

# Partnerships for Children and Families Project

**Good helping relationships  
in child welfare:  
Co-authored stories of success**

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**SOCIAL WORK**



October 2003

GOOD HELPING RELATIONSHIPS IN CHILD WELFARE:  
CO-AUTHORED STORIES OF SUCCESS

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October, 2003

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## **Introduction**

This small sample, qualitative study involved in-depth exploration of worker and client perspectives on the development and impact of good helping relationships in child welfare. This research was conducted under the umbrella of the Partnerships for Children and Families Project, a five-year (2000-2005) Community University Research Alliance funded by the Social Sciences and Humanities Research Council of Canada.

Cumulative psychotherapy research has led to the consensus that the quality of the helping relationship is one of the most important determinants of client outcome (Horvath & Symonds, 1991; Lambert & Bergin, 1994; Orlinsky, Grawe, & Parkes, 1994). Although most of this research has been conducted on individual psychotherapy, there is evidence that the importance of relationship factors holds also for child welfare (Dore & Alexander, 1996; Drake, 1994; Maluccio, 1979; Shulman, 1978). In fact, there is evidence that relationship factors are central to the effectiveness of many diverse forms of professional and nonprofessional helping (Frank & Frank, 1991).

Most of the research on the helping relationship has been quantitative and geared toward determining the association between measures of the quality of the relationship (i.e., client-centered therapist-offered conditions or the more generic concept of therapeutic alliance) and client outcome. Although such research has been valuable in confirming the importance of relationship factors, it has not been helpful in developing knowledge about how good helping relationships develop, what specific impacts they have, and how worker and client views of these issues are similar or different. This was the focus of this in-depth, qualitative study.

A more specific goal of this study relates to recent research that has documented the pervasiveness of negative interpersonal process in helping relationships and has led to the insight that what often differentiates successful from unsuccessful helping endeavours is the ability to address and

work through negative process and to repair the inevitable “ruptures” in the relationship (Binder & Strupp, 1997; Foreman & Marmar, 1984; Henry & Strupp, 1994; Safran & Muran, 2000; Strupp, 1980). Thus, this study endeavoured to explore common difficulties and strains in the helping relationship, how these are dealt with, and what impact this has on the process and outcome of the work.

Although the reason for this study’s focus on child welfare stemmed partly from the focus of the larger research project of which it is a part, there are other substantive reasons for this focus. First, child welfare work almost always involves challenges to the development and maintenance of good helping relationships. Thus, it affords opportunities to examine how contentious issues can be dealt with productively. Second, child welfare work is frequently viewed much differently than other more strictly “clinical” types of social work (i.e., individual, family, and group counselling). When the social control function of child welfare work is emphasized, there is a tendency to downplay the viability and importance of developing good helping relationships with parents. Although previous studies of child welfare have suggested the importance of relationship factors to client satisfaction and client outcomes (Dore & Alexander, 1996; Drake, 1994; Maluccio, 1979; Shulman, 1978), this study affords an opportunity for an in-depth examination of this issue.

The decision to focus this study more specifically on worker-client dyads that have worked through a certain degree of difficulty or conflict to achieve a good working relationship was based on two factors. First, it is believed that dyads that have been able to work through such difficulties will yield more valuable insights than those that were not able to or never had to do so. Second, the screening requirement of having achieved a positive working relationship lessened some of the ethical issues involved in having participants and providers share their stories with each other, which is a central feature of this study’s methodology.



## Methodology

### *Sample Selection*

A small sample size of six dyads was deemed sufficient given our research intentions. Given that this was an in-depth, qualitative study, we were not concerned with the size or representativeness of the sample. Rather, it was our intent to recruit a small, select sample of worker-client dyads that had developed good working relationships, and to place the experience of these dyad participants, metaphorically speaking, under the microscope. We wished to examine their experiences of working together to learn how good relationships develop between child welfare workers and clients, and what impact they have. To that end, this study involved the in-depth, qualitative analysis of multiple interviews for worker-client dyads (two individual interviews and one joint interview for each dyad participant).

The six worker-client dyads were drawn from two child welfare agencies in southwestern Ontario (four dyads from one agency, and two from the other). The process of sample selection was initiated by sending a notice to workers in these two child welfare agencies explaining the focus and methodology of the study. The notice asked workers to contact the researchers if their work over a minimum three month period with a recent ex-client (terminated within the last year) fit the study's sample criteria of having worked through some level of mistrust or conflict toward the establishment of a good helping relationship. The researchers conducted brief initial interviews (either in a small group at each agency or individually by telephone) with workers who volunteered for the study in order to screen for the suitability of the case and secure the worker's consent to the study's methodology. Workers were told that their ex-clients may or not be contacted, depending on the final sample selection. This ensured that workers did not know if service participants had declined to

participate in the study (to guard against any possibility of workers becoming disappointed or upset with former clients who might disagree with their positive assessment of the working relationship).

For each dyad deemed suitable, the client in question was contacted for her or his informed consent to participate in the study. Before such consent was sought, clients were asked if they would characterize the relationship they developed with their worker as “good”. All clients contacted characterized their working relationship as good and all agreed to participate in the study.

### *Sample Characteristics*

There were four female worker/female client dyads, one male worker/female client dyad, and one female worker/male client dyad. The overview of the worker and client characteristics presented below is supplemented by brief identifying information about the worker and client at the beginning of each of the coauthored stories (see Appendix 1).

*Workers.* As identified above, there were five female workers and one male worker in the sample. The range in age for the workers was from 29 to 43 years, with a mean age of 35. The workers had been with their respective agencies for between two and nine years, with a mean employment tenure of four years. Five of the workers were in family service worker positions when they worked with their study client, while the other worker was a youth services worker. Three workers had MSW degrees, whereas the other three had BAs. Four of the workers were married or in common-law unions, one was separated, and one was divorced. Three workers had children of their own, while three did not. None of the workers were from racial or ethnic minority groups.

*Clients.* As identified above, there were five female clients and one male client in the sample. Clients ranged in age from 17 to 45 years, with a mean age of 30. Four clients were single, one was separated, and one was divorced. Five of the clients had children (a 21 year old female client did not—she had been an adolescent crown ward). Three clients had one child, one client had three

children, and one client had four children (details of custody of the children are in the stories). Five clients were Caucasian, while one (the male client) was Aboriginal.

### *Procedures and Data Analysis*

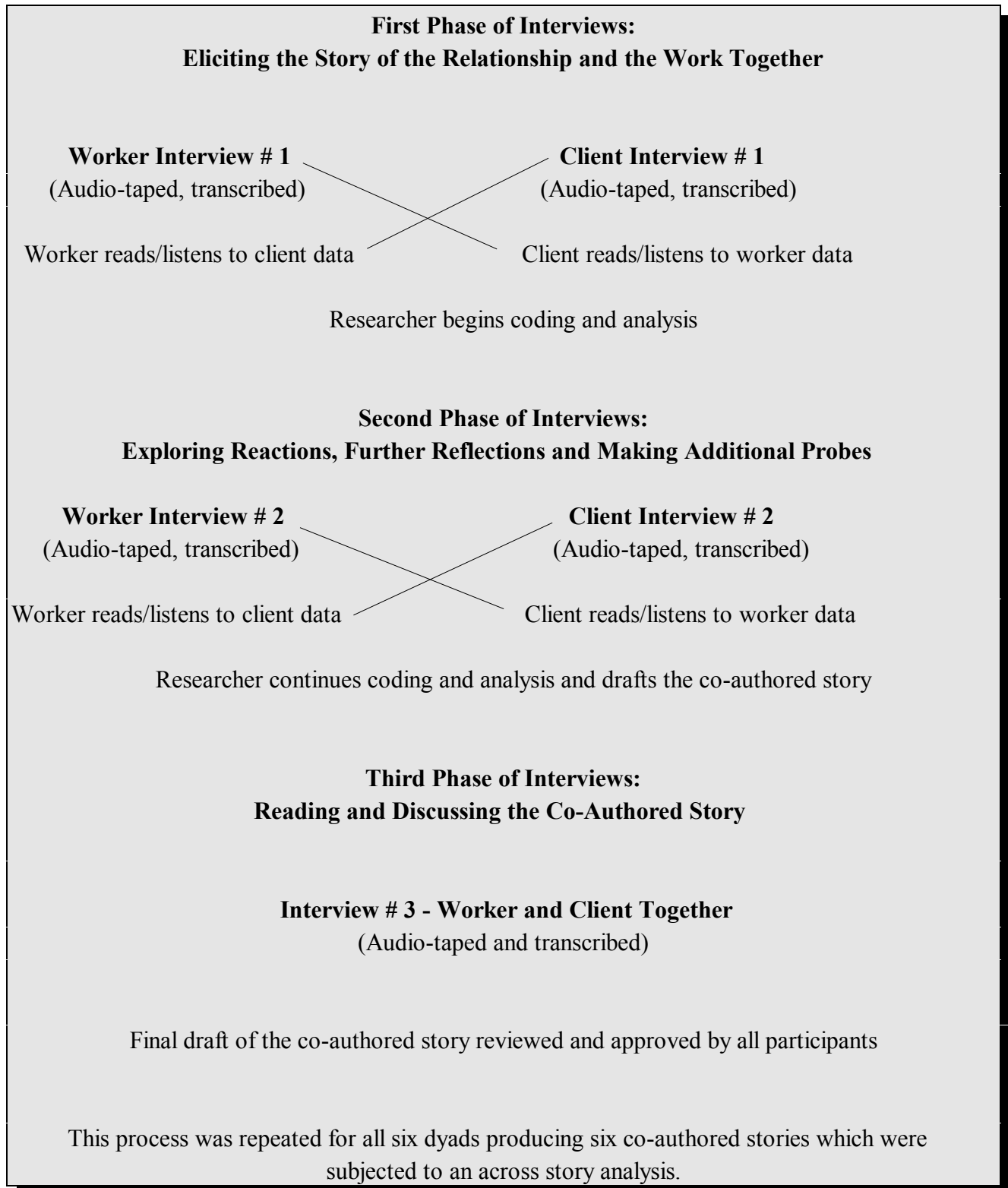
For those dyads who agreed to participate in the study, a series of semi-structured audio-taped interviews were conducted (see Table 1 for an overview of the interviewing and data analysis process). Consent forms were reviewed and signed at the beginning of each interview ensuring that participants were willing to take part in all phases of the interview process and were also aware that they could withdraw at any time. The first author conducted the interviews for four of the dyads, and the second author conducted the interviews for the other two dyads.

The first phase of the interview process involved the worker and the client being interviewed separately about the development of their helping relationship and the processes and outcomes of working together. After these initial individual interviews, each participant was asked if they wanted to review an audiotape or transcript of the interview to determine if they were comfortable sharing the interview with the other dyad participant. Most participants declined this opportunity and granted permission to share their interviews with the other participant immediately following the first interview. Those who chose to review their first interview later granted permission to share with the other participant. Thus, after the first interviews, all participants reviewed the audiotape or transcript of their dyad partner's interview. The intent of this sharing or cross-over of stories was to allow each participant to reflect on the other's viewpoint of their work together in order to identify similarities and differences in experiences/perceptions and to consider the reasons and implications for any differences. It was hoped that such sharing of and reflection upon the other's story would lead to a more in-depth understanding of the complexities inherent in the helping relationship. Also following the first

interviews, the researcher who conducted the interviews for each dyad reviewed in detail the transcripts of these interviews. In this review of the transcripts, the researcher (a) conducted a qualitative analysis to identify themes and key issues, and (b) identified questions and issues to ask the participants in the second interview.

The second phase of the interview process also included semi-structured, audio-taped individual interviews with each participant. The focus of these interviews was to explore each participant's reaction to reviewing the first interview of their dyad partner, to identify any questions the participant had about his or her partner's story, and to follow-up on any questions that the researcher had about the first interview with each participant. Again, after this second interview, participants were asked if they wanted to review an audiotape or transcript of the interview to determine if they were comfortable sharing the interview with the other dyad participant and proceeding to the third, joint interview. Again, participants in all six dyads granted permission for their dyad partners to review transcripts or audiotapes of the second interview; however, the client in one dyad declined to proceed to the third, joint interview (this is explained in Story 4). Again, following the second interviews, the researcher reviewed in detail the transcripts of these interviews. In this review of the transcripts, the researcher (a) conducted a qualitative analysis to identify themes and key issues, and (b) identified questions and issues to ask the participants about in the third interview. Also, on the basis of the review and analysis of the first two interviews for each worker and client dyad, the researchers developed a draft of the

**Table 1**  
**Overview of the Interviewing and Data Analysis Process**



overall story of work together that integrated the views of each dyad participant, as well as the interpretations of the researcher (hence the term, “co-authored” story).

The third phase of the interview process, which involved joint interviews with workers and clients, was conducted for four of the six dyads. Third individual interviews were conducted for the dyad participants in Story 4 because the client declined the third joint interview (this is explained in the body of Story 4). It was not feasible to conduct the third phase of interviews (joint or individual) for the dyad in Story 5 because this client had become active with the agency again (although this client was not involved with the same worker, ethical issues precluded interviewing a client who was active with the agency). The focus of the third interview was (a) to discuss participants’ reactions to each other’s second interview, (b) to follow-up on any questions that arose for the researcher in reviewing the transcripts of the second interviews, (c) to review the draft of the overall story of work together in order to solicit worker and client feedback and suggestions for changes to the story, and (d) to solicit participants’ reactions to being involved in the study and any suggestions they had for how child welfare workers and clients could work together more productively. The same issues were covered in the third individual interviews for the Story 4 participants. The Story 5 participants were sent a draft of the co-authored story and they provided feedback either by mail or telephone follow-up.

Following the third interviews, the researchers made revisions to the co-authored stories based on feedback from the participants. The revised stories were then sent to the participants, with an invitation to provide further feedback. At the end of this process, participants in all six dyads had confirmed that the co-authored story accurately represented the process and outcome of their work together (some stories were edited for format and length after participants had reviewed them). The stories are presented in Appendix 1.

The final step in the data analysis process was to review and do a thematic coding of all six stories, as well as to review the coding of the original transcripts, toward the development of across-story themes. The main themes that emerged from this analysis related to attributes of good helping relationships in the child welfare context. These will be discussed in the Results and Discussion section of the report. Other across-story themes are presented in Appendix 2.

### *Strengths and Limitations of the Research Design*

One of the limitations of this, and any qualitative research design, is that the small, non-random sample does not allow for generalization. There are, however, many strengths to this study's qualitative design. The interviewing and data analysis process provided us with rich, in-depth material. The multiple phases in the interview process provided workers and clients time to read and reflect on the other's view of the work together, culminating in thoughtful and considered responses in subsequent interviews. The researchers also had opportunities to reflect on, obtain feedback from the participants about, and make revisions to their emerging analysis. As a result, the co-authored stories and across story themes were validated by the participants and each story evidences an equality of voice. The findings provide in-depth information about how these dyads developed good relationships and what impact this had on the process and outcome of the work.

**Results and Discussion:  
Good Helping Relationships  
in the Child Welfare Context--Themes and Issues**

**Introduction**

The co-authored stories of the six worker-client dyads (see Appendix 1) suggest that good helping relationships are indeed difficult to establish and maintain in the child welfare context, but they are certainly possible. The circumstances surrounding the work done by the participants represented in these stories are typical of child welfare work in general. Two of the six stories concluded with the crown wardship of children, three stories involved the application of temporary supervision orders, and one story involved working with an adolescent crown ward on an Extended Care and Maintenance agreement (ECM). The stories do not typify “easy” or straightforward cases. These workers were not blessed with more time, opportunity, or discretion than other child welfare workers. They worked within the same institutional environment, worked under the same mandates and legal requirements as other workers, and had the same stresses and time constraints. Yet these workers were able to develop and maintain positive helping relationships with the individuals and families with whom they were working. In the discussion below we will present our understanding with respect to why this was so.

These stories emphasize the importance of positive helping relationships and suggest that they are absolutely essential to good child welfare practice. Good helping relationships seem to be as essential to child welfare work as they are to counselling and psychotherapy and, in fact, evidence many of the same features, such as mutual liking, trust, and respect. They also evidence several features that may be unique to the child welfare context, such as informal worker style, the mindful and judicious use of power, and the pushing of professional boundaries.

