship building. Participants identified these reasons as impeding them from practicing from an anti-oppressive perspective. Their perceptions and experiences support the data collected in the CASW Child Welfare Practice Project (CASW, 2003) which found that child protections workers don't have enough time to invest in building relationships with clients due to caseload demands.

For the most part, participants were not as quick to accept their own responsibility for the oppressive nature of child protection services. When opportunities did arise to allow them to accept some of the responsibility for the child protection system, they pointed out their role was to act on behalf of the child even if it meant being oppressive to families. Their responsibility to the child ahead of the family seems to justify their oppressive approach. This supports research by Scourfield and Welsh (2003). They found, "social workers tend to be very clear that their responsibilities are to children *rather than* adults" (p. 415). While there is some truth to this argument the rationale is seen more as a coping mechanism rather than a strong desire not to oppress families on any level.

Participants generally talked about working 'with' families when it came to addressing structural inequalities and barriers. Only when their own oppressive practices were brought into question were children viewed as being a separate entity and in need of protection 'from' the family. This justification emphasizes a workplace culture that views the role of the social worker to protect children 'from' the family rather than working 'with' the family to protect children. Workers often recognize the child as their client as opposed to the entire family. This ideological framework ultimately impacts how social

workers perceive and work with a family. This idea is supported by Khoo, Hyvonen, and Nygren (2003).

The participants were clearly not naïve about the sometimes negative impact their involvement can have for families. Recognizing problems within the child welfare system is crucial in order to make structural changes that will improve services. However, the focus group discussions suggest that insight in this reality is not without limitations. It is recognized that much of the fault of the oppressive nature of child protection services lies with individuals, organizations, and bureaucracies over which there is no direct control. Based on the group discussions it appears that participants do not accept responsibility for being on the front-line of an oppressive system as they believe they are trying not to be oppressive. This argument is made even though they acknowledge that some of the policies they carry out on behalf of policy makers are oppressive. While it is unlikely that either policy makers or front-line protection workers would embrace their role as an oppressor, the involvement of either group can simply not be dismissed as the fault of the other. It is important for both groups to be critical of their role within the system, given their level of involvement.

Participants seemed genuinely concerned about the lives of their clients. It would be inappropriate and simplistic to blame social workers for all the ills of the child welfare system. Social work professionals, working the front-line of child welfare, struggle to make small changes to the system that is oppressive to them and to clients and families.

Despite the struggle experienced by workers, injustices in the child welfare system must be acknowledged and responsibility for problems shared. Social workers in the

focus groups were quick to chastise policy makers for oppressive policies. However, in carrying out these policies, are social workers breaching their Code of Ethics? This is a critical question for debate in a profession dedicated to self-improvement and change.

Social workers must continue to be conscious of their role and whether or not it is oppressive in doing child welfare work. By so doing they can appreciate their impact on families and be committed to addressing any injustices that occur within the system.

(3) There is Difficulty in Practicing from an Anti-Oppressive Perspective in Child Protection Work

This theme demonstrates the difficulty participants had with respect to applying the anti-oppressive perspective in their work. They were clear about their professional role and the difficulty in implementing professional values in child protection work. For the most part, they seemed to have a clear understanding of the dilemma that exists within child protection practice and stated they are actively working to implement anti-oppressive values and practices in a system that struggles to support it because of provincial policies and legislation. The lack of support shown for social work values by the child welfare system is discussed in research by Barter (2000). This theme which discusses the difficulty of practicing from an anti-oppressive perspective is important because it demonstrates the participant's commitment to this perspective.

Given this study is critical of participants for their unwillingness to take a larger responsibility for the child welfare system, it is important to highlight that they feel they can work from an anti-oppressive perspective despite being associated with a system that is sometimes oppressive to clients. They discussed how to work within the system to

make small changes to improve the plight of individuals and families. This importance of working 'within' the system to make these small changes is discussed by Mullaly (1997). It would be remiss not to mention the participants' commitment to working with families in an anti-oppressive way. The question remains: what can be done to change the oppressive approach of institutions to ensure that front line workers can offer their clients the option of access to better and more appropriate services?

(4) Clients, Service Providers and the General Public View the Child Welfare System as Oppressive

It seems the divide between child welfare workers and other professional groups continues to exist and may have even deteriorated since Herbert and Mould (1992) conducted their original study. The sometimes professional conflict between child protection workers and other professionals is concerning especially if the perception of child welfare workers is negatively impacting upon outcomes for families on child protection caseloads.

Initiatives are required to change public perception of child protection work. This involves increasing advocacy efforts within systems. It means challenging policy makers to implement client friendly programming in order to improve public image. Improving the public image of child protection practice will improve worker/client relationships that will help to ensure more positive client outcomes.

It is also reasonable to look at the other side of this issue. Could there be some merit and justification to the negative profile child protection workers have in the community? Participants dismiss this criticism as being from ill-informed sources. Is it possible that

by dismissing this criticism participants are closing the door on an opportunity to be more critical of their own practices?

It is reasonable to consider this as a possibility. All agree the negative public image of child protection workers makes it more difficult for them to build relationships with families. It is fair to assume that clients and social workers in all disciplines recognize the need for changes within the child welfare system. The divide appears to be in how much responsibility child protection workers must assume in order to bring about these changes.

(5) Participants Seem to Feel Oppressed

Although not explicitly stated there was a sense that participants felt oppressed about their work and felt oppressed as child protection workers. They spoke extensively about the lack of understanding other professionals, the general public, and clients have about their work. They acknowledged the frustration of being unable to serve clients in a way they feel would be anti-oppressive and most beneficial. Some indicated the strain the job takes on their own personal and family lives as well. Some participants also commented that they feared losing their jobs if they attempted to publicly address problems they experience in their work.

Participants seemed passionate about their work due to their desire to keep children safe and effectively work with families. Their passion about their work exists despite the toll the work can have on them emotionally. The sense of oppression felt by workers is important to highlight. It demonstrates their commitment to working toward a system that reduces oppression and emphasizes their vulnerability and daily struggles. Finally, it

helps ensure the complexity of this discussion is not lost by falsely concluding that workers are not understanding of client and family issues.

It is interesting to wonder if the situation for clients would be different if child protection workers were not dealing with oppression themselves. Does the oppression felt by workers allow them to better understand and appreciate the oppression felt by clients? If workers can better understand and appreciate the oppression felt by clients, does their own experience motivate the workers to struggle harder and make things better for clients? On the other hand, could it be that the oppression felt by workers has caused them to lose motivation for their work and accept less responsibility for the problems within the system? The focus group discussions seem to demonstrate that while participants continue to struggle for a system that is less oppressive, they also place the blame for the oppressive nature of the system on policy makers. While participants are motivated to make things better, it seems that as an oppressed group themselves, they also feel a sense of powerlessness.

Of significance is that participants feel this way despite the atypical nature of their agency. Workers in agencies that are more typical and traditional may feel even more oppressive and negative about their work. That these participants feel this way speaks for the complexity of the work.

(6) Participants Accept Limited Responsibility for the Oppression Caused by this Child Protection System.

It was interesting that, while participants acknowledged the oppressive nature of child protection practice, they distanced themselves from this oppression by insisting they maintain compliance with the Code of Ethics.

There may be a couple of reasons why participants responded this way. Certainly asking any social worker if they violate the Code, which they have agreed to uphold, may cause a negative reaction. Abiding by the Code of Ethics is seen as a credibility issue for social workers and no one wants to acknowledge non-compliance at any level. Social workers may also believe that no violation of their Code of Ethics has occurred.