Ultimately, this study highlights the benefits of good helping relationships in the child welfare context. They benefit workers, parents and children by increasing honest disclosures, creating climates of nurturance and support, generating the mutual ownership of service plans, improving worker and parent self-awareness, and, in several instances, increasing worker efficiency. This study shows that positive helping relationships can act as a salve in the raw, emotionally laden, and high stake child welfare arena. These stories speak about the life changing impacts, and even healing, that a positive helping relationship can have on the individuals involved. As one of the parents in the study remarked:

I owe [my worker] my child. I really do. I owe her my whole life. Just being able to sit here and being able to function and not be on drugs or drinking . . . I wouldn't want to look down that road to where I might have been without F&CS (Family and Children's Services).

A father who had been in the foster care system himself as a child and now had F&CS involved in supervising him in the parenting of his own son made the following remarks:

I was a foster child all my life and I had a lot of resentments towards the way I was treated as a foster child. I grew up hating and resenting the F&CS terribly . . . I had such an ancient grudge against them which my experience with (worker) has since healed . . . At the end when she came for her last visit, I got all choked up when she left because it was like, "You have really, really massively healed a gaping wound that I have had my whole life over F&CS". Like the fundamental stuff about moms and dads and families that is so core to your being and the confusion that a foster child is stuck with once the foster home pinball machine is over and there you are and you are now expected to live somewhat functionally. After all that crap and the bewilderment and fractured sense of self-identity and wondering who the hell am I? I have been 15 different people. I have all these mini lives that stopped and started and none of them had a continuity or flow . . . But to be able to have that experience with her and I was all choked up and it was like, "You have really helped heal a lot of stuff here. You helped me. You helped me keep my kid and save my kid".

A youth involved with the extended care and maintenance program (ECM) between the ages of 16 and 21 described the worker who had been with her through all the highs and lows of those years as "the stake beside her growing tree". It should also be noted that workers were not immune to the life changing impacts a positive helping relationship could have for them. As one worker noted:

Here I am an educated woman with a master's degree. I grew up in a relatively sane family. I used to think to myself, "I would like to find a mentor, someone who can mentor me". What I found was that these women in the neighbourhood group, the client being one of them, have in fact become my mentors. This was a big eye-opener for me . . . They have so much adversity in their lives. But somehow they have it in them to rise to the occasion and make something of themselves and move along...They have been good role models for me in terms of [showing me] there is a potential for people to really wake up and shake their heads and make a difference.

This section of the results presents an in-depth discussion of the attributes of a good helping relationship in child welfare, as well as the related issues of why such relationships are the exception versus the rule in child welfare, and what accounts for why these workers were able to establish such relationships.

### **Attributes of Good Helping Relationships in the Child Welfare Context**

One of the stated purposes of the co-authorship study was to gain knowledge about how good helping relationships in child welfare develop and are maintained. We began with the assumption that it was the ability to work through negative process and repair "ruptures" in the relationship, rather than the absence of negative process, that would differentiate successful from unsuccessful relationships (Binder & Strupp, 1997; Foreman & Marmar, 1984; Henry & Strupp, 1994; Safran & Muran, 2000; Strupp, 1997). Hence in the recruitment letter we identified one of the criteria for sample selection as the worker and service participant having "successfully worked through some degree of conflict or mistrust toward the establishment of a good working relationship (i.e., characterized by trust, mutual liking etc.)". Apart from this criteria, we did not demarcate what we meant by a "good" relationship. Instead we relied on the potential study participants to self-identify their relationship as "good". Hence we remained open to discovering what constitutes good relationships in child welfare settings. We allowed the themes to emerge from the data rather than prescribe qualities to a "good" relationship beforehand and subsequently appraise specific relationships according to our preconceived or set notions about what would constitute a good

relationship. The following themes about attributes of good helping relationships in child welfare emerged from the analysis of stories and transcripts: mindful and judicious use of power, humanism, mutual liking, mutual respect and honesty, trust, and going the extra mile/challenging professional boundaries. Each will be discussed in turn.

*Mindful and Judicious Use of Power.* In the child welfare context workers and families do not share equal amounts of power. Child welfare workers, by virtue of their agency connection and their child protection role, are in positions of authority. They hold the power to assess parental “fitness”, enforce voluntary and involuntary care agreements, withhold ECM monies, and apprehend children, if necessary. However, these stories indicate that a power imbalance need not be a barrier to the establishment of a positive helping relationship if the power is openly acknowledged and addressed. The workers in this study were mindful of the power they held and thoroughly explained their reasons and justifications for exercising that power when they needed to do so. As one worker noted, “You realize too or hopefully realize that if we are making recommendations...that it is just not for the sake of us having the power. But that it realistically makes sense in the situation”. In other words, power should neither be flaunted nor denied but judiciously exercised.

These workers recognized that regardless of the antecedents leading to F&CS involvement, and the range of service options and degrees of intrusion, parents ultimately fear the worst--that their child will be apprehended. One parent admitted, “I was shocked . . . I wouldn’t open the door. I was terrified and thought, oh my god! They are going to take my child away”. In response, the worker observed:

What was really impressed upon me (in participating in this research) was how intrusive the worker-client relationship can be. I don’t think of myself as a scary person but with the authority piece I instill fear. I think I knew that but it was a good reminder in terms of how scary it is for someone when you come knocking on their door and they panic. They live like this all the time. That really was impressed upon me in terms of how difficult it is to be on the other end.

These workers emphasized that clear and direct communication about the reasons for F&CS involvement and clear explanations of agency expectations can help to alleviate parental fears. If child apprehension is a possibility, that needs to be explicitly stated upfront. If apprehension it is not being considered, that also needs to be stated upfront. Child apprehension, although necessary in some circumstances, is an extreme option. Parents need to be reassured when apprehension is not being considered so that they do not have an unrealistic fear dominate the working relationship. As one worker noted, being explicit involves:

. . . keeping in mind the difficulty clients have in working with us (F&CS) and not forgetting that even though I could have a good relationship I still have the big agency behind me and there is fear (associated with that), always remembering that and naming it because I know that there tends to be a lot of fears. It can be very reassuring to say, “That is not why I am here” (to apprehend your child). But if there is a concern I am not going to say it’s not either. I will be honest. I think that is really, really important.

A mother recalled:

She reassured me that F&CS doesn’t just come in and snatch your kids away first thing. You know F&CS is not all bad and that if you work together then you can basically - everything will be okay.

Several workers noted that they dealt with the power imbalance by consciously trying to mitigate its potentially damaging effects on the helping relationship. These workers understood that the fear associated with their power can make it hard for parents to listen and actively engage with the worker. Workers admitted that the power imbalance can also impinge on their willingness and ability to remain open and receptive and to actively listen to parents. Hence these workers were mindful of their power but tried not to have that power prevent them from listening to the parent or the parent listening to them. Below, are two examples:

I think people have a hard time hearing what we have to say because of the power imbalance and the fear. When you do this work for awhile you forget that . . . I have great difficulty with the power imbalance and probably the way I approach that is to eat away at that.

There are a few things that are key and one is that when you go in, are you starting with your own agenda -- “This is what we expect”, or are you genuinely listening to somebody. Are you listening to what they have to say and validating it? Are you pointing out some of the good things? Are you being honest about why you are involved and what your role is? I think naming things up front is important to show people but also your attitude. Are you going in there like, “I am the all powerful being and this is what you are expected to do for us” or are you going in there and saying, “Tell me about you and your situation. This is what I know. This is what I don’t know”. So when you first met someone you need to be genuine and not go in there as overpowering.

A worker’s power can increase a parent’s defensiveness, which ultimately works against the establishment of a positive working relationship. All of the clients involved in this study acknowledged that child welfare workers were involved in their lives for legitimate reasons. Many admitted that they were embarrassed and disappointed with themselves and their situations when their workers first became involved. If the worker then came in heavy handed, they found it exceedingly difficult to be forthcoming and admit to current difficulties for fear of their children being apprehended or being further shamed or judged. If, however, a worker came in with an attitude of support and receptiveness, defensiveness was reduced and the relationship was less adversarial:

Interviewer: How should an F&CS worker deal with the power imbalance in their relationships with you?

Mom: Well, give advice and listen to us...Work with us, not against us . . . it puts us on the defensive. I mean a lot of us already have mother’s guilt . . . I carry a lot of guilt around on my shoulders . . . I have this parental guilt and F&CS are great at piling it on higher . . . A lot of F&CS workers are judgmental. We don’t like to be judged. Like for me, I live with the harshest judge of all, which is myself . . . Even the way they talk to you. You know, like you are an idiot and you know nothing. I had a worker once who told me, “We know you just do not want your kid anyway. This (having son placed in a foster home) is an easy way out for you. You just do not want to parent your child”. You know I had enough guilt over my inability to parent my child without someone telling me this. It was like, “You have no clue lady!”

The stories in this study suggest that power needs to be put in its rightful place. Although the power influences helping relationships in the child welfare context, it should never be the sole defining characteristic. Having the power to assess parental fitness, for example, need not prevent a worker

from simultaneously observing parental strengths and demonstrating care and compassion. In the quotation below, a mother describes how a worker put her power and authority aside to openly acknowledge the mother's love and care for her children:

Mom: I think there is a big misconception and I felt it from the agency. There is a lot of judgment around the (alcoholism) ... it seems to be always, well, if you are an alcoholic, you can't parent...and I don't know if it was my own insecurity and my own thinking but I felt pretty much judged right from the beginning.

Interviewer: Even by (your worker)?

Mom: By everybody.

Interviewer: So how did you, feeling judged even by her, how did that not get in the way of trusting her and developing a good relationship?

Mom: because I didn't think at the time there was anybody that wasn't judging me. Like she never said anything to me. Maybe it was all in my head but I honestly believe in a situation like this people can't go without judgement. We are human.

Interviewer: I guess some of the ways that she (went beyond judgement) was in her belief in your caring for your kids. She never believed that you didn't care for your kids.

Mom: I hope she--she must have been sincere if she said it. I certainly hope so because it is true.

Interviewer: Did it surprise you that she felt that way?

Mom: Hearing it from a F&CS worker? Absolutely! . . . because they don't need to say that. They are not there to say that...I knew that. But nobody verbalized it. I was relieved when she said it after feeling so judged, that somebody did finally come along and give me a break. For me that was huge.

The mom later recounted, "She recognized some of the beauty in me too, which made me feel good. I wasn't just an awful drunk".

Power imbalances are intrinsic to most helping relationships, and are not unique to the child welfare context. For example, in psychotherapy the therapist is usually considered the "expert," the one providing the help, and the "client" is the non-expert, the one requiring help. In psychotherapy, however, the power imbalance is usually softened by the client's voluntary engagement with the

worker and his/her ability to terminate the relationship. Voluntary engagement and termination are seldom realities in the child welfare context, yet these stories also suggest that a softening of power helps advance a positive helping relationship. Ultimately it is the manner in which the power is exercised, specifically the workers's attitude and "style of telling the truth", that makes the difference.

As one parent recalled:

Mom: I didn't like to hear the truth. But that wasn't her that was the way things were.

Interviewer: Did you like her style of telling the truth?

Mom: Oh yeah. Like she wasn't condescending or, "I am the worker and you are the client and this is how you are going to do it and you don't have a choice".

Two mothers compared the attitudes and "style of telling the truth" of the workers with whom they had positive relationships with previous workers with whom they did not. One mother noted:

My first worker was not honest with me at all. She said, "I will take your kid and blah, blah, blah". I am thinking, "Over my dead body". There is no way. Come in my house and show attitude with me and see where you are going to get because it is just rude. They have the higher power but that (rudeness) is enough to make anybody crazy. They can come in and tell me what I need to do but they don't have to threaten every time they come.

By comparison this mom described her next worker (the worker who participated in this study) as "kind," "polite," and "comforting". The mom made specific reference to the worker's voice, which she described as "kind" and "soft". Another mother recalled:

My impression (of my first F&CS worker) was not very good. He was just very short (with me). I felt like he was just calling and he just believed everything that he was told. Like I guess when someone calls and reports anything, he then had to call me. I felt he believed everything that whoever called had said. He believed that person and that was it. There was no ifs ands or buts and he was going to come here and he was going to investigate me and find something wrong . . . he came in and he sat down and he said he wanted to go over some things. He told me the reason why he was here . . . he just wasn't listening to anything I said. He wasn't having any of it.

By comparison, this mom felt listened to by her next worker (the worker participating in this study):

I felt like she was going to listen to what I was going to say. I had a chance to explain everything . . . and once things were explained I felt that things were going along better.

In both of these examples, the “good” workers wielded the same amount of power and shared the identical child safety and parenting concerns as their predecessors. Yet their attitudes and approaches were markedly different. Whereas the initial workers were perceived as rude, overpowering, condescending, and closed minded, the “good” workers were perceived as “listening,” “kind,” and “comforting”.

In conclusion, helping relationships in the child welfare context will always evidence power imbalances. However, these stories suggest that when workers openly acknowledge their power, mindfully and judiciously exercise it, soften their attitudes and approach, and refuse to have their power dominate the relationship, their power need not be a barrier in the establishment of a good helping relationship.

*Humanism.* These stories reveal that one of the primary factors contributing to a good helping relationship is a deeply humanistic style of working. These workers were able to take off their professional masks and relate to their clients on a person-to-person level, albeit with a professional focus. These workers talked and dressed in a manner that decreased professional distance. They interacted comfortably and authentically. They talked to their clients about things other than child welfare concerns and as a result got to know their clients more personally while simultaneously revealing aspects of themselves. Clients developed an understanding of their workers as individuals who had life experiences not unlike their own. Without revealing specifics to their clients, these workers were able to communicate that they knew what it was like, for example, to be a single parent, to be divorced, to have lived through pain and loss, and to have hopes and dreams that transcend current life circumstances. The following client quotes illustrate the humanism displayed by these workers:

That is the one thing that I really like about her (the worker). It doesn't matter who you are. She has her job but she is very human about it. There are so many of them (child welfare workers) that are just so by the book that there is no room for feelings. And we need the human contact.

She treated me like a person who needs help instead of treating me like a single mother...a bad parent. By treating me like a person with a child who needs help. By treating me like what I said and what I thought matters.

There were times that we would sit down and talk and I would feel like I was rambling on sometimes, not letting her go . . . at times I would be dying to say stuff. I felt really listened to. I didn't feel like I was being put up with or professionally listened to.

It makes a big difference to have someone that you can actually sit down and talk with as opposed to just every time they come over here you get angry and upset and you don't want them to be here.

In the dialogue below between the second author and one of the research participants, the mom acknowledges that her worker's ability to be "real" moderated the pain and powerlessness she had expected would accompany her working relationship with a child welfare worker:

Interviewer: You had that first meeting [with your worker]. You got some answers, you had a good impression of (her). Did this first meeting go as expected?

Mom: No. No.

Interviewer: You expected?

Mom: I expected more pain because that was usually what I got from (F&CS).

Interviewer: Pain in the form of how you expected the worker to act?

Mom: Yes. These people are controlling me and my children's lives...and that hurts. When it is somebody else that is going to take over your fate and my kids life and their whole future lies in my hands but I am powerless over these people and the court, and the court sides with them it seems to me.

Interviewer: But you didn't feel that way in your first meeting with (your worker) though?

Mom: Oh, it was still on my mind but I knew maybe this one is real. This person is actually real . . . Maybe she has a child or two herself.

Although the relationship that developed was between an F&CS worker and a client, there was another dimension, the relationship between one mother and another. The client had accurately perceived during the first interview that her worker was also a mother. During a subsequent meeting the worker was paged about a medical emergency pertaining to her own daughter, who rather ironically, had the same name as the client's daughter. The worker and the client were in the midst of talking about possible long term placement for the client's daughter, which understandably was difficult and painful for the client. Then upon receiving the call about her own daughter, the worker felt a combination of stress and anxiety pertaining to her own child and also a desire to be professional and refocus on the conversation she was having with the client. The client, despite her own grief reached out to the worker and encouraged her to go and attend to her daughter. The worker feared she had been grossly insensitive. Yet the client responded in such a supportive manner. The worker recalled:

Looking back, I know that was probably really difficult for (Mom) because here we are talking about something really important to her and I had to leave. She was so wonderful. She said, "No, go". She was really wonderful and you know I felt terrible about that because it was a terrible thing (to leave during such an important conversation).