It is recognized the social work Code of Ethics (2005) does not address specific situations or circumstances by which to enforce a code of conduct. However, "other individuals, organizations and bodies (such as regulatory bodies...) may also choose to adopt this *Code of Ethics* or use it as a basis for evaluating professional conduct." (CASW, 2005, p. 2). Therefore, it can be concluded the Code of Ethics (2005) not only represents an ideological framework for which workers strive to practice but also a set of principles and objectives that registered professionals are expected to adhere to or face possible professional disciplinary action.

As previously discussed, Wasserman (1971) (as cited in Poirier, 1986) found that social workers who stay within government agencies incorporate agency policy and practices into their own thinking. The data suggest that participants were not supportive of oppressive policies. They were able to identify oppressive structures within the

agency. However, participants also maintain they are firmly committed to the best interests of clients in spite of the oppressive system that employs them. While participants acknowledged they do not necessarily spend as much time with clients doing the type of work that should be done, they believe that the fault for this lies with their employer and the oppressive system that is in place.

The ability of child protection workers to maintain allegiance to the Code is questioned. For example, Value 3 of the Code of Ethics is concerned with "Service to Humanity." One of the principles of this value states, "social workers place the needs of others above self-interest when acting in a professional capacity" (Code of Ethics, 2005, p. 6). While it has been acknowledged that participants strive to achieve what is in the best interests of families it is suggested that the goal of placing the needs of others above self-interest has limitations.

The child protection system, not clients, financially compensates workers to provide services to children and families. Since this is the case, it is reasonable to question whether one's allegiance lies with the clients or with the employer. This is especially concerning since the participants identify their work as oppressive. When social workers find themselves in a position where they are supporting the status quo out of fear of challenging the system and negatively impacting their career, is there a question of whether or not these workers have placed their own self-interests over the needs of others? If a social worker knowingly carries out an oppressive policy can the worker be reasonably challenged on his/her compliance with the Code of Ethics?

The question of compliance with the Code of Ethics is not raised to suggest social workers are not legitimately concerned about issues pertaining to social justice and anti-oppressive practice. Rather it is to question their perceptions regarding the entrenchment of the profession within the child welfare system. Has the profession of social work maintained professional autonomy, is it simply controlled by the system, or is it something in between? Professional identity and autonomy are important issues facing the social work profession (Barter, 2003).

Social workers did acknowledge their fear of speaking publicly against agency policy and practices. However, they also indicated they have learned to ‘work the system’ to achieve positive client outcomes. Mullaly (1997) addresses the importance of learning ways to maximize client services in order to maintain obligation to the professional Code of Ethics. Clearly this issue is not black and white but it seems full compliance with the Code remains an illusion. Even if social workers advocate for change within the system, does compliance with carrying out oppressive policies demonstrate a commitment to the status quo? If so, then how can full compliance with the Code of Ethics be possible?

Whether or not child protection workers spend enough time examining the relationship between professional workplace roles and professional Code of Ethics is questioned. Participants believe they do everything within their power to ensure client’s best interests are being met. This may not be the case. This study suggests that participants may not necessarily appreciate the full impact and influence their employer has in shifting their goals and practices. While social workers supporting the status quo is concerning, it is even more troubling to think they may not realize they are doing it. In

this way, commitment to social justice may be suffering not only in public perception but also in action.

It needs to be stressed that this analysis is not an attack on individual child protection social workers or the participants involved in this study. It is recognized that conflicting demands often place strain on workers who want to ensure their client's needs are being met. Participants clearly indicated they strive for anti-oppressive principles and values.

The professional Code of Ethics and the child welfare system represents a challenge for the entire professional community to address policies and procedures that tend to be oppressive. The suggestion is that social workers should not assume full responsibility for the problems in child welfare but rather to acknowledge that they may play a more significant role in the oppression of clients than they are currently willing to admit. Acknowledgement of their larger role may be demonstrated by accepting that full compliance with the Code of Ethics is very difficult to achieve. When social workers accept a larger responsibility for the oppressive nature of the system changes can be made that allow for a stronger professional movement toward social justice and anti-oppressive practice.