According to the mom:

You know I felt bad for her. I mean, what are you going to do? Her child was in the hospital. I told her, "Go". No, she was not being insensitive at all . . . I had no problem with her leaving.

It needs to be explicitly stated that workers need not be parents to develop good helping relationships. In fact, only three of the six workers who participated in the study were parents. However, it is important to be "real" and authentic. The workers who were parents were able to connect to their clients using that shared experience. The workers who were not parents were able to connect using other shared experiences:

Not that everyone who does this work needs to have kids, but it helps. I am a single parent with two kids so I can totally relate to the things that she may have been dealing with (as a single parent) . . . I often talk about my kids to families. I don't disclose a lot of personal stuff but it is a like a feminist philosophy of doing your work. Things that she may experience, I do as well, virtually by being female and all the stuff that comes along with that.

I put myself in the place of the person I am working with...I go to where they are, where their head space is. And I think I do that really well. Although I cannot identify with being a mother and losing my child, I have also experienced painful situations in my life and have given up things and have let go of people in my life. That can be painful.

In all cases the workers were able to reach into themselves, their own life experiences, and use them to connect as one human being connecting to another. For example, in one of the dyads, the worker who was twice as old as the young mom tried to remember what life was like for her when she was of the same age. The client recalled:

I think that's why I liked (worker) because she used to take trips back down memory lane and . . . she'd really relate to how I am now. She was great. She was a very comfortable worker . . . I think (worker) had the most influence on me by letting me know little tidbits of information about her own life to let me know that she was a person who deals with things herself. That was easy for me to relate to because she opened up and said, "Well, hey, everyone has to deal with crazy things once in a while". Knowing that she didn't have the perfect life and that she had been through things was really helpful to know. She may be a F&CS worker but she has had a couple of knocks too.

A humanistic style of working helped clients feel "normal". As one youth-in-care noted:

He (worker) said he wanted me to feel normal...He talked about examples (from his work and life) that made me feel less like - he made it more personal, and that was a good thing.

Many of the comments made by these workers evidenced their sincere desire to normalize rather than "otherize" parents. For example, when a worker investigated an allegation about her client being an unfit mother because she went out drinking, once she ascertained that the mom had arranged appropriate child care, she reassured her client that "Moms have a right to go out and have a few drinks with friends. If they get a sitter, that is okay. That is my point of view". Another worker received a complaint about a parent who had mouldy bread in his fridge. Once the worker ascertained that there was appropriate food in the house, she said: "I just wanted to laugh. Who doesn't have

things go mouldy in their fridge once in awhile?” One worker observed, “I think having my own children also helped. Often I watch my kids play in the backyard through the kitchen window. Does that mean I am failing to provide adequate supervision. Does that make me a bad mom?”

Parents appreciated it when workers demonstrated their care and concern for them in matters not specifically related to the child welfare concerns. For example, when workers expressed interest and concern for their daily living realities and stresses, parents interpreted this as care for them as individuals:

She brought me clothes...She bought me Christmas presents. It was really great. It showed that she wasn't there just for F&CS. It showed she had a heart and that she does care.

At Christmas time she had put my name in for Adopt-A-Family and she came by and she had all this stuff for me and (my child) for Christmas, which was really good. I never would have thought of stuff like that but she was really good that way. It helped us out a lot.

These stories also speak to the untidiness of being “real”. Human relationships are seldom black and white. True feelings and emotions cannot be turned on and off. For the workers in these stories, their ability to be “real” left them open and vulnerable to feeling both the highs and the lows of their clients' lives. Several of the workers admitted they cried with parents. Others talked about feeling distressed, devastated, losing sleep, and worrying:

I put my arm around her sometimes. I joked with her. When she was feeling sad or when she cried, I listened to her tears.

My heart broke for her. I was really worried about her physically and emotionally. I was concerned for her.

Just watching her go through the process of finally signing the piece of paper (the crown wardship application). That was hard. That was hard for me to see. I was heavy inside. I felt really heavy...I remember her making the biggest decision of her life. That is what I remember the most.

Clients also felt for their workers and at times were even protective of them:

It is really hard. She can't bring her work life home, but she can't get it out of her head either. It is like she is trapped. I can understand how that must feel. Probably not too good.

I am not sure if seeing her cry maybe prohibited me at times from being sad and expressing emotion. Because when I am in pain, we are both in pain. What good is this? Although I don't know if I ever thought about it. I know I was saddened to see her sad and again I respected her being able to express it. You know? I'd rather that than some cold-nose bitch that's never had a child. That's why it comes back to her being a real person. I think more so than some of the people I met from the agency.

Although these parents were both appreciative and disquieted by their worker's care and concern for them, they concluded that having a worker be "real" was ultimately the best:

I miss (worker). There should be more like her . . . you need more people like that, that can help or be supportive rather than be judgmental and critical. You do not want someone who is judgmental and critical going in and scooping up your kids. You need someone with a heart.

*Mutual Liking (Interpersonal Attractiveness)*. Although as helping professionals we can at times naively assume, or perhaps ideally hope, we can work with any and all people, research suggests otherwise. Sue and Sue (2003) argue that helping professionals who are of similar background (e.g., cultural, socioeconomic, religious) and share similar values and attitudes with the individuals they serve, are viewed as more capable, trustworthy, and interpersonally "attractive" than workers that do not share these characteristics. According to Sue and Sue (2003), interpersonal attractiveness between workers and clients is important in establishing a good helping relationship. Likewise, this study also suggests that positive helping relationships in child welfare evidence commonalities between worker and client and mutual liking or "attractiveness".

Several of the workers and clients noted that they liked each other almost immediately due to such things as a shared sense of humour, similar work backgrounds, common life experiences, views of the world, and approaches to work. Others noted that they grew to appreciate and like each other more and more as their relationship deepened and matured. As one worker articulated:

I think we are attracted to people whether they be clients or friends that we share something with. One of the things I loved about (mom) was her sense of humour, which I think I have too.

This mom also made note of the shared sense of humour and the worker's ability to put her at

ease:

We got closer (over time) to the point now where I can joke with her. You know in the back of my mind sometimes, I think, “She is a worker so I have got to be careful what I say”. . . . You know because sometimes you can say some things jokingly but people will respond by the book, right, “You can’t do that”. . . and it is being at ease with a person like that. You know because some days you are stressed out as a parent . . . and you need to vent.

There is evidence in these stories that commonalities helped workers and clients establish

rapport:

Maybe being female and working with a female was a good match for her. I think we had a commonality. She works at (place of employment) and I used to work (at the same place) so we had that in common and we could talk about that.

I grew up in a culture very much like the neighbourhood (where the mom lives) . . . the shift for me comes very easily because it is a world that I grew up in. It makes it real for me.

She was blunt too and I am extremely blunt person so that worked out well.

I liked (mom). She is a bit of a fire cracker. She is fairly opinionated, which I like.

Even though these stories suggest that mutual “attractiveness” can be one of the qualities of a good helping relationship, several workers noted that they had a responsibility to work with all people, even those they may not be “fond of”. Perhaps there is an ease that accompanies the development of a positive helping relationship when mutual “attractiveness” exists. But this does not excuse workers from trying just as hard, or perhaps even harder, to develop positive relationships with those to whom they are less attracted:

It is easier when you like somebody. There is no question. It is a given. But I have cases right now where I am not particularly fond of the people. But in the end, it is about me saying, “Ok, he or she is difficult to work with but”, I remind myself, “You need to be fair. You need to be objective, and you need to be respectful”. Even when I don’t get along with the person, when he or she pushes my buttons, I always come back to those same things. I remind myself, “I have just taken this life from this woman. I have taken her kids. Her partner is no longer in the picture and I have been a large part of that through a court order. Why would she like me? What in god’s name would make her like me after I have done that?” I have to keep reminding myself of that. Then I say to myself, “Look, in all that, how can I continue to work with her to make sure that I meet her basic needs too” . . . and try to work through the opposition because she has a right to that.

*Mutual Respect and Honesty.* Mutual “attractiveness” may help to facilitate positive relationships but the presence of mutual respect and honesty demarcates good relationships from poor ones. As one worker noted:

I think what made the relationship work is that I respected him and he knew it. Even when he had his falls and the things he couldn't do, I hoped to believe that the bottom line is...that I had known him long enough and he knew I respected him enough that I could be forthright and I think that is kind of why the relationship worked . . . Respect and honesty, I think they are the two main ingredients that kept the relationship going.

A mom recalled:

She made it specifically clear that she was not there to take my child. She said, “I just want you to do this stuff and if you do it then your daughter will remain in your care. If you don't do it then . . .” She laid everything out straight on the line, which was really good. She was completely honest with me and that is what I need.

Not only did these workers indicate they respected their clients but their assertions were supported by clients' accounts of feeling respected. At times workers overtly expressed their respect, at other times they conveyed their respect through their actions and their attitudes. Likewise, in the audiotapes and transcripts collected as part of this study, workers revealed obvious respect in their words, tone, and descriptions. For example, one worker frequently used adjectives like “intelligent,” “fascinating,” “motivated,” “creative,” and “insightful” to refer to the dad she had worked with. Some other examples from workers include:

I felt she was a concerned mom. I think she was doing the best she could.

I was so impressed by how difficult it was and how he put his son's needs in front of his own . . . and that is a big thing to do, to bite your tongue.

I give a lot of credit to (mom) for that. I give a lot of credit to any parent who can finally come to a place and say, “I love my son so much I have to give him up so that he, so that we can work on the best interests for him”. And to get to that place--I mean I am not a mother, but it must be an incredibly painful place to go. To know that, that what is happening in the home with him was not working--that maybe another option might work for him. And to be able to let go but still be part of his life, I give her a lot of credit. I give her the big chunk of credit. That was a pretty difficult thing to do.

Similarly, clients expressed respect for workers:

I liked (worker) because she related to me as a person, not as a file. I think that was why our relationship was so strong because she did respect me and she didn't yell at me or threaten me or anything like that. Like her honesty was a major factor.

I always knew it was his job, but he didn't make me feel just like a client. I think that was important. I am not a client. I am not coming to you to do my banking.

I know her eye contact was right there and as soon as I saw that, (I thought), "Okay, you can have some honesty going on now".

In general, this study highlights the need for the direct conveyance of respect both in word and action.

As one worker reflected:

I have learned from participating in this project that I will do this more ongoing, say, "You are doing well". . . I never really came out and said "I think you are doing well". I never really gave her my opinions about her concerns. But I think I did convey my respect for her ongoing.

These stories suggest an association between the respect and honesty of workers and clients.

More specifically, when honesty and respect are modelled by a worker, the client's respect for the worker and the likelihood of the client being honest increase. Likewise when workers are disrespectful and dishonest, a client's respect for the worker decreases as does the likelihood of honest disclosure. For example, a mom offered the following reflections:

She (worker) clarified things by telling me the guidelines and stuff I had to do. My previous worker hadn't told me anything. She didn't even tell me what she was there for. I was very dishonest with her too . . . if she wasn't going to be honest with me I wasn't going to be honest with her.

She (worker) was really honest and that is why everything worked out the way it did. Because if she hadn't been honest with me it would have been like, "Oh well, I am not going to cooperate with you because you are not being honest with me".

Honest disclosures, although an element of any good helping relationship, are crucial in the child welfare context. This point cannot be over stressed. Without honest client disclosure, workers are functioning with one hand tied behind their backs. Without clients' disclosure, workers can lack

the assurance of a child's safety, a parent's fitness, and the satisfaction of service requirements. They can be left to wrongly judge, for example, why a mom didn't follow through on a service plan, or they can misunderstand behaviour because of being under informed or misinformed about the extent of pain or the difficulties in a client's life. Without workers' disclosure, parents are left wondering what "evidence" has been collected against them. From each side, worries and fears contaminate the relationship. Yet honest disclosures are extremely risky, especially for clients. Much is at stake. We can learn much from the positive relationships represented in this study about the importance and facilitation of honest disclosures.

As mentioned above, workers can increase client honesty by being honest themselves. The workers need to set the tone as they have the power and thus less at stake. Worker honesty, then, can begin with the clear presentation of concerns and expectations coupled with the acknowledgement of strengths and a conveyance of respect. Listening to and validating a client's accounts and experiences when they are revealed also encourages client honesty. A worker's reaction to client disclosure is critical. If a client feels judged or punished, future disclosures will be less forthcoming. As one worker noted:

I am pretty good at getting a youth to tell me that they are doing drugs and what they are doing. I am not angry with them if they are doing it. A lot of them are fearful of how someone will react when they tell them. If you can get them to believe that you are not angry and that you just want to know because you care about them and you want to be able to help them and give them some options...when she was able to start to feel comfortable to be able to tell me about the drug use, I had really been trying hard to get her to believe that by her telling me these things I could get a different perspective and then we could make some changes.

A mother recalled:

I found it easy to be open with her. I felt like no matter what I said to her it was going to be OK because she would help me no matter what. Like she wasn't there to judge.

Many of the workers in this study viewed client disclosures as indicative of a good helping relationship. The youth worker quoted above viewed the youth's disclosure about drug use

suggestive of her trust in him and her desire and ability to deal with the problem. The worker hypothesized that youth are often reluctant to disclose drug use because it can lead to a termination of monetary support from child welfare. But when workers respond punitively, everyone loses. The youth buries the drug problem and doesn't get appropriate help. The worker is less informed about the youth's needs. The relationship suffers as honest disclosures decrease.

The stories in this study impressed upon us the incredible risks clients, especially parents, take when self disclosing. The stakes are extremely high. They risk shame and judgement, a loss of control, further supervision, and ultimately, custody of children. However, when disclosures did occur and workers responded favourably, the experience for these parents was positive, and for one parent in particular, nothing short of grace. A dad recollected:

After eight years of not drinking and being an active member of A.A. and publishing stories and giving motivational talks and being a guest speaker here and there and all that stuff...I fell off the wagon myself . . . My biggest ally was my worker. She stood there and I was crying and saying "Oh no, I'm going to lose my kid" . . . I was all drunk and (the worker) stood right there in the middle of my filthy place. I said, "Can you believe that a happy child once played in this place" and she said, "He will again and he will again. You have had a relapse. It is not the end of the world". It was like, "Holy Shit!" These were the first people I thought would turn on me and scoop (son) from me . . . But (worker) stuck up for me and encouraged me and said right in the middle of all that, "You will make it again". I am used to people dropping me like a fly when (I relapsed) . . . but (worker) stuck up for me.

The worker talked about her supportive response to the father's relapse. She said:

I had known him for a little while and I knew he cared for his son. He was making improvements...he was making a real effort. Also the length of time that he had been sober - that was a big chunk of time to be sober. He talked a lot about where he had come from and the fact of him having an apartment and a son, it was like a miracle to him . . . I knew he had it in him to (come back from the relapse) . . . I really thought he was good for his son . . . (Dad) turned himself around really quickly. It took a day or two to make it through the relapse and then he was ready to battle, "I want my son back". So we set up supervised visits. You know the relapse was horrific considering all the sobriety that he had...He was very cooperative. He was prepared to do what he needed to do. He saw how he had broken down. He knew why he had relapsed. He had stopped using his support systems. He thought he could do it on his own. So he had a really good plan of how he was going to get back on track. He had insight into what was going on.

Another factor which attributed to the worker's positive response was the father's foresight. Even though he relapsed he had the presence of mind and ability to think first about his son. He did not relapse in his son's presence but when the son was away on a weekend visit with his mother. This story reveals better than our words can, how utterly essential a positive response to client disclosures can be. A father stopped living in fear. A child remained in the home. Help was offered and accepted. A worker was reassured.

*Trust.* Unfortunately as social workers we tend to think about "trust issues" in helping relationships as rooted in the client's inability to trust. This inability to trust, we surmise, stems from the client's history of having trust violated. It is assumed that workers and child welfare agencies are inherently trustworthy. "No so!", claim the moms, dad and youth represented in these stories. All of the clients represented here report having been lied to, threatened, or manipulated by F&CS workers in the past. One mother reported an F&CS worker had told her "Sign these papers or else your child will go to the furthest group home in the province". Another mom claimed her worker kept reminding her, "I have a baby seat in my car and I can take your daughter right now if I wanted to". These clients had workers who had not followed through with things that they had promised to do, who had not returned phone calls when they said they would, who did not arrive on time for appointments, and who did not fully reveal who had access to information. One of the common characteristics of the workers in our sample was their trustworthiness.

This research told us some important things about how trust is established and maintained in the helping relationship. First of all, trust comes from a care and concern for (and knowledge of) the entire person, not just the parenting concern. Certainly the story above attests to this fact. The worker knew the dad's history, his five years of sobriety, his achievements, and hence could trust he would pull through.

Second, trust takes time. Relationships need to be established and tested before trust can develop. Trust is ultimately a hopeful stance. A client trusts or hopes a worker will act in a certain way based on his or her past actions. Like wise a worker trusts/hopes a client will act in a certain way based on their past actions. In order for trust to develop there needs to be a past or a history of relating with one another on which to build hope. As one mother indicated:

This is not a long relationship and for me to develop any sort of trust, it takes me a long, long time. But with her - I trusted her judgement because I got the right answers . . . I got some answers where I wasn't getting them from my kids' workers. Or she would direct me at least or mention it to (kids' workers) . . . so I could get the answers I needed.

Third, trust is not established through some slick social work intervention but through constant slogging and consistent (often repetitious) behaviour. Examples include: returning phone calls, arriving to appointments on time, and completing tasks as promised. A youth indicated that her trust of her worker was rooted in his timely delivery of her ECM cheque:

These things are not trivial. It's like the hand that feeds you pretty much. If I hadn't had that contact with him constantly, I probably would not have trusted him because he would never have met the needs that I had so what would my trust of him be based on? What would he have ever done to show me that he was (trustworthy)?

Fourth, trust is increased when the substance of what a worker says is validated by another source. For example, when what the worker says is consistent with what other helping professionals have said, or is consistent with the client's experience, or through time proves to be accurate.

(The worker) and I developed a bit of a rapport over the phone. Any concerns that I had I went directly to her. At one point there was a circle of people I could approach but like I said, I kept getting different answers from different people. So it got that the more answers I got from her the more I realized "Yeah, that is the way it is. This is the truth". So now I am building more and more trust in what she's telling me . . . She seems to know her stuff. She is educated . . . and experienced.

Fifth, trust, as one worker observed, develops through a lot of "talking back and forth."

Workers need to constantly check and recheck with clients to confirm that what was said was understood. These stories suggest that misunderstandings happen on both sides. Workers can

misunderstand clients and clients can misunderstand workers. The onus, however, is on the worker to ensure that misunderstandings are sorted out. Several ways in which this can be done include: debriefings between workers and clients after meetings and case conferences, scrupulous note taking on behalf of both parties, phone calls, and, for important meetings, the presence of a third party who can act as a second set of ears and eyes. One worker indicated that she encourages her clients to get second opinions and to seek legal counsel. Several clients in the study recalled past workers getting defensive and even angry when they did any of these things. As one mother argued, “When parents are uninformed they (F&CS) can bully you. If you don’t know your rights, you can’t say anything”. If trust is to be developed, clients need to be informed and understood. In our view, workers should not consider actions taken by the clients to increase their knowledge of the process and to obtain outside support as personal affronts or evidence of client mistrust, but rather as a healthy effort toward the establishment of a trusting and productive working relationship. One worker noted:

It was a lot of talking back and forth, giving her all the information I could and being really clear with her...I would always consult with her and let her know what was going on. If we had any (case conferences)...she would always bring along a community member for support, which I completely supported because I think that is a really good way to do business. So she would bring someone along with her and if she didn’t get something then after the meeting we would talk about it and say, “Well, OK here is my take on what happened at this case conference”. So again, a lot, a lot of communication back and forth making sure she understood everything and got the help. If you are in a room full of professionals around a table, it can be a really intimidating process, so I think it intimidated her sometimes. So I always wanted to make sure that she had some support with her and that she got all the information accurately when we were done.

She has ADHD, so sometimes it was hard for her to retain information or she would forget . . . So I would have to clarify a lot of the times and that was fine. I encouraged her . . . I said, “You call me anytime. You can call me anytime if you need a question answered around something or you forgot something, call me and I will try to get the answer for you”. And she did that.

Finally, and closely connected to the previous point, is the need for workers to understand and sensitively inquire about client realities, specifically around circumstances which on initial inspection

“appear” to be acts of distrust or defiance. One worker discovered that what appeared to be distrust was in fact a mom’s independent nature and her desire to exercise as much control as possible over her own life. Another worker became aware that a dad’s avoidance was in fact shame about his living environment and housekeeping abilities, and in another instance, avoidance was attributable to a lack of a telephone. A good example from one of the co-authored stories concerns a mom who was not making it to all of her scheduled access visits with her children. It was initially inferred that her failure to make these visits was indicative of her neglectfulness as a parent and her inability to meet her children’s needs. However, through some gentle probing by the worker, the mother revealed that these visits were extremely painful because they reminded her of her loss, and her absence in her children’s lives. She said it would take her days to recover from these visits and at times she didn’t have the strength to bear them. It was also revealed that upon several occasions the visits didn’t occur because of an F&CS mix-up. This refrain was echoed by another client who indicated that paper work confirming her compliance with some agency expectations never made it into her file. Another mom in our sample indicated that her lack of money meant that she was unable to comply with an agency requirement that she purchase some safety features for her home. When workers understood these realities, they could place a client’s behaviour within a context that was ultimately more favourable, resulting in decreased defensiveness and increased trust.

*Going the Extra Mile/Challenging Professional Boundaries.* The workers in our sample took the time to do the “extras” that helped build the relationship (e.g., calling for no reason except to see how things are going, taking clients for a coffee, dropping by a client’s house on the way home from work, attending the funeral of a client’s mother on a Saturday, dropping off Christmas presents for a family over the Christmas holidays, and writing a letter of concern and support). The workers noted that these “extras” were the more enjoyable aspects of their child welfare work. One worker called it

“good social work” compared to the other aspects of her job which she considered “messy social work”. There was a theme here that “good social work” was an “extra” but well worth the time. One mom recalled:

She (worker) met me a couple of weeks later (after mom had gone to court to relinquish custody of her son) and we met for coffee. She just wanted to tell me how impressed she was that I was able to do that for my son because not too many people would . . . But you know how many social workers really would take that extra five minutes out just to let somebody know that - to give them that validation . . . I don't think they are supposed to do that (workers taking clients out for lunch or coffee) but it is important. You know even if it is the end and your case is finally closed, it is to have closure...But it is almost like, “Oh no, you shouldn't be mixing. Cuz, you know, here it is again, the client and the worker they shouldn't be getting to close, and that is bad. Like I think the roles need to be bent a bit.

One worker indicated to us that she has brought fewer children into care than some of her colleagues because she has been able to successfully place children with their extended families. She admitted that securing private placements was extremely time consuming, requiring the scheduling of numerous family meetings, negotiations between family members with competing interests, family assessments, and endless phone calls back and forth. Although a placement in an approved foster home may be easier and less time consuming, this worker was convinced these private placements can be a good option for children as fewer familial and emotional ties are severed. Family and Children's Services can supervise the extended family as they embrace the responsibilities of raising the child and supporting the parent(s) in meeting service plans. When things work as planned, by the time the child returns to his or her parent(s)'s home, the entire family system has been strengthened, which ultimately is in the child's best interest. This worker's efforts to secure private placements serves as one example, of many in our sample, of a worker going the extra mile. As the worker explained it:

I have a lot of private placements. Instead of bringing kids into care, I do private placements with a supervision order. A private placement means that a child is placed with a family under a supervision order, which means the child gets to stay with family and not come into care. Bringing a child into care can be very traumatic. How I do this (private placements), which is different from what most people do, is that I have a lot of family meetings. I bring in the parents, the kids, the auntie, uncle, grandma and grandpa, any significant other in the child's

life and I bring them into the office and we have a meeting. I say, “Okay, this is not going to work anymore. Who is prepared to look after this child? How are we going to work this? How is this gonna look? How are we all going to hold each other accountable?”

These stories suggest that in good helping relationships workers go the extra mile, often pushing, stretching, or challenging professional boundaries. The workers in our sample swam in muddy waters as they strived for consistency between agency expectations and mandates, their own *modus operandi*, and their human capacity to feel and act. Clients noticed and appreciated these efforts and struggles as evidenced in the following quotations:

She came to my house and I don't think she needed to. When she offered to drive (to a destination 1 ½ hours out of her catchment area) I thought, “Oh!” That surprised me because it was my belief that the case could have been transferred . . . I thought it was decent of her to come.

He (worker) goes out on a limb to the point where he gives you chances to the point where he has gotten in trouble for it . . . I don't know the exact details but I know he has gone way out on limbs for people and trusted that they were going to do something . . . and they have screwed him over and made him look like an idiot, and he has gotten into trouble at work. I think that is the best quality about him, that probably is the reason why so many of us are going to college and university or having normal lives. He goes out on limbs he is not supposed to go out on and I think that is a positive thing about how he does things.

I think a lot of us have to hit rock bottom in order to realize what we're not or what we are, and then come back from there and (worker) allows you to come back from there whereas other people may not allow you to come back from there. Because you do need help up. You need supports to get up. You just can't come back out of the hole on your own at the age that you are. He gives you the breaks and that is the thing that I think makes him superior to all other workers.

Several workers in our sample credited their supervisors for encouraging them to stretch professional boundaries. These workers felt they benefited from having a supervisor who was willing to talk things over with them and was prepared to support new and creative ways of working. The following two worker quotes speak to this issue:

You have to have a supervisor that is willing to listen and see things from different perspectives and I think you also have to have a worker that is willing to do that . . . They (the youth in care) need to see that you are doing everything you can to help them . . . I feel like I have always been able to do - to really do what I want to do. I don't think I have ever been

told “No. You can’t do that”. It might be “Well, you have to do this and that before this other thing can happen. But I don’t come up with things just off the top of my head and not look at repercussions. You have to do that. It has to be realistic and it has to be safe and sometimes there is a time and a place.

I had a really good supervisor so the relationship was good with my supervisor so that is going to make a difference too because she trusts my judgement...she genuinely cares about people and puts children first but also I had a good relationship with her so she would trust my opinions and judgements, so that is key too.

### **Exemplary Worker-Client Relationships as the Exception Versus the Rule in Child Welfare**

Our key purpose in interviewing worker and client dyads was to provide insight into the development and maintenance of good helping relationships. As we coded and analysed data, and co-authored the accompanying stories, a question continued to frequent our thoughts and conversations. How typical were the relationships in our select sample? When we began this project we were cognizant that barriers existed in the establishment of positive helping relationships that were unique to the child welfare context. Yet the workers and clients in our sample were able to transcend or work around many of these barriers. How many others are able to do the same? We believe the relationships in this study are indeed exemplary and represent the “exception” versus the “rule”. This is not to say we think that most worker-client relationships in child welfare are “bad”. Although there is no doubt that some child welfare clients, including those in our sample, have had terrible experiences with some workers (we will support this with examples from our data), it is likely that the experience of many clients is somewhere in between this and the exceptionally good relationships portrayed in our sample. Before considering data to support our belief that our sample’s good relationships represent the “exception” versus the “rule,” it is important to offer a few words of caution.

The co-authorship study was not designed for comparative analysis. The data we have concerns positive relationships only. It was not collected with the intention of providing points of

contrast between “good” and “bad” helping relationships. Had that been our intention we may have sought to co-author “stories of failure” in addition to our “stories of success”. We may also have asked the workers and clients in our sample pointed questions about their previous working relationships. Aside from ethical concerns about gathering such data, we were limited by the central feature of our research design, which was the sharing of stories between workers and clients, and a joint interview. Nevertheless, we soon discovered that points of contrast emerged from our current data set, which led us to surmise that the relationships in our study were indeed exemplary.

*Comparison of “Sample” Workers With Clients’ Accounts of Other F&CS Workers.* All six clients in these dyads had previous involvement with F&CS. All six had worked with other F&CS workers in the past. The number of previous relationships ranged from 1 (in two instances) to over thirty (in one instance). Since it is rare for F&CS workers to have opportunities to compare their working style and relationships with those of their co-workers (due to time constraints and independent case loads), the clients in these stories, in many respects, were the experts. They had interacted with numerous workers and thus had the opportunity to compare worker styles and attitudes, and the quality of the helping relationships.

One mother indicated that she had experienced previous workers to be “unfair”. They had made it hard for her to have visits with her children. She was “judged,” and made to feel like a “nothing” and as “shit for a mother”. By comparison, the “good” worker did not make the client feel judged. She gave her clear information about rules and expectations and facilitated visitations. Whereas her previous workers were described as “controlling” and “uncaring,” this worker was “real,” “down-to-earth,” and “caring.”

She seemed genuine. She wasn't just there to do her job. She was doing her job professionally, which a lot of (F&CS workers) don't. I get the impression anyway that they don't give a shit. They think we are not human beings. She was a compassionate person.

A father, whose family had been involved with F&CS for three generations, most of it deemed negative, admitted to being deeply wounded by these past involvements. In contrast, his relationship with this worker was not only positive but also reparative and healing. It allowed him to reconsider his negative stance towards the F&CS. Here are some quotations from clients specifically comparing their previous workers with the worker who participated in the study:

He (initial worker) basically made it sound like if I didn't sign the papers there would be more problems. I thought automatically that if I didn't sign them, they could take my (child away) . . . She (worker involved in the study) didn't treat me like I was nothing. She made me realize that she wasn't there to take (my son) away. She wasn't here to make my life more difficult but she was here to help with (my son) and that's the one thing that I never understood from the beginning with the other guy.

(My previous worker) threatened me saying, "Sign these papers or I will send your son to the furthest group home in the province" . . . Really (worker involved in the study) was very supportive. You know compared to (the previous worker), who threatened me and had accused me of being an unfit parent and that I didn't love my kid, I just didn't want him.

I felt she wasn't judging me and she wasn't looking down on me like (my previous worker) had done.

A few of the workers in our sample had a vague sense that their relationships with clients were less contentious than those of their co-workers. One worker admitted that he is considered "unorthodox" and less reactive than his colleagues. He has been told that he has had more "successes". Another worker was surprised when a colleague, overhearing her talk to a client in the hallway, complimented her on the ease and naturalness of the conversation. She was told that her style of communicating was enviable. Another worker noted:

It seems I have better experience, for the most part, with people. Like I can probably count on my hands just the stonewalled ones--the individuals I have not been able to work with very well. I know that is not always the experience. I don't know if it is just a natural personality thing--I really think it is the respect, the respect and openness.

It should also be noted that in several instances, the workers we interviewed had been identified by their co-workers and supervisors as “exceptional” workers. Although anecdotal, a comment we heard from several supervisors and managers at F&CS was that we had successfully recruited “some of the best” workers employed at their agencies. This is certainly not to say that these were the only “good” workers at these agencies. Other workers had been referred to us and met the sample criteria but couldn’t participate due to unexpected work load demands, family issues, and other extenuating circumstances.

*Other Research Findings about Child Welfare Clients’ Service Experiences.* More compelling evidence to suggest that good helping relationships of the type exemplified in this study are the exception versus the rule in child welfare comes from other research that has been conducted. A recent review of research on the experiences of clients with a broad array of social services, which included a review of 26 studies of child welfare services, documented that negative experiences with child welfare workers are not uncommon (Fine, Palmer, & Coady, 2001). Furthermore, two other studies that are part of the Partnerships for Children and Families Project suggest that poor helping relationships in child welfare are not unusual. Maiter, Palmer, and Manji’s (2003) study had a larger sample (n = 61) of child welfare clients drawn from the same two agencies as this study’s sample. They found that clients talked of negative relationships with child welfare workers with about the same frequency as they talked about positive relationships. Harvey, Mandell, Stalker, and Frensch (2003) conducted a workplace study of four family and children’s service agencies in southern Ontario. In a sample of over 200 direct service workers (intake, family service, and children’s service workers), they found that 36% scored in the high range on a depersonalization scale, indicating “an unfeeling and impersonal response towards recipients of one’s service” (Harvey et al., 2003, p. 28-29). Only 33% of direct service workers

scored in the low range on this depersonalization scale. Although scores on this scale indicate worker attitudes versus actual behaviour, the prevalence of such depersonalized attitudes toward clients fits with the anecdotal reports from clients in this study and the evidence from other studies cited above. Thus, it is our belief that there is ample evidence to support the contention that negative worker-client relationships are not uncommon in child welfare. Although good helping relationships are probably also not uncommon, they are not the “rule,” and the type of emotionally close, supportive relationships exemplified in this study are most likely the “exception”. These contentions should come as no surprise given the special challenges inherent in child welfare work—to which we now turn our attention.