It seems clear that participants attempt to apply principles of the anti-oppressive perspective in their work but indicate it is not always possible. They seem committed to find ways around barriers. In this regard, anti-oppressive social work practice is applied in child welfare practice although there is room for improvement. An entire restructuring of, not only the child welfare system, but, our attitudes toward child protection is necessary to move toward an anti-oppressive ideal. "Idealism is a purposeful and

powerful belief” (Barter, 2003, p. 217). Moving toward this ideal may allow clients to have a greater role in the child protection system.

Chapter 7

Conclusion

The primary purpose of this study was to inquire from front-line child protection workers how they perceive anti-oppressive practice and examine how and if they apply principles of anti-oppressive practice in their work. This was an exploratory study and as such it is difficult to answer any of the research questions definitively. While two focus groups is sufficient to explore the subject matter, it is not enough to provide a representative sample that will allow this researcher to make definitive claims about the implementation of the anti-oppressive perspective within child protection practice. However, the results do provide insights into the relevance and application of anti-oppressive practice within the child protection system.

Participants clearly recognized that, at times, the child welfare system can be oppressive for families. The Code of Ethics (2005) advocates for an anti-oppressive framework and requires workers to practice from an anti-oppressive perspective. It could be logically concluded that, as agents of a child protection system, participants acknowledge some form of non-compliance with the Code. However, participants did not concede that any non-compliance of the Code occurs within their work. Therefore, one of two conclusions can be drawn. First, participants may be unable to identify or understand the relationship between the Code and working in a system responsible for carrying out oppressive policies. The second possibility is that participants' recognize the professional conflict but are simply unwilling to acknowledge breach of the Code. This research did not address which of these conclusions is more plausible. Rather the identification of this

perception is seen as an important first step to addressing the larger issue of the role of social work within the child protection system.

Participants would, more likely, be motivated to change the system as a collective group if they felt increased responsibility for the profession's role in supporting the oppression. Also, powerlessness expressed by participants may be linked directly to the failure to accept increased responsibility. Participants perceive a lack of control over the child protection system. In turn, the lack of control may give credence to their attitude toward responsibility for the oppressive system. If the cyclical pattern exists it creates a workplace culture that supports the status quo.

Insight displayed by the participants was limited to holding others within the system almost fully responsible for the oppressive practices that exist. As the oppressive nature of the child protection system is well documented in a number of countries, including Canada and the United States, it is unlikely that defense of ethical practices are isolated to participants in this focus group. Social workers in other provinces and countries are also likely to engage in oppressive workplace practices. Regardless, the perceptions of these participants expose a concerning commitment to the status quo. Social workers employed in these systems may have to share a larger portion of responsibility for both the positive and negative aspects of this work.

The child welfare system needs social workers. The system needs people who at least attempt to work from an anti-oppressive perspective to work with families. The system needs people who understand the significance and impact of oppression, and the value of relationship building. A child welfare system without workers capable of empathizing

with clients is a system with limited hope of change or progress. Social workers with these skills are needed to recognize the flaws in the present system and work toward a more idealistic child protection system that is less oppressive for families.

It is for these reasons that anti-oppressive social work practice is relevant in child protection work. If the child welfare system is as oppressive as the focus group participants have indicated, there may be no other area of practice with a greater need for anti-oppressive social workers. Given that the participants in this study work in an agency that appears to not be typical in terms of rigidity, being traditional, not being innovative, and not having a high staff turnover, the need for an anti-oppressive approach is paramount. The challenge is to discover creative ways of implementing more anti-oppressive principles in work with families. Finding creative and innovative solutions becomes more problematic if social work professionals do not have a balanced view of their own oppressive behavior.

Whether or not an anti-oppressive perspective is applied in child protection agencies is a far more difficult question to answer. While it appears that focus group participants are committed to this framework, their ability to utilize this perspective on a daily basis is suspect. Despite varying opinions on this issue it is clear that there is more work to be done.