*The Child Welfare Setting Can Work Against the Establishment of Good Helping Relationships.* Our contention that poor helping relationships are not uncommon and that good helping relationships of the nature and calibre represented in this study are the exception in child welfare begs the question, “Why is this so?”. It can certainly be said that child welfare work provides many challenges to the development and maintenance of good helping relationships. There are many reasons why this is so. First, child welfare workers serve as agents of the state and exercise a social control function in their efforts to protect the rights of children and ensure their safety. Relationships between workers and families are often “mandated relationships.” Child welfare workers’ involvement with families often begins with intrusion and is maintained through the application of formal and legal agreements. When the social control function of the child welfare worker is emphasized, there can be a tendency to downplay the viability and importance of developing a good relationship. Why put effort into developing a good helping relationship when clients are initially “resistant” and one does not need to rely on the cooperation and good will (and

free will) of clients because one has the legal machinery to enforce access and the power to intrude?

Second, child welfare work is difficult work. Workers and clients are joined in matters that are primal--the care and protection of children and the potential separation of children from their parents. Parents may be reluctant to develop positive relationships with workers who have the authority to judge their abilities and "fitness" as a parent and may in fact "take their children away"? As one parent in the study opined, getting along with your F&CS worker can be "like sleeping with the enemy".

Third, child welfare work is stressful. Caseloads are high and time is limited. Good relationships can take time and effort. The legal requirements, record keeping, and form filling that are part and parcel of child welfare work can get in the way of worker spontaneity and discretion. Workers may have good intentions when it comes to developing positive relationships with parents but it can all lead to frustration and disappointment if they don't have the time or opportunity to follow up on their good intentions.

Fourth, there is a rigidity that one could easily fall into in child welfare work. Tasks such as "assessing risk", "gathering evidence", and determining "parental fitness" can reduce helping relationships to fact finding missions. Workers, required to follow set protocols, often think about and record their work using the familiar terms and categories of the child welfare system. This can leave workers with little room for spontaneity and discretion. Time constraints and workload demands can promote an efficiency which can also stand in the way of a good relationship. For example, one worker noted:

I felt I would have liked to have given him more, like when he had a lot of parenting questions, to have like two hour talks and give him extra supports. But in child welfare our time is just so . . . you don't have any.

In contrast human relationships, both personal and professional, are matters of the heart. They do not follow a procedure manual or a time line.

Fifth, the intrusiveness of the child welfare system can also stand in the way of positive helping relationships. Ironically, the intrusion can, at times, elevate stress and fear in the home to the extent that the likelihood of the abuse and neglect of children is increased. As one mom recounted:

I hated them (F&CS). I wanted to blow up their whole office. I really did. I think it was mainly because of that stupid first worker (the intake worker). Like she drove me crazy. I couldn't believe it. I couldn't believe how F&CS would push somebody to the point that they were incapable of looking after their own child because the F&CS was making me mental like having to deal with all the stuff I had to do . . . I was not only terrified of them but I wasn't too proud of them being there either.

Worrying about having to lose your child everyday is not putting you in a stable mind. I am doing all this today but they are going to yank her away tomorrow for nothing? It was so stressful . . . I think that F&CS (workers) need to be more like (my worker) and just relax and be honest. Because if you aren't, you will make people go nuts.

The “good cop, bad cop” scenario played out by family service workers and intake workers is yet another way in which the child welfare setting can work against good helping relationships. The intake worker seems to be thrust into the “bad cop” role as the one who must investigate allegations within a tight time frame. Knowing that his or her involvement will be short-term provides the intake worker with little opportunity or incentive for developing a good relationship. Often family service workers inherit from intake workers clients who are upset with the agency and service agreements that neither they nor the clients are invested in. Family service workers can feel like they never start relationships fresh and at times inherit a mess. Here are a two of the comments made by workers in our sample referring to this problem:

That is an unfortunate thing for me when I am the ongoing worker, I don't have any chance to establish the goals with the client and the client is in the same kind of position.

I have had this experience as well where I have had to come in after another worker who hasn't done so well with the client and that is tough because you have to undo some stuff that has been done.

It was neat to hear him (dad) say that it was helpful (to have a change of workers from the intake worker to the family service worker). I know a lot of intake workers say that. They don't want to stay involved because it is like they are the big, bad person who came originally. But I think it sets people up because you are the big bad intake worker and now here is the nice family service worker who is going to come in and fix you. But that is not the - we are all working under the same thing so there shouldn't be that switch over and I think if there was a problem with the intake worker that should be worked out (with the intake worker).

### **What Accounts for the Development of an Exemplary Relationship**

The co-authored stories and the across-story themes in this study offer some suggestions as to why the workers in our select sample were able to develop very positive helping relationships despite the “forces” working against them. These workers had the ability to relate well to people. They had good intuition, social skills, and self-esteem. They had an informal style and a way of being that encouraged connection. They related to clients as people--as interesting, worthy individuals who merited respect, understanding, and empathy. As one mom noted about her worker, “I think a lot of it is her. It is her attitude and her compassion”. Another mom observed, “When (worker) is there, we can kick back. She can put us at ease and she is not threatening.” A worker observed:

I think it comes from being at ease with me. I am at ease with who I am. I know that is a process, well that is a journey that you have until you are dead. But I am conscious of that. I have worked hard on building my own self esteem and I have worked hard on the spiritual side of me and I continue to do so. I think what happens over time is that when you are comfortable in your own skin, I think people pick up on that. When you are comfortable in your own skin, I think you become real. Basically then, what you see is what you get...I don't have to impress anybody. I don't have to be something that I am not, and if I screw up, I am prepared to own it.

The following transcript excerpt provides another example:

Interviewer: I wanted to ask you about a couple of times when she (client) commented on your meetings. She said things like you would discuss supervision (of your children) but it

wasn't like you were drilling her with questions. She said it was more like sitting and talking with a friend and having small talk and normal conversations at times. She was very positive about that.

Worker: Yeah. I am glad about that. I didn't know I would be getting that feedback. That is just my style . . . There is probably a reason why I'm able to work with clients and it is turning out positive.

Most of these workers had a strong presence about them, a way of being that seemed authentic and true. Clients perceived them as "real" and genuine. Part of what appeared to come naturally was an ability to focus on the matter at hand, to be present and engaging with a client and not appear distracted by other things. For example, when clients talked, these workers were open and receptive. They didn't just appear to be listening - they were listening. One worker suggested that what allowed her to have that presence was her good time management skills. She was an efficient worker and a "good organizer". She told us:

The job is very, very stressful. We have way more things to do than hours. I am a good organizer so I am able to be very efficient with my time. I think because I don't have as much pressures that way as some other workers have, I seem able to keep up better. I think this plays into the relationship with a client because if I have only a half hour to spend with someone because I have this or that piling up, I am not going to have the same patience level with the person I am working with. I would rather be with my client without my head scrambling around to see what there is to do back in the office.

These workers also seemed less bound to rigidly following "agency bureaucracy" and less susceptible to "putting on the professional mask" than some workers might be. This seemed due to such things as rich life experience, varied work experiences, and a natural proclivity to reflect on their practice. Two workers' comments addressed such issues:

I think my understanding of women abuse and the cycle of violence was helpful because I had worked in a shelter for a number of years. That helped me understand what (the client) had been dealing with.

I have been a child welfare worker for seven years but I have been a social worker for twenty-three. I have a lot of experience. My social work background is quite varied. I have done a lot of different things and a lot of my jobs have been "outside the box".

A client offered the following comment:

Like I (mom) said, when you come right out of university, if you have never, never been exposed to any kind of family violence, or abuse, drugs, anything, you really have no clue. So how can you, how can you judge? How can you help somebody if you don't know what you are talking about except from what you have read in a book? . . . I find sometimes with the younger staff coming out of school, they have this professional demeanor that kind of sticks to them. It can make them look rigid.

The workers in our sample were reflective and creative people. It was evident that they thought about their work and their relationships with clients. They worked within agency mandate, rules, and procedures, but did so flexibly, creatively, and with humanity. Some examples of this style of working include the following:

*Story One* - The worker extended her involvement with a mom by several months to help the mom cope with the loss (court wardship) of her children. Typically cases are closed once the children are placed. As the worker noted:

When you are working with a family towards the return of the children, you are drawing on their strengths and you are helping them to see their weaknesses, the things they need to work on and you draw on their strengths to help them do that. But I think once you are at a stage where you are permanency planning and you've made that decision that the children are not going back, I think that is the piece that gets lost. I don't think we really look at the family strength anymore because we're not working towards returning the children and really you still need the strength of the family to cope with the decisions that are being made and I think that is the piece that gets lost. I think this was such a difficult and sad case but it was also a successful one (because worker stayed involved after the children were placed permanently) . . . I know that you can't work in a huge way and really alter the lives of people and then, you know snap, you're gone. I went to my supervisor and said, "I want to keep this file open to provide (client) with some support because this is a really difficult thing" . . . I think it is a disservice to not look at the human component and the human side. I think that is major, really major. This is a very, very big thing. And I was able to do that, which was wonderful and I think that made all the difference.

*Story Two* - The worker applied for and received money from United Way to fund the youth for an additional year so she could complete high school. Normally, F&CS will fund youth in care until their 21<sup>st</sup> birthday, provided they remain in school. With this money,

administered through F&CS, the youth received funding past her 21<sup>st</sup> birthday and continued to benefit from her worker's ongoing involvement and support. As the worker explained:

Age 21 is the cutoff . . . though I have been advocating to get funding for youth past the age of 21 for post secondary (education). On a positive note, I have approached the United Way and I got accepted and (youth) is the recipient of that funding. So, while (youth) is finishing her last four high school credits . . . she will have money to cover some of her expenses, which she never would have had. She would have been working and not able to save for university. This way she can cut back on her work, get good grades . . . So even though I am not formally working with her, I still work with her.

*Story Six* - The worker was able to set up a crown wardship arrangement whereby the mom maintained access and visitation with her son. She was able to see her son every other weekend, and Wednesday nights. She had direct contact with the foster parents to coordinate visits and pass along information. As the worker described it:

It is a little bit of an unusual case. It is creative . . . and quite successful from where we (F&CS) stand . . . he is a crown ward and we looked at a crown ward application because of the behavioural issues that he had. It is unusual. She sees him every other weekend and once during the week. She goes to his soccer games . . . I think she has some contact with the foster mom and they talk back and forth. I think it is quite positive. She likes the foster mom. He likes coming home. He likes spending time with her. She is very committed to him when he comes home and focusses on him. It is unusual and it has worked. We call it a success story . . . It is creative . . . It was important to (son) to still have his mother in his life. I believe that. She needed to be in his life. She really cares for him, maybe just couldn't take care of him. I think she had to reconcile that with herself too, that as much as she loved him, maybe she had to reconcile the fact that she couldn't care for him full time in her home.

## Summary and Implications

We believe that the interviews with this select sample of workers and clients who managed to develop and maintain good relationships in the very stressful and demanding context of child welfare intervention have yielded a wealth of knowledge. Our intent in this closing chapter is to reiterate a few key points, provide some brief reflection on some of these points, and then propose some implications for practice.

The following are a number of key points that emerge from a review of the six co-authored stories and the across-story themes:

- It is possible to develop and maintain good working relationships with child welfare clients even when there are serious concerns about child maltreatment and children need to be apprehended.
- Good child welfare work can and should have a strong element of clinical/therapeutic work, which happens naturally through the development of the relationship. Workers who develop good relationships with their clients can have profound, positive impacts on clients and their lives while fulfilling their mandated role of investigating and ensuring child safety.
- One obvious impact of a positive worker-client relationship is engaging the client cooperatively in the tasks of the work (investigating and ensuring child safety). There are many other positive impacts for clients when they develop good relationships with workers, including boosting morale, processing emotional issues, and developing self-esteem and self-confidence—all of which are likely to impact positively on parenting ability.
- Even when child placement is necessary, a good worker-client relationship can facilitate the decision-making process for the parent and can help to avoid an adversarial court process that is usually costly and emotionally damaging.
- Good worker-client relationships in child welfare represent deeply human, person-to-person connections (versus pleasant but distant professional-to-client working relationships), and are characterized by mutual liking, caring, respect, trust, understanding, and honesty.
- Good worker-client relationships in child welfare are built best by a worker style that is informal, down-to-earth, friendly, genuine, person-to-person (versus “worker”-to-“client”), respectful, empathic, supportive, encouraging, and hopeful. These relationships are facilitated by worker behaviours such as going the extra mile/doing the extra little things, sharing feelings, being realistic and flexible with regard to expectations, and self-disclosing relevant personal information.

A central issue that arises from this study's results concerns how to promote the type of child welfare practice that is exemplified in these stories. Toward this end, we would like to address implications for the hiring of workers, the training and supervision of workers, and the modification of agency procedures and mandates.

We have surmised that the workers in this study represent a select sample of workers who have exceptional interpersonal sensitivity and ability to relate to child welfare clientele (and probably people in general). It should come as no surprise that there may be certain workers who exhibit exceptional ability. Cumulative research in psychotherapy has led to a similar conclusion: "The therapist factor, as a contributor to outcome, is looming large in the assessment of outcomes. Some therapists appear to be unusually effective" (Lambert & Bergin, 1994, p.182). On the other hand, the clients' stories in this study about previous "bad" workers, along with other research (cited earlier) that suggests bad experiences with workers are not uncommon for child welfare clients, increases the likelihood that there are some child welfare workers who have little such interpersonal sensitivity or ability and who are simply not suited to the child welfare field. Again, this should come as no surprise. Even in the less contentious enterprise of psychotherapy, research has established that negative interpersonal process and poor helping relationships are not uncommon, that this has been underestimated by professionals, and that therapist factors such as level of adjustment and relational ability contribute to such phenomenon (Binder & Strupp, 1997). It is our belief, however, that these extreme groups are probably quite small. The largest group of workers is probably between these extreme groups. The workers in this large middle group likely have basic requisite interpersonal sensitivity and relational ability, but may struggle with demonstrating this fully and consistently for various reasons, many of which we have detailed in

our discussion of how the child welfare setting can work against the establishment of good helping relationships.

With regard to the small group of workers who are not suited to the profession, we would suggest two things. First, we would suggest that the hiring process for child welfare workers include consideration of issues such as personal characteristics, interpersonal style, and attitudes toward clients. A good suggestion that emerged from a conference presentation that we did on this study is to include a former client on agency hiring committees. Second, we suggest that child welfare supervisors pay attention to identifying workers who consistently do not relate well to clients, and explore with them their suitability to the profession.

For the large middle group of workers who have basic interpersonal sensitivity and relational ability, but may struggle with demonstrating this fully and consistently, we suggest that training and supervision should focus on issues such as (a) developing an empathic/supportive mind-set and heart-set toward clients, (b) using a natural interpersonal style (versus hiding behind a professional mask and protocol), (c) understanding the potential therapeutic nature of the work, and (d) using strategies for engaging clients and building good relationships (the reader is referred to across-story themes for Helpful Worker Behaviours and Central Issues for Child Welfare Practice in Appendix 2 for examples of such strategies).

Clearly, our suggestions for the hiring, training, and supervision of child welfare workers do not fit with the current focus of many child welfare agencies in the Province of Ontario on investigation and risk assessment that frequently results in minimal services to families and adversarial court processes to remove children deemed to be at risk (Cameron & Freymond, 2003). This raises the larger issue of the need to revise the child welfare mandate and the child welfare worker role. Our study's results reinforce others' (e.g., Cameron & Freymond, 2003;

Cameron, Freymond, Cornfield, & Palmer, 2001) calls for broadening the child welfare emphasis on investigation and protection to include more focus on providing services and supports to families to enable them to care better for their children. This would facilitate the broadening of workers' roles to include more focus on listening and understanding, providing empathy and support, recognizing and building strengths, and building in resources, supports, and services. Although this type of work can be carried out within the present system, it is not easy to do so and system change is needed to encourage and facilitate such work.