It is not practical to expect an individual social worker to address oppressive issues alone. Previous research by Lundy & Gauthier (1989) has demonstrated the negative consequences that can result for workers who try to fight the system on their own. However, this does not rectify the problem with the Code. It does require creative thought

about how to develop more effective ways to implement more anti-oppressive practices. There needs to be more collective pressure from the social work profession in addressing concerns within the system. This requires greater cooperation between social workers employed within different disciplines and an increased public advocacy role from the provincial, national and international social work associations. Finally, it means increased support within the social work community for those workers who take greater risks in advocacy for their clients.

The difficulty in acting immediately in an anti-oppressive way does not remove the burden of action from a social worker. Stronger advocacy and a united professional association will allow social workers to reclaim some of their lost autonomy within agencies and begin to apply policies and practices that are not only congruent with their professional Code of Ethics but also address structural as well as individual client and family issues.

Social work educators need to challenge the status quo for their students by emphasizing the ethical dilemmas that present themselves, not only in child protection practice, but any field where a social worker may find him or herself employed. Students need to be provided with practical solutions to these ethical problems before they become overwhelmed by an agency culture that makes these tough decisions for them. While it is easier to sustain the status quo it is not always ethical and not always congruent with a profession that prides itself in its own autonomy. Only debate will bring about insight and lead to a stronger autonomous profession committed to social justice for all.

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February 2, 2005

Dear To Whom it May Concern,

My name is Sean Tobin. I am a thesis track Master of Social Work student at Memorial University of Newfoundland. As you are aware, I am interested in meeting with your front-line social workers in order to complete work on my thesis project entitled:

Social Work and Child Protection: Is Anti-Oppressive Social Work Practice Relevant and Applied in Child Protection Work?

A brief overview of the thesis is reported below:

By their nature, child protection agencies provide a means of social control and regulation designed to maintain the status quo. That is, to expect individuals to fit the model of society rather than make structural changes to improve the plight of individuals and families in our society. A civilized society, dedicated to the protection of its youth, must provide a service to keep children safe. Conflict theory and the anti-oppressive perspective reject the notion of maintaining the status quo in favor of creating an equalitarian society free of oppression. The core values of social work promote the values of social justice and anti-oppressive practice as part of its philosophy statement and professional code of ethics. With seemingly polar opposite ideological positions, is it possible or even appropriate for child protection work to be practiced from an anti-oppressive perspective?

This research project will explore how child protection social workers view the relevance of anti-oppressive practice in their work. It will also examine how child protection social workers have or can apply the principles of anti-oppressive practices within their workplace. In addition, this study will attempt to understand and deconstruct some of the potential barriers and challenges to practicing from an anti-oppressive perspective in a child welfare setting. The findings from this study should make for an interesting discussion about anti-oppressive social work practice and its fit with child protection work.

I will need to meet with at least 2 focus groups to complete this research. Each focus group will involve 5 or 6 front-line social workers. Each focus group will take approximately 1.5 to 2 hours to complete. Some of the issues discussed above, will be addressed in the focus group with the hope of understanding more about how social workers perceive anti-oppressive practice within a child welfare setting. I had hoped that I would be able to meet with staff at your agency, perhaps during a time allotted for a staff meeting. How does this sound? I really appreciate your assistance and the assistance of your agency in facilitating this thesis project. I look forward to hearing from you.

Sincerely,
Sean Tobin BSW, RSW, BSc(hons)

Dear To Whom it May Concern,

My name is Sean Tobin. I am a thesis track Masters Student at the School of Social Work, Memorial University of Newfoundland. I am interested in completing a thesis on the following question:

Is Anti-Oppressive Social Work Practice Relevant and Applied in Child Protection Work?

I am asking for volunteers, who are employed as social workers in front-line child protection, to participate in a focus group to explore this question.

This research will explore how child protection social workers view the relevance and application of anti-oppressive practice in their work. It will examine how child protection social workers have or can apply the principles of anti-oppressive practices within their workplace. In addition, this research will attempt to understand and deconstruct some of the potential barriers and challenges to practicing from an anti-oppressive perspective in a child welfare setting. The findings from this study should make for an interesting discussion about where anti-oppressive social work practice and social justice fits with child protection work.

Participation in this research is voluntary and choosing not to participate will carry no consequences. Participants will not be paid for their participation. One may withdraw from this research at any time. Withdrawal will not prejudice a person in any way. All information received from participants will be kept confidential. Confidentiality will be maintained by the researcher by ensuring that the list of focus group participants will not be released to any other researcher or outside party. Also, the names of participants will not appear anywhere in the report. The researcher will strive to maintain anonymity (if desired) but it cannot be guaranteed. While the researcher can maintain confidentiality and anonymity concerning data collection and the research report, the researcher can not ensure that confidentiality of individual participants will be maintained by the other members of the focus group. However, members of the focus group will be reminded about the importance of confidentiality prior to beginning the focus groups.

The focus group will take approximately 1.5 to 2 hours to complete. The study will be conducted at the offices of the Children's Aid Society during regular work hours.

The focus group will be audio-recorded. This measure is being taken to ensure that data that is received from the focus group is properly recorded. The researcher will have sole access to the audio tapes. The data will be stored in locked cabinets at the School of Social Work, Memorial University of Newfoundland.

Thesis supervisor is Dr. Ken Barter. Dr. Barter is a full-professor with the School of Social Work at Memorial University of Newfoundland. He can be reached at his office at: 709-737-2030. His fax number is: 709-737-7701. He can also be reached via email at: kbarter@mun.ca.

The proposal for this research has been approved by the Interdisciplinary Committee for Ethics in Human Research (ICEHR) at Memorial University of Newfoundland. If you have any ethical concerns about the research, you may contact the Chairperson of ICEHR at icehr@mun.ca or by telephone at 737-8368.

A consent form to participate in the focus group can be obtained from (worker's names and contact information deleted) or Sean Tobin at the School of Social Work, Memorial University of Newfoundland. If you are interested in participating in this research study, and have any further questions, please contact me at my office: 709-737-8010 (leave a message) , or via email at: stobin99@gmail.com. I can also be reached on my cell phone at: (number deleted). I look forward to hearing from you.

Sincerely,

Sean Tobin BSW, RSW, BSc(hons)

TITLE: Social Work and Child Protection: Is anti-oppressive social work practice relevant and applied in child protection practice ?

INVESTIGATOR: Sean Tobin, Master of Social Work Student, Memorial University.

Thank-you for volunteering to participate in this research study and focus group. This study will examine the role of anti-oppressive social work practice in child protection work within Nova Scotia. Participation is voluntary and you may withdraw at any time. Choosing not to participate or desire to withdraw from the study will carry no consequences.

All information received from participants will be kept confidential. Confidentiality will be maintained by the researcher by ensuring that the list of focus group participants will not be released to any other researcher or outside party. Also, the names of participants will not appear anywhere in the report. The researcher will strive to maintain anonymity (if desired) but it cannot be guaranteed. It is important to note, that while the researcher can maintain confidentiality and anonymity concerning data collection and the research report, he can not ensure that confidentiality of individual participants will be maintained by the other members of the focus group. However, members of the focus group will be reminded about the importance of confidentiality. Participants will not be paid for their participation in this study. Each focus group will be audio-recorded by the researcher. This is necessary to ensure that accurate data is collected and can be transcribed later. Only the principle researcher, Sean Tobin, will have access to these audio-tapes. These tapes will be locked in a secure place and will be used only for the purpose of this study. After the study is completed, the tapes will be destroyed.

1) Purpose of the study

The purpose of this study is to examine what role, if any, anti-oppressive social work practice has in the field of front-line child protection work. Individuals recruited for this study will participate in a focus group to discuss issues pertaining to anti-oppressive social work practice as it relates to child protection work. All participants will currently be employed as front-line child protection social workers.