At a recent conference presentation of the findings of this study, we were approached by two executive directors of child welfare agencies. One executive director told us how encouraging he found our results to be. He found it refreshing to hear about child welfare workers who were doing it "right" and making a profound positive difference in people's lives. The other executive director was from a native family and children's service agency and he suggested that our research "crosses cultures." The type of work characterized by the good relationships we profiled in our study, in his opinion, "should be practiced by all," but is clearly not. Although few would argue with this, the personal, instrumental, and systemic barriers that can make it difficult for workers to be the caring and "human" social workers they desire to be must be acknowledged and addressed. Many workers already feel so stretched and compromised that suggestions such as "going the extra mile" can increase stress. Based on the accounts of the workers in our study, we believe that it is possible to incorporate the extra effort that manifests as care, compassion, and respect for clients into a forty-hour work week; however, this effort needs to be nurtured and valued by one's supervisors, co-workers, and the overall culture of an agency. Furthermore, we would argue that the rewards of achieving such supportive relationships with clients outweigh whatever extra effort

is required. The results of our study suggest that good helping relationships can be healing and energizing for both workers and clients.

To conclude, we would like to point out that in many ways this study's results do not tell us anything that is new or earth shattering. For the most part, the results reinforce traditional practice wisdom: "put yourself in the client's shoes" and "start where the client is". With the recognition that the "client" is not just the parent but the entire family, and that the safety of the children is of paramount concern, this entails being human, listening, trusting one's heart, following one's instincts, and doing one's best to be helpful. This is far easier said than done; however, even within the context and current climate of child welfare, space is available to develop the types of good helping relationships exemplified in this study. Such space can and should be expanded--but it is there.

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Appendix 1:

Six Co-Authored Stories of Success

## STORY ONE

### “Precious Words”

*The way I cope sometimes is to remember her (my F&CS worker) talking to me. She was the first person to say, “You did that (gave up your children) because you love them, not because you don’t”. That has stuck with me time and time again. Those were the most precious words I ever heard anybody say around this whole thing.*

#### Background Information About Client and Worker

The client in this story, given the pseudonym Linda, is a 37 year old white, single mother with three children. She had been involved with Family and Children’s Services (F&CS) for a few years and had worked with a number of workers by the time she became involved with the worker in this story. At the time of the first research interview, Linda had terminated her involvement with F&CS about six months earlier, after having been involved with the worker in this story for a period of nine months.

The worker in this story, “Jill,” is a white 37 year old married mother of three children, with a BA degree. At the onset of her involvement with Linda, Jill was a family service worker and had been working with F & CS for about one and one-half years.

#### The Lead-up to the First Meeting

When Linda’s case was transferred to Jill, although there was quite a bit of information in the file that documented concerns about alcohol abuse and parenting, Jill made a conscious effort not to pre-judge Linda on the basis of the information in the file. Linda was then in a substance abuse treatment facility and her three children were in foster care. Given the history of alcohol problems and the conflictual nature of the relationships Linda had with previous workers, Jill was wary of the potential for manipulation; however, she believed strongly in not making such assumptions.

Linda and Jill had two telephone contacts prior to meeting for the first time. In the first telephone contact Linda called Jill from the residential substance abuse treatment program she was in to ask about arranging a visit with her children (who were then in foster placements) at her mother's place. Jill told Linda she would have to meet with her first to assess the suitability of a visit at her mother's. Linda was angry and upset in this first telephone conversation and developed a very negative impression of Jill, largely because she thought Jill was being a "bitch" by insisting on assessing the suitability of her mother's home before agreeing to set up a visit with her children. Linda interpreted this first telephone conversation with her new worker as just another instance of agency workers being unfair and making it difficult for her to see her children. She was very upset and discouraged with this phone call. Linda was aware of her pattern of moving back and forth between sobriety and relapse and she wondered if she would ever be able to meet agency expectations. Given this, she worried about the kids being "grabbed" again and again and "shipped all over the bloody province".

Linda avoided Jill for a month after this initial phone call and relapsed after she left the treatment facility. Jill was not aware of Linda's upset during this first phone call. She thought they had a nice conversation and that Linda was quite personable. The second telephone conversation, about a month later, was about setting up Jill's visit to Linda's mother's place. In this phone conversation, Linda was favourably impressed that Jill would travel out of town to conduct the meeting at her mother's place (she thought Jill might just transfer the family service component of her case to the local F&CS), and this, combined with her mother telling her not to pre-judge Jill, helped her to "back-off" a little bit with regard to her negative expectations of a child welfare worker.

### The First Meeting

The first meeting between Jill and Linda took place in the town where Linda and her mother were currently living. The first part of their meeting was at the mother's place. Linda remembers she was very nervous in anticipation of this first meeting, but that Jill had good eye contact with her right from the beginning and that made her think, "Okay, you can have some honesty going on now." After meeting with her mother and Linda together, Jill asked to see Linda's home, giving Linda the impression that Jill was being thorough and doing her job. Linda remembers that on the walk to her home with Jill, she began to develop a liking for Jill and a belief that she was "sincere" and "had the family's best interests at heart". Linda got the impression that Jill was willing to work with her toward reuniting the family. In contrast to other workers she had encountered, Linda was struck by the fact that Jill didn't seem to judge her (she felt other workers looked on her as "nothing" and as "shit for a mother"), had empathy for her, and was forthright and down-to-earth. Linda also noted that her mother liked Jill.

At her home, Linda was impressed that Jill showed an interest in looking at photographs of the kids and artwork they had done. In talking about her children, Linda cried and so did Jill. This showed Linda that Jill sensed her pain, "really cared," and "wasn't just doing her job". In this first meeting, Linda was also very impressed with the fact that, in contrast to previous workers, Jill was able to give her clear information about the rules and expectations around visitation with her children. Although Jill made it clear that the same expectations from the agency were still there, Linda got the impression that Jill was being straight with her and was genuinely committed to work toward reuniting the family. One other thing that Linda mentioned with regard to this first meeting was that Jill ordered a take out lunch from Linda's mother's business before she left, which Linda saw as an act of friendly kindness.

This first meeting with Jill did not fit with what Linda expected. She expected her new worker to be like others she had encountered--controlling and uncaring. Although Linda wasn't totally convinced, she began to think that Jill might be "real" and different from the rest. Linda felt less controlled and powerless with Jill than with previous workers and she felt Jill might be "real" in terms of understanding her pain (she wondered if Jill might have kids and could identify with what it would be like to have them taken from her) and being willing to give her straight answers and work with her. Linda said, "I started to open my mind a little bit."

Jill was aware of the likelihood that Linda might be nervous about the first meeting in terms of what she would be like and what she would think of her set-up and plan for visitation with the children and eventual reunification. Initially, Jill made a conscious effort to be clear with Linda, in a supportive way, in terms of agency expectations and the process of working toward reunification. She tried to be clear that her role had to be to ensure the best interests of the children but that if Linda met the agency expectations, Jill would be behind her 100%. Once Jill did the "work" of clarifying her role, the home study process, and the agency expectations (in a supportive way), she said that she made an effort to have a "chat... on a personable level" with Linda.

Jill's impression of the first visit and of Linda were quite positive. She "enjoyed" meeting her and had "a really nice visit". Jill was impressed with Linda's motivation and with the plans she had in place to put her life back together so the children could return. Jill was impressed with Linda's ability to talk about the philosophies and strategies she had learned in treatment. Jill found Linda to be a "really interesting individual in a positive way" and thought that she had "a really good chance of pulling things back together for her and her family". Jill also noted how Linda was not like some clients of the agency who initially present as aggressive, angry, or uncooperative.

The Rest of the Story of Working Together

One of the first contentious issues that arose in their working relationship occurred subsequent to their first meeting. Jill discovered that Linda had not followed through on some of the counselling and relapse prevention work that she had told Jill about. Jill has a vague recollection of discussing this with Linda in a meeting that was not as positive as the first meeting and Linda sticking to her story. Linda recalls that she did have plans for counselling and relapse prevention in place but that she did not follow through because of problems with transportation and work and because she did not like her worker at the hospital. Linda recalls that she did not share with Jill the reasons for not following through with these plans. Linda said she “wasn’t prepared or ready to argue with her about it”. Following this, Jill lost contact with Linda for awhile and became aware that she had moved back to Kitchener.

Linda reestablished contact with Jill once she was resettled in Kitchener and was wanting to pursue access visits again. Jill recalls that for quite a while most of her work with Linda focussed on maintaining regular access visits and regular contact with her. Jill said it was her job to monitor whether the expectations of the agency were being met. In this regard Jill said there was frequent disagreement and some level of conflict between Linda and herself. Jill would often contact Linda to talk about the expectations that she was not meeting. For example, Jill would have to call Linda when she missed an access visit. Sometimes, Jill thought the reasons Linda gave sounded like excuses. Jill also felt that Linda sometimes blamed others or minimized concerns. In both instances, Jill thought that this reflected the chaos in Linda’s life and not a lack of caring for her children. Jill also received a number of angry phone calls from Linda about access visits (e.g., that they were group access visits at a church instead of in the community, that they had to be supervised, that they were not at times that were convenient to her).

For the most part, Jill felt Linda was respectful even when they had differences of opinion. Jill did admit she probably didn't know how Linda was really feeling. When Linda did get angry, even when she had clearly been drinking, Jill would usually let her express her anger and frustration and then would discuss the issue in the next contact. Jill said she never took Linda's anger or frustration personally—she saw it as a global anger directed at the agency. She recognized that controversy and conflict were part of the job. She kept focussed on the fact that her job was to work with the whole family and to provide Linda with whatever support was necessary to enable the return of the children at least until the determination was made that this was not feasible. Jill's belief was that delving so personally into a family's life necessitated concern for parents as well as for children. Jill felt that over time she and Linda built on the initial beginnings of trust and rapport that were initiated in their first meeting. She thought that it took time to get to know each other better and how each other “operated” and that over time, and over talking through conflicts and disagreements, they developed a comfort with each other.

Linda also spoke about how trust in the relationship and with Jill took time to develop despite the positive first impressions. Linda remembers being impressed that Jill gave her straight and truthful answers to her questions. She gradually continued to develop trust in and rapport with Jill over the phone. Linda was struck with the fact that Jill was experienced, educated, and seemed to “know her stuff”. She also said that she appreciated Jill's encouragement to be assertive and to speak to her any time about any concerns or questions. Linda did say that the worker's consistency and persistency in keeping in touch with her was sometimes too much—even though she knew that it was her caring that was behind the consistency. At times Linda felt like saying “just go away... I don't want you people in my life”. Related to this, Linda said that Jill's being challenging and truthful with her sometimes hurt. Linda acknowledged that she kept this hurt inside and that Jill

probably didn't know this or the fact that this caused her to go get drunk and/or withdraw from contact with the agency for periods of time. She also said that she probably needed to hear the truth from Jill more than once in order for it to sink in.

Linda reacted negatively to hearing Jill mentioning in her interview the excuses she sometimes used for not following through on access visits and her tendency to blame others and minimize difficulties. With regard to not following through on some access visits, Linda talked about how emotionally difficult the visits were for her when it came to saying goodbye to the kids, although she never talked to Jill about this. Also, she mentioned that there didn't seem to be adequate recognition that some missed visits were due to F&CS mixups with regard to transportation or dates. With regard to blaming others and minimizing difficulties, Linda acknowledged that this may have been how she acted but that it wasn't her whole truth. She explained that there was much more despair and pain in her than she let on to others and that she just didn't want to talk about it. She said that it was easier to express the anger to Jill than the hurt and pain that were underneath. Furthermore, she sometimes worried about expressing emotional pain because, although she respected the fact that Jill often felt her pain, she didn't want to make her experience it. Linda also acknowledged that although Jill's persistency was emotionally difficult for her at times, without this they wouldn't have developed the trust and rapport that came to be. At the same time, she was clear that "it never did get to spilling my whole guts".

Both Linda and Jill talked a lot about a particular telephone call that Linda made after hours to Jill around the time of the court process about permanency planning, and the aftermath of this phone call. The time allotted for working out a return of the children had expired and Linda had received court documents. She lashed out angrily at Jill in this phone conversation and told her that she should get a job where she doesn't wreck people's lives. In reference to her suicidal state,

she also said she hoped it was the worker who replaced Jill who found her hanging in the garage. Then Linda hung up. Linda actually overdosed on pills after this phone call and had to be rushed to the hospital. Jill never became aware of this overdose until the time of this study, but she recalled she had been quite concerned for Linda's well-being after this phone call. After Linda didn't respond to phone calls over a period of time, Jill sent her a letter to express her concern and give information about resources. Even though Linda's anger was clearly directed at Jill, Jill still did not take this personally. In fact, she thought that in some ways Linda was wishing her well in telling her to leave F&CS and hoping someone else would find her hanging.

Linda received the letter and saw this as another instance of Jill being supportive and concerned. Still, Linda did not contact Jill for about a month. Jill assumed this was because of Linda's anger with her; however, Linda explained that this was due to the embarrassment and guilt she felt in lashing out at Jill. She said that at this and some other times she lashed out at Jill because she was the only part of the system that was available. Linda finally agreed to getting back together with Jill and they met for coffee. Linda apologized for lashing out and Jill explained that she was worried about her and understood her emotional upset around her kids and court. Jill recognized that Linda was still quite depressed and she offered to help her get counselling. Linda said Jill showed genuine concern as a human being, not as an F&CS worker, and did more than she had to in order to get Linda into counselling.

It was around this time that Linda decided she was fighting a losing battle with F&CS and she decided to give up because she could never meet their expectations. Although it had been a long process of considering this possibility, Linda kept this to herself until her mind was made up. She informed her lawyer and then Jill that she would not fight the permanency planning for her children. Linda said that Jill's response to this decision was one of the most important things

anyone has ever said to her; Jill said that Linda gave her kids to be placed permanently because she loved them and was able to put their needs first. Linda said that at the time of making this decision she felt like the worst person in the world and wanted to die and that these words were very helpful.

Jill observed that Linda's decision not to fight the F&CS recommendation for permanency planning seemed to be a turning point both for her and for their work together. Although this was very difficult for the client, the worker thought that the client was very thorough and thoughtful in assessing what this would mean for her children and that the two of them worked together very effectively to finalize this decision and the arrangements for the children. A very helpful event in helping Linda deal with the permanency planning for her kids was a meeting that Jill arranged between herself, Linda, and the adoptive mother of one of Linda's children. This was a very emotional but positive meeting for all involved and it seemed to help Linda be more comfortable about where her daughter was going to live. In this meeting the adoptive mom read a poem that gave praise to both the biological and the adoptive parents for what they gave the child. Linda said that it was very important to her "to see who was taking her place". She also said that sharing this very emotional encounter with Jill helped to strengthen and deepen their relationship. Another helpful factor for Linda was being allowed to know about and visit the foster placement of her oldest daughter. Linda also appreciated that Jill made the effort to meet her children and that she was "great" with them. Furthermore, Jill arranged for Linda and her children to have their pictures taken together.

During the court process, one thing Linda was thankful for was Jill's assurance that Linda's brother's family, whom Linda considered to be a very bad influence, were not allowed to have access to the children. Still, the court process was very difficult emotionally for Linda. She

said that she didn't like hearing all over again what she already knew. She harboured a great deal of resentment about it, but tended to keep it inside. Her anger was directed, however, toward the legal and F&CS systems and not Jill. Linda explained that although she still thinks the court and F&CS are "a fucked up system," she sees Jill as a good person and a positive thing within the system.

Following the court process, Jill advocated with her supervisor to continue to work with Linda to help her through the difficult adjustment. This was not the usual procedure; however, Jill felt strongly that she wanted to do this and that it was the right thing to do. In the few months that Jill and Linda worked together after the children had been placed, Jill's focus was on pointing out the many strengths that Linda had (e.g., her creativity, intelligence) and supporting her in dealing with difficult feelings and moving forward in positive directions. Linda remarked that it was helpful to have Jill point out her many strengths as this was something she needed to be told. During this time, their work together was much less formal than it had been—instead of meetings in the office or at Linda's home, they would often go for lunch. As a result of the change in professional role during this time, professional boundaries sometimes had to be clarified. Jill had to direct Linda to the children's service worker, who she did not like, to deal with issues about the children. This sometimes involved Jill coaching Linda with regard to how best to navigate the system. Also, during one lunch meeting, Jill was not comfortable with Linda ordering a non-alcoholic beer and asked her if she would cancel the order. Jill was very impressed that Linda understood her discomfort and took no issue with the request.

Jill and Linda had lunch together to mark the formal closing of the F&CS file; however, even then the understanding was that they could maintain contact with one another and they have to this point. On one occasion Linda called Jill after she had been drinking and Jill felt "devastated"

that Linda was not maintaining sobriety. This reflected her high hopes for and personal interest in Linda and Jill's worry that she might not be living up to her potential. On another occasion Linda disclosed to Jill that she had called one of her daughters while under the influence. Jill felt a professional obligation to report this to the children's service worker and she was somewhat surprised that Linda seemed to accept this. One thing that Linda did talk about concerning her alcoholism was that she felt misunderstood and judged in this regard by everybody throughout her involvement with F&CS. She said that there seemed to be an assumption that if you are an alcoholic then you can't parent. Linda acknowledged that this was not something particular to Jill, that Jill never said anything like this, and that she understood such judgments as a natural human reaction.

Despite some concerns about Linda's life choices at this point in time, Jill clearly was positive and proud of all of the positive changes that Linda has made. These include maintaining her job and a stable residence, continuing with school, and doing creative writing. Linda clearly appreciated Jill's recognition of these strengths, although she felt these were strengths that she had always had but that just weren't as evident at times because of circumstances. Although Jill talked in terms of Linda coming to accept the permanent placement of her children, in her interview Linda clarified that she never has and probably never will fully "accept" this. Although Jill was not aware of it, the client never did read or sign the court documents. Although Linda is happy with the foster placement of her eldest daughter, and is able to visit her and a second daughter whose father has full custody, she disclosed that the thought of not having her children still hurts every day and that she still gets judged and ridiculed by others for agreeing to let her children be placed. She said because of the pain associated with the loss of her children, sometimes when people ask if she has children, she says no.

## STORY TWO

### “The stake beside my tree”

*He (my worker) was the stake beside my tree, as I grew.*

#### Background Information About Client and Worker

The client in this story is a 21 year old, white, single woman named “Ann” who had been involved with F&CS for the past 10 years (some of the details of this involvement are described in the story). At the time of the interview, although Ann had “graduated” from the extended care and maintenance (ECM) program of F&CS by virtue of her age, her worker “David” had secured funding for an additional year of F&CS support. At the time of the interview, Ann was working at two jobs, completing her last few high school credits, and applying to university. She was living independently in her own apartment.

The worker, “David,” is a 32 year old white male. He is married with no children. He had worked with F&CS for the past nine years. For the first couple of years he worked as a residential child care staff and then he moved to his current job of youth services worker. David had worked with Ann for the past five years, apart from a six month period when he took a leave of absence from work.

#### The Lead-up to the First Meeting

Ann became a crown ward around the age of 12. At first she was placed in a foster home. Although she didn’t present severe behavioural problems, her involvement with drugs, drinking, and breaking curfews led to a group home placement within a couple of years. It was at the group home that Ann first met David. He had recently graduated from university and was working at the group home. He was not her primary worker at the home but he does remember her well and spoke fondly of the times she would talk to staff when the residence settled down for the evening.

Ann said she chose to talk to staff in the evenings because it gave her an opportunity to be viewed as an individual rather than just one of the many youth at the group home. She could be viewed as herself without the “group back drop”. For Ann, these evening chats were a more natural way for her to talk to staff than the scheduled sessions with her assigned worker, something she didn’t find helpful. It also gave her some control, in that she could decide whether she wanted to talk, with whom and for how long.

David remembers Ann as a “neat kid”. She was about fourteen years old at the time. Ann remembers not feeling comfortable at the group home because she didn’t feel like she fit in. She felt that many of the other “kids had some pretty bizarre behavioural problems”. David concurred. He remembered Ann as some one who got along better with adults than with the other kids. She was mature for her age, which he attributed to her having to take lots of responsibility at home, particularly in the care of her younger sister. The worker recalls that Ann was well liked by the group home staff. She had a great sense of humour and she could be extremely sarcastic.

Ann ran away from the group home numerous times, eventually leaving for good. She moved in with an adult couple. She got a job, enrolled in school, and told the school she was living with her aunt and uncle, who didn’t have a phone. When Ann turned 16, she contacted F&CS. She knew that at age sixteen she was allowed to live on her own and as a crown ward would be eligible for ongoing agency support via the ECM program. She was assigned a social worker who would not approve independent living until the client had completed the learning phase of the ECM program. Ann told this worker she would not move in to a foster home or go back to the group home. Her worker then came and talked to the adult couple the client had been living with. She approved them as provisional foster parents until the client completed the learning phase of the program and became eligible for independent living. This was an agreeable compromise.

From David and Ann's accounts of the history prior to their "official" working together, it became evident that Ann had many qualities which she brought into the client-worker relationship. First, she was definitive about her preferences (e.g., she didn't want to consider a group home or a foster home but wanted to live more independently; she wanted to have as much control over her life as possible rather than be controlled or dependent on some one else; she thought scheduled counselling sessions would not be as helpful as impromptu conversations). Second, Ann was creative in finding solutions (e.g., provisional foster care and "living with an aunt and uncle who didn't have a phone", evening conversations with staff at the group home). Third, Ann took initiative. She ran away from the group home, found a job and the provisional foster parents, and enrolled in school. Fourth, Ann had many personal strengths and relationship skills, such as maturity, a sense of humour, and an ease talking to adults.

Ann admits she never had a "game plan" in front of her then in terms of how she wanted her life to unfold. Her decisions were based on trying to make the best choice from a variety of options laid out in front of her. In hindsight she is not sure that living independently as early as she did was the best thing for her. However, she also knows that she was utterly convinced that she wanted that then and would not easily have been dissuaded. David thinks Ann did have vague ideas about what she wanted to accomplish out of life. They may not have been specific goals like "I am going to University," but more general goals like "I am going to get the most out of my life". David thinks that Ann's biggest difficulty back when she was sixteen was having "no idea how to get there". Everything was like "total mush".

### The Early Stage of Working Together

Neither David nor Ann could recall their actual first meeting. This is understandable given that the event happened over five years ago. However, David remembers feeling happy to have been assigned Ann's file because of her ease in talking to adults and because of her potential. He remembers feeling very hopeful about their work together. Ann remembers feeling comfortable being assigned to David because he was male and at that time she had "problems with maternal figures". Both David and Ann reported that knowing and remembering each other positively from the group home increased their comfort with each other and proved very positive for the relationship.

Ann approached F&CS with expectations that she would be treated with respect and that F&CS would honour their obligations to her, namely the ECM program. David had some background information about Ann from the files and this information, combined with his own knowledge of Ann, allowed him to approach the client with respect, flexibility, hopefulness, and perhaps most importantly, patience.

Ann disagrees with David's early assessment of her as being unable to trust adults. David cited an example he had read in Ann's file where it was noted that she had gone to the doctor on her own rather than call her worker to get a ride. Initially David spoke of this incident as reflecting Ann's mistrust of adults. Ann felt this example reflected her independence more than her mistrust of adults. In hindsight, David agrees. Ann observed that her guardedness was not a lack of respect. She did and does respect adults. However, she found the relationships between youth and their workers to be artificial. In the group home "You had to go to bed when it is time to go to bed. You had to talk when it is your time to talk". She was worried that if she was open about what she was thinking or feeling her workers would see her personality, make connections to her home life and she would be judged. She felt unlovable and defective and knew that if she revealed

this she would be “pigeon holed”. Yet her desire was to talk with adults whom she respected and trusted but to talk with them on her own terms. The fact that her guardedness was interpreted as distrust meant that she had been successful in hiding her true self and avoiding the judgement. But it also meant that she had been misunderstood, which saddened her.

### The Rest of the Story of Working Together

Both Ann and David maintained that consistency and longevity were key factors to the success of their working relationship. Consistency allowed them to trust each other. Longevity allowed them to move beyond the “instrumental” nature of the relationship (provision of ECM, money for clothes, medical needs, etc.) and delve into deeper issues leading to more fundamental changes and progress. Both Ann and David viewed the timely and consistent provision of money and basic life supports as extremely important. It allowed them to trust each other. David “proved” himself to be trustworthy by administering the money and basic life supports in a timely and consistent way and he never used “tough love” (the threat of cutting the client off of ECM) to encourage progress. Ann “proved” herself by doing what she needed to do to qualify for ECM by registering in school, maintaining her housing, and being honest with David about any changes in these two areas. This provision of material needs gave them the opportunity to have contact with each other in a natural way, which over months and years allowed the relationship to deepen.

Ann noted that when she first came to work with David, she lacked confidence that she would be able to successfully relate to anyone over a sustained period of time. She felt responsible for the failed relationship with her mom, her former foster parents, and the group home placement. She hypothesized that if David had needed to leave the relationship, even for legitimate reasons like a job promotion, illness, or leave, she would have internalized that as her fault. She would have seen it as yet another example of how every relationship she had, turned out badly and fell

apart. It would have confirmed for her that there was something fundamentally wrong with her. The longevity of her working relationship with David allowed her to move beyond these notions. She has gained confidence that the failed relationships in her past were not her fault and she has the ability to have long and meaningful relationships with people. She admits that this has been a long process for her and that she still struggles with it sometimes.

David and Ann agree that things moved rather slowly at first. Ann was registered at school but not working to her potential. However, David was hopeful. In grade nine (two years before he became Ann's worker) Ann hadn't received any credits due to absenteeism and drug use. The next year when she lived on her own she had picked up 3-4 credits. When David became involved the following year he was able to place her school performance within a context of improvement albeit slow and marginal. He viewed her as capable of doing well in the long run and as long as she kept doing what she needed to do to qualify for ECM, he could relax about the school performance and focus on what he considered to be more fundamental things.

Ann acknowledges that having the opportunity to live on her own and "have the rent paid" was crucial. David accepted that she needed to live on her own and Ann knew that as a crown ward it was her right, providing certain conditions were met. Living on her own gave her security and control over some of her own decisions. She didn't have to "re-engineer her personality every three months to fit into a suitable placement". She "had a comfortable place to go at night" that "had all her things in it" and "it was on her terms".

It is my observation that one of the keys to the success of this working relationship was David's ability to "keep his eye on the ball" and not be distracted by Ann's drug use and poor school performance. David had hope for Ann's success. He saw her as having incredible potential and had a vision that once she could realize her own potential, she would be fine. Although David

was concerned with Ann's drug use and her poor school attendance, he viewed these as reflections of her overall feelings of worthlessness and hopelessness. Ann agreed. She said that when she first started working with David she had no sense of what she needed, no sense of her future, and she felt worthless. She noted that others could talk about their futures but she would just see a blank. David's approach was to concentrate on things like getting Ann to believe in herself, see her potential, and to view herself as having a future. David believed that if these changes started to happen, the drug use and school performance problems would take care of themselves.

David's approach was to be consistent and tell Ann of her potential again and again in various ways. Ann admitted that David's message to her has essentially stayed the same over their six years working together. However, at first, she never believed him. She listened but she didn't "take it in". It was only when her own achievements started to match the things that David had been telling her all along that she began to internalize his messages. With David focussing on the big things, Ann was able to confide in the worker about the nature and extent of her drug use, her difficulties attending school, and some of her family background. These disclosures came when Ann was ready to disclose and not when David felt she should disclose. This patience was a key factor in the success of the relationship as it demonstrated David's respect for Ann and his hopefulness. David never forced Ann to disclose but he did take responsibility of creating a relationship with her where these things could happen when and if she was ready. This gave the control to Ann.

Rather than respond to the content of Ann's disclosures in a punitive manner (e.g., using an admission of drug use to enforce treatment options), David viewed these disclosures as signs of progress and success. David valued Ann's honesty and directness and saw them as signs of her growing trust in him and in herself. David was always impressed by Ann's self awareness and

survival instincts. Ann, by her own admission, avoided using addictive drugs like heroin and crack because she knew that “would be game over”. She knew her parents had addiction problems and surmised that she would be predisposed to addiction. She was “self medicating” with drugs like ecstasy, marijuana, and alcohol and maintains that she would not have been able to survive this rough period in her life without some anaesthetic.

David admitted his approach is “unorthodox”. He views himself as a bit of a chameleon, adapting his working style and interventions to match the needs and personality of the youth he works with. Ann agreed. She felt that David always made her feel unique, special, and not just “one of the many” youth he worked with or “just some crown ward who would amount to nothing”. He saw her as an individual with a future. She was someone who had choices and her status as a crown ward need never define her or prescribe her destiny. David is youth focussed and admits that he gives youth as many chances as he can. Ann agrees. She indicated that David went “out on a limb” many times for her and took risks (giving the youth the benefit of the doubt) which could have back fired and gotten him in trouble at his work. Ann saw David as youth-focussed as well. She knew that if he had to choose between meeting with a youth or arriving at a meeting on time, he would be late for the meeting. This flexibility of his time and placing the needs and cares of the youth above the administrative aspects of his job helped Ann see herself as valuable and worthy.

Ann indicated that David made her feel “normal”, which was important to her because as a crown ward she never felt normal. The relationship she had with David was in some ways artificial. He was her parent figure, yet unlike most parents and their teenagers, crown wards need to schedule their crises according to their worker’s drop-in hours or availability for appointments. David’s flexibility and willingness to meet with Ann when she needed it, helped reduce the

artificialness of their relationship and helped her feel normal. David's calm nature and tendency not to over react also helped Ann feel normal. At times when she thought she had "really screwed up", he would remind her that all this would pass and she would "grow out of it". She would get everything out of her system early and some day when she went off to university her classmates would be partying, doing drugs and failing, and she would be all done with that and would be successful. A specific example of how David helped Ann feel normal was when he invited the client to participate in a series of *Future Search* meetings at F&CS (where clients of the agency could talk about their stories of service involvement). He got some money together so Ann could buy some clothes for the meetings because he wanted her to look and feel part of the professional atmosphere.

The turning point in the working relationship occurred when David took a six month sabbatical from his job. Prior to this, Ann was maintaining herself, not doing great but still getting her high school credits. A month or two after David left, Ann had a problem with her housing and needed to make a quick decision to move, a decision she felt was in her best interest because it got her away from some bad influences which would have been detrimental for her.

Unfortunately, Ann's view was not shared by the replacement worker, who followed the "book," penalizing Ann for not receiving preapproval. This new worker also focussed on Ann's drug use and when Ann couldn't prove that she was in treatment, she was cut off ECM. Ann hit "rock bottom". She needed to pay for her apartment, so she quit school and worked full time. Ann was forced to face some bitter realities. She was now eighteen and after the age of 21 she would not receive any more ECM. She looked at the number of credits she had earned at high school and the number she had yet to earn and knew she would have to work very hard to get her diploma before her 21<sup>st</sup> birthday. Ann started making decisions about what she wanted for her future. But

she didn't know how to make these decisions. She didn't have any goals for her future or a role model. So her early decisions were reactive ones, choices based on doing the opposite of what she thought her mother would do. For example, Ann felt her mother would not be interested in school so Ann became interested. She felt her mother would accept welfare rather than work so Ann decided never to go on welfare and she got a job instead. She was making minimum wage and needed to get her wisdom teeth out. She inquired about getting money from welfare and F&CS to cover the cost but was denied. At this point she saw "a circle emerging that was going to probably be something that would plague me for the rest of her life if she didn't get back to school and on ECM". When David returned from his sabbatical, Ann called him back and after a few months of planning she was back in school and on ECM.

The turning point came when Ann began to put effort into her school work and, as David had always predicted, her marks improved and her natural academic abilities started to shine. Ann was able to believe in the words that he had always told her about her potential. Over time there was less and less dissonance between his words and her reality. Ann said, "all of his cliches lit a fire under me. All the echoes of all the things that I had heard but never believed became the fuel". Ann started to build on her successes and to believe in herself. She is currently finishing her high school and has plans to attend university in the fall. David's constant messages of hope and his reassurances of Ann's potential were never "merely talk". His attitude and behaviours reinforced his words. When Ann turned 21, David worked at getting United Way funding for her so she could finish her high school. Now that Ann is applying to universities, David is trying to see if she can get some scholarships to enable her to go. David's respect for Ann is also evident in his invitations to have her work on committees and attend professional events like *The Future Search*.