2) Duration of Participant's Involvement

Each individual will participate in one focus group. The focus groups will be scheduled for approximately 1.5 to 2 hours in duration and will take place at the offices of the Children's Aid Society. The focus groups will be conducted on April 28th, 2005. The first focus group will be conducted at 10:00am at the (office name deleted) for

Participant's Initials _____

participants working from that site. The second focus group will be conducted at 1:30pm at the (office name deleted) for participants working from that site.

3) Liability Statement

Your signature indicates consent for your participation in this study. It also indicates that you have read and understood the information regarding the research study. In no way does this consent waive legal rights, nor does it release the investigator from legal and professional responsibility.

4) Additional Information

If you wish to discuss implications of participating in this research study with the supervisor, you may contact Dr. Ken Barter, School of Social Work, Memorial University of Newfoundland at 709-737-2030. The proposal for this research has been approved by the Interdisciplinary Committee for Ethics in Human Research (ICEHR) at Memorial University of Newfoundland. If you have any ethical concerns about the research, you may contact the Chairperson of ICEHR at icehr@mun.ca or by telephone at 737-8368.

Participant's Initials _____

Signature Page

I, _____, agree to participate in the research study entitled:
Social Work and Child Protection: Is anti-oppressive social work practice relevant and
applied in child protection practice?

I understand that my participation is completely voluntary, that I may withdraw at any
time, that my participation will be kept confidential and I will not be identified in any
way in the study. I agree to maintain confidentiality as a focus group participant. I also
agree to the focus group discussion being audio-recorded. I understand that this research
has been approved by the ICEHR committee at Memorial University of Newfoundland.
The purpose of this research has been fully explained to me and I have read the attached
consent form. I acknowledge that a copy of this form has been given to me.

Participant's Signature

Date

.....
To the best of my ability, I have fully explained the nature of this research study. I have
invited questions and provided answers. I believe that this participant fully understands
the implications and voluntary nature of the study.

Investigator's Signature

How would you define anti-oppressive social work practice?

Do you think that you're able to practice from an anti-oppressive perspective as a child protection worker?

What are some of the challenges of practicing from an anti-oppressive perspective in child protection work?

Do you think your agency supports an anti-oppressive approach to child protection work?

In your experience, do you see anti-oppressive practice as being in conflict with child protection work?

Do you think child protection practice can sometimes place social workers in a violation of their professional Code of Ethics?

The Children's Aid Societies in Nova Scotia are privately operated non-profit agencies. Do you think child protection workers employed within Government agencies would have a different experience with the application of the anti-oppressive perspective to child protection work than you have had working with the Children's Aid Society?

Do you think that child welfare clients view child welfare agencies and workers as being part of an oppressive system? If so, how do we change that perception?

Do you think the general public views child welfare agencies and workers as being part of an oppressive system? If so, how do we change that perception?

These instructions were read to each group of participants prior to beginning the focus group:

Thank-you for agreeing to participate in this focus group. My name is Sean Tobin. I am a Master of Social Work student completing my studies at Memorial University of Newfoundland. This focus group is part of my required research for my thesis project.

For my thesis research, I am interested in exploring how child protection social workers view the relevance and application of anti-oppressive practice in their work. I'm attempting to examine how child protection social workers have or can apply the principles of anti-oppressive practices within their workplace. In addition, this research will attempt to understand and deconstruct some of the potential barriers and challenges to practicing from an anti-oppressive perspective in a child welfare setting. The findings from this study should make for an interesting discussion about where anti-oppressive social work practice and social justice fits with child protection work.

Participation in this research is voluntary and choosing not to participate will carry no consequences. Participants will not be paid for their participation. One may withdraw from this research at any time. Withdrawal will not prejudice a person in any way. All information received from participants will be kept confidential. Confidentiality will be maintained by the researcher by ensuring that the list of focus group participants will not be released to any other researcher or outside party. Also, the names of participants will not appear anywhere in the report. The researcher will strive to maintain anonymity (if desired) but it cannot be guaranteed. While the researcher can maintain confidentiality and anonymity concerning data collection and the research report, the researcher can not ensure that confidentiality of individual participants will be maintained by the other members of the focus group. I'm asking that everyone present keep information discussed in the focus group confidential. I believe that this will allow people to feel more comfortable in discussing the questions posed in the focus group. I thank-you in advance for your cooperation.

The focus group will be audio-recorded. This measure is being taken to ensure that data that is received from the focus group is properly recorded. The researcher will have sole access to the audio tapes. The data will be stored in locked cabinets at the School of Social Work, Memorial University of Newfoundland. The focus group will take approximately 1.5 to 2 hours to complete.

I was hoping that we could start by going around the room and have everyone say their name and how long they've been working as a child protection worker and then we can get right to the discussion.

“A form of social work practice which addresses social divisions and structural inequalities in the work that is done with ‘clients’ (users) or workers. Anti-oppressive practice aims to provide more appropriate and sensitive services by responding to people’s needs regardless of their social status. Anti-oppressive practice embodies a person-centered philosophy, an egalitarian value system concerned with reducing the deleterious effects of structural inequalities upon people’s lives; a methodology focusing on both process and outcome; and a way of structuring relationships between individuals that aims to empower users by reducing the negative effects of hierarchy in their immediate interaction and the work they do together” (Dominelli, 1998, p. 6).

Dominelli, L. (1998). Anti-oppressive practice in context. In R. Adams, L. Dominelli and M. Payne. (Eds.), *Social Work: Themes, Issues and Critical Debates* (pp. 3-22). Houndmills: MacMillan Press Ltd.



Memorial

University of Newfoundland

Office of Research

March 8, 2005

ICEHR No. 2004/05-052-SW

Mr. Sean Tobin
School of Social Work
Memorial University of Newfoundland

Dear Mr. Tobin:

Thank you for your correspondence of March 4, 2005 addressing the issues raised by the Interdisciplinary Committee on Ethics in Human Research (ICEHR) concerning your research project: *"Social work and child protection: is anti-oppressive social work practice relevant and applied in child protection work?"*.

ICEHR has reviewed your response and is satisfied that the concerns raised by the Committee have been adequately addressed. The Committee grants full approval for the conduct of this research in accordance with the proposal and revisions submitted.

The Committee is appreciative of the ongoing efforts to ensure the protection and rights of research participants. If you should make any other changes either in the planning or during the conduct of the research that may affect ethical relations with human participants, these should be reported to the ICEHR in writing for further review.

This approval is valid for one year from the date on this letter: if the research should carry on for a longer period, it will be necessary for you to present to the Committee annual reports by the anniversaries of this date, describing the progress of the research and any changes that may affect ethical relations with human participants.

We wish you well with your research.

Yours sincerely,

T. Seifert, Ph.D.
Chair, Interdisciplinary Committee on
Ethics in Human Research

TS/en
cc: Supervisor

GENERAL INSTRUCTIONS: Thank-you for participating in this research study. Before we begin the focus group, I would appreciate it if you could take a couple of moments to complete the questions in the survey below. As with other information collected during the focus group, your answers below will be kept confidential. Only the principle researcher, Sean Tobin will have access to the demographic information collected below. This demographic information is necessary in interpreting the data collected throughout the focus group. As with your participation in the focus group, you are under no obligation to complete any of the questions below. I appreciate your time in this matter.

Please circle the answer that is most appropriate.

1. How old are you?

20-25 26-30 31-35 36-40 41-50 Over 50

2. What is the highest level of social work education that you have?

Bachelor's Degree Master's Degree Ph.D. Other Degree

3. How many years have you worked as a front-line child protection social worker?

0-2 3-5 6-10 11-15 16-20 Over 20

4. Have you worked in any social work position(s) other than as a child protection worker?

Yes Specify? _____ No

5. Have you ever been employed as a manager with a child protection agency?

Yes No

Thank-you for taking the time to complete this questionnaire !