Although David and Ann agree that being cut off from ECM marked the turning point for Ann, they acknowledge that the termination was regrettable and could have been avoided had David not gone on his sabbatical. Neither of them support the “tough love” approach as an acceptable way to facilitate change. It was a difficult time for Ann when her funding was cut off and as David noted, “I don’t ever want to see anyone go through what she went through”. It is to Ann’s credit that she was able to use this negative experience as the impetus for positive change.

After ECM was reestablished, Ann was able to move forward. David found Ann to be more open and she began to reach out. Taking his cue from Ann, David began what he described as his “talking therapy,” which essentially involved spending lots of time listening to Ann to help her identify and surmount some of the barriers which had kept her stuck. These talking sessions were not formal counselling sessions but were natural and spontaneous conversations, again reinforcing for Ann her “normalness”. During these talks Ann was able to address some of her past family history, acknowledge the source of her anxiety and difficulty attending school, and the nature of her drug use.

## STORY THREE

### “Faithful Voice in my Corner”

*She was the one faithful voice in my corner.*

*She really, really massively healed a gaping wound that I had my whole life over Family and Children's Services.*

#### Background Information About Client and Worker

The client, “Alex,” is an Aboriginal (Mohawk) single father. F&CS involvement with Alex’s family extends back several generations. His mother grew up in the residential school system. Alex’s childhood years were spent in numerous foster homes and a residential farm. He does not have positive memories of these childhood experiences nor of F&CS workers. He remarked, “I’ve been lied to by F&CS a lot in my life and betrayed and set up...so I was very distrustful”. At the time of the initial F&CS involvement in this story, Alex had just recently become the custodial parent for his seven year-old son. Prior to this, F&CS had been involved when the son was living with his mother.

The worker, “Kirsten,” is a 29 year-old white woman living in a common-law relationship. At the time of the interview she was on maternity leave, having just given birth to her first child. Kirsten has an MSW and had worked with F&CS for three years, first as an intake worker, then a family service worker, and most recently a legal mentor. She was a family service worker when she was involved with Alex, and took over the case from the previous family service worker who left the agency. Kirsten and Alex worked together for a period of 1 ½ years.

#### The Lead-Up to the First Meeting

F&CS became involved with Alex and his son when an anonymous person called because of concerns he/she had regarding Alex’s ability to parent. Alex became aware of F&CS concerns when he had a “surprise visit” from two intake workers and the police. He describes this as a very

shameful time for him. The month prior to F&CS involvement had been very difficult. Alex had just taken on the role of being a single dad, his son had been in a severe car accident and was still recuperating from serious injuries, and Alex was trying to cope with anxiety and depression. When the two intake workers came to the door Alex admitted being rather “hostile” and feeling the need to “defend his turf”. However, underneath there was also shame and embarrassment because these two workers had witnessed his life when both his emotional state and his living environment were at low points. Alex also felt violated because the intake workers came with a police officer and they forced their way into his home. He felt he had no control over their involvement in his life. They invaded his home and his privacy. They placed him on the defensive, making him justify his appearance, his emotional state, and the condition of his apartment. He felt that things appeared worse than they were as they were taken out of context. In summary Alex explains, “I was a foster child all of my life and I had a lot of resentments towards the way I was treated as a foster child. I grew up all my life hating and resenting Family and Children’s Services terribly. So I wasn’t in the least bit happy about them coming into my life”. Alex’s negative childhood experiences with F&CS were exacerbated by his shame and embarrassment when the two F&CS intake workers “invaded” his home.

Alex was initially assigned a male family service worker. It is a credit to Alex’s character that he was able to move from being “hostile” with this F&CS worker to becoming quite comfortable and actually growing to value the “unique opportunity” and “connection” having a male worker afforded him. Even so, he resented F&CS involvement in his life, particularly the emphasis placed on his housekeeping abilities. He also noted, “I could never get over the humiliation of how he first came in and seen my place in such a mess. I was mortified every time I saw him”.

Kirsten took over for the initial family service worker when he left the agency. She recalls that the concerns at the time of her initial involvement with Alex consisted of his avoidance of his F&CS worker (not answering the phone, refusing to open the door), the son's frequent absences from school, and suspicions of Alex taking his son's medication. There was also a crisis around housing—Alex had to leave his apartment and there were concerns about him not being able to find a suitable place to live. Kirsten remembers hearing that Alex was “uncooperative, avoidant, somebody you didn't want to work with...this person who hides away in this dark and dirty place”. It was within this context that Kirsten and Alex began their official working relationship.

#### The First Meeting

According to Kirsten, she first met Alex by way of a “drop-by” visit. She had been unable to contact him by phone as he didn't have a phone hooked up. Kirsten recalls that Alex had not been made aware that his worker was leaving the agency and that he would be receiving a new worker. Kirsten recalls having to explain all of this to him. She got the impression that Alex was relieved to be getting a new worker. Alex concurred. He said that getting a new worker allowed him to make a fresh start and move beyond his initial feelings of shame and violation.

Alex's recollection of the circumstances of the first meeting was slightly different than that of Kirsten. He recalls that he and Kirsten communicated in some manner (perhaps through his previous worker) before she arrived and that he knew he was getting a new worker and when she would visit. This was significant for him as previous workers had “broken in” and he felt powerless and violated. By having a set visit time Alex felt respected. He felt like he could plan for the visit like anyone else would plan if they were expecting company.

Both Kirsten and Alex report that their first meeting was positive. Kirsten found Alex to be friendly and polite. She remembers that he shook her hand. Given the information that Kirsten

had received about Alex, she was surprised at how forthcoming he was. She was expecting him to tell her to get out of his face but instead he was pleasant, animated, and talkative. She liked him and found him to be “interesting” and “fascinating”. She recalls being impressed with his writing and the work he had done in the community.

Kirsten said that in that first meeting she was honest about her agenda, her role, and her concerns but she was not rigid or inflexible about it. She came to that first meeting open and receptive to hearing what Alex had to say and eager to validate the “good things”. She believes that naming concerns is important but equally important is a caring and receptive attitude. She acknowledged that as an F&CS worker she had a tremendous amount of power over clients’ lives. She felt it was important to be aware of her power and honest about it in her interactions with Alex. Yet she strived not to be “overpowering” and to remain genuine.

Alex found Kirsten to be warm, friendly, and nice. She was also reassuring. He immediately felt that she was on his side and that she was not interested in “taking his kid” but in supporting him as a parent. He felt tremendous relief when she “openly said she was not questioning my parenting...and she could tell I loved and cared for my son whatever the other problems I was having”. Alex remembers that after that initial meeting he felt hopeful. He was thinking that he could trust Kirsten and that he could work with her.

Kirsten’s ability to contextualize Alex’s situation was evident in this first meeting and proved key to the positive nature of their relationship as it developed. Alex felt that the F&CS workers in his past were not able to do that. Kirsten saw that Alex was in a difficult situation at that particular time but she didn’t see that as predictive of the future or reflective of his overall abilities to parent. Although she had many concerns she placed the difficult situation within an overall positive context consisting of Alex’s years of sobriety and his ability to deal with the

present difficulties without relapsing. She observed Alex's love for his son and the son's desire to live with his dad.

### The Rest of the Story of Working Together

One of the difficult aspects of the relationship for Alex was the focus on his "housekeeping abilities" and the cleanliness of his home. Kirsten didn't minimize the importance of having a clean and safe home environment. She acknowledged that setting reasonable guidelines with respect to cleanliness was important given that Alex had his son living with him and he was prone to letting the place slide. She felt that her expectations did provide Alex with the external motivation he needed to "keep the place in decent shape". From Alex's perspective, Kirsten "gave him a break". He said with her it felt different "than the old days where it was like the Nazis were coming to my door". Kirsten was clear about what her expectations were with respect to cleanliness. But things didn't have to be spotless or sanitized. She indicated that people have different standards of cleanliness and she let Alex know where she drew the line and when uncleanliness became a childcare concern. Alex also began to relax a bit. He acknowledged that he had been using all sorts of justifications in his efforts not to accommodate the F&CS position on this matter. He would say things like, "I am an artist," "I am a free-spirit," or "Some of the greatest figures in the world have had messy desks and I am one of them guys". He looks back on that period as "painful" but admits that Kirsten helped him to realize that his "funky stink" was not a suitable environment for his son.

Alex felt that Kirsten had empathy for his position as a single dad. Kirsten acknowledged that Alex had been "thrown into it" and she anticipated that he would need some time to find his way as a parent. Alex said he had weekend visits with his son since he was three years old. He had to "go against" his ex-girlfriend and her "hostile family" to gain these visits. Although he

“eagerly sought the opportunity” to parent his son, he acknowledges it was a bit overwhelming to suddenly take on the role of full time parent to a seven year old son with ADHD.

Alex lacked good parental role models. He wanted to parent differently than the way he was parented, which was authoritarian and abusive. Both Kirsten and Alex noted that services and supports for single dads are difficult to find if not nonexistent. Kirsten felt that at times Alex relied on her to fight some of his battles for him, whether that be in disciplining the son or advocating for him and his son at school meetings or medical appointments. Alex’s lack of confidence as a parent stemmed from his relative newness in the role, his history of being undermined and excluded by his son’s mom and grandma, and his own shame regarding his past failures. He also felt unsure of his status with respect to F&CS, what responsibilities he was expected to take, and how to go about it. For example, Alex’s desire not to physically punish his son left him uncomfortable disciplining him at first and he had to develop a style of parenting which allowed him to discipline in a manner that was comfortable for him.

The lowest point in the working relationship, but also perhaps the most memorable and life changing for Alex, occurred after about a year, when he had a relapse. When Kirsten first met Alex he had been sober for about seven years. Kirsten had been having ongoing concerns about the son’s school attendance and Alex was going through periods of being avoidant. The son had returned from a weekend spent with his mom and Alex wasn’t answering the door. They went back to Alex’s house the next day and he still wasn’t answering the door. This struck everyone as odd as Alex hadn’t wanted his son’s mother’s family to have more contact with him than what was mandated and here he was prolonging the visit by not answering the door. The mom and grandma placed notes under the door and they called Kirsten.

Kirsten described this time period as “scary”. She says, “I was really afraid of what we were going to find in the house”. The son was safe but no one knew what was happening for Alex. Kirsten also put notes under the door but to no avail. She then called the police and they started banging on the door. Eventually Alex opened the door. Both Alex and Kirsten describe the condition of the apartment as horrible. Alex was in really bad shape and he was crying. He was suicidal. He had tried so hard for the past seven years to convince his son’s mom and her family that he was sober and that he was able to parent. Now they also barged into his home and saw him at his lowest. Alex was convinced that he would never be able to recover from the relapse, shame and violation. He was also convinced that Kirsten would apprehend his son.

Much to his surprise Kirsten became his “strongest ally”. She reminded him of his seven years of sobriety and asked if he was willing to throw seven years of sobriety away because of a two week relapse (she said that maybe he was but she wasn’t). Alex said, “She stuck up for me and encouraged me and said right in the middle of all that, ‘You will make it again, don’t worry’”. Alex said he was so used to people dropping him “like a fly” when he had relapsed in the past. Kirsten’s response surprised him and changed his life. Alex is absolutely convinced that if Kirsten had not responded to his relapse in the encouraging way that she had, he would now be either a homeless drunk or dead.

Again it was Kirsten’s ability to contextualize this event that made a huge difference. Alex thinks that it would have been understandable given Kirsten’s mandate if she had apprehended the child. He said, “She could have jumped to conclusions. It would have been easy for her. When you have to protect the child at all costs, if it inconveniences the parent, too bad. The main thing is to protect the child. I thought I was going to be thrown aside”. Kirsten said she was not prepared to do that because of Alex’s past successes. He had been sober for seven years. He had

surmounted incredible odds in the past. He had once lived in a cardboard box and was now maintaining an apartment and living with his son, which still seemed all so “miraculous” to him. Prior to the relapse he had been making steady improvements. His apartment was cleaner. Also Alex had exercised enough restraint not to drink in front of his son. This measure of self control on Alex’s part indicated to Kirsten that in spite of his personal difficulties Alex was child focused and concerned about the safety and protection of his son. Kirsten was convinced that Alex could recover from this relapse. She had read his articles, knew the work he had done in the community, and genuinely believed that he could make it back. She felt Alex had relapsed because he had let some valuable support systems go. He was trying to do too much on his own. She felt the focus of her involvement should be to “get dad back on track” and have the son return from a temporary placement with his mother and grandmother as soon as possible.

This is not to say that this event did not have consequences or that Kirsten didn’t at times have misgivings. Kirsten describes the events as “traumatic”. Alex was suicidal for a period of time. After agreeing to go to detox he ran away. The child was not settling in with his mom and grandma while Alex was trying to get his life back on track. Kirsten admits that part of her desire to have the child return to Alex was the fact that her options were limited. There were numerous concerns in having the boy remain at his mom’s and grandma’s beyond this very short, temporary arrangement. The boy was extremely hostile to considering any other foster home arrangement. There was also some fall out with the child’s mother and grandmother. Kirsten had to work within certain “legalities” but did push for the quick return of the child to his father. One factor which helped was that Alex had always worked with F&CS under voluntary service agreements. His case had never gone to court. His past cooperation allowed Kirsten more discretion and flexibility. Kirsten admitted that the whole relapse “looked bad on paper” and had they gone

before a judge things may not have worked out as smoothly as they did. Other factors that played a part were: Alex's insights into the reasons why he had relapsed, his "really good plan of how he was going to get back on track", his cooperation, his strong motivation to have another chance to parent his son, the son's desire to move back as soon as possible, and the mother's acknowledgment that she was not able to cope with parenting the child.

Alex's childhood experiences with F&CS taught him that the less they knew about his situation and struggles the better. He believed that honesty was not the best policy when working with F&CS workers because bad things always looked worse when viewed through F&CS workers' eyes. Negative consequences would always be the fallout from honest disclosures. The relationship Alex had with Kirsten challenged this view. Even when Kirsten saw Alex at his worst, she was encouraging. Alex was able to build on the growing trust he felt with Kirsten, take some risks, and make some disclosures, which allowed him to receive the support and encouragement he needed to succeed (and which also placed him in an active rather than a defensive position with F&CS).

Kirsten indicated that from the beginning of her relationship with Alex she had been concerned about him taking his son's medication. A careful plan was in place which left the school and the child's grandma in charge of the medication. Kirsten recognized that having this outside involvement in the administration of the medication was "overburdening and controlling" and made Alex feel one down and like his fate was in their hands. As a parent, Alex was trying to exercise his rightful authority and Kirsten was prepared to have him take responsibility for the medication. One Monday morning Kirsten received a panic call from Alex. He had been up the previous night trying to "concoct" new pills because he had been taking his son's medication. He

was planning to cover it up because he was worried that Kirsten would take his son away; however, he decided to come clean.

Again Kirsten's response to the situation surprised Alex. She valued his honesty. Alex and Kirsten came to the conclusion that having access to any form of medication, drugs, or alcohol proved to be too much of a temptation for him. Regardless of all his other successes and his need to take parental responsibilities in all other areas, control of medication was not and perhaps never should be one of them. Again Kirsten was impressed with Alex's self-control in that he had abused the medication while his son was away. Alex took the initiative in contacting the pharmacy, medical doctors, the school, and the psychiatrist and finding a creative solution for the administration of the medication that left him in control but without direct access to it.

There were many humps and bumps and "awkward moments" in the working relationship. Kirsten admits that at times she found working with Alex to be "frustrating" because his emotions ran in cycles. He would be either up or down. At times he would be open and talkative and at other times he would shut her out, not answer the door, or not be home for appointments. Most of the time Alex would come around on his own, but at times it "got nasty" and Kirsten had to write letters and "threaten court action" if he didn't cooperate. To Alex's credit he did respond to these threats and continued to work with Kirsten on a voluntary basis.

### Termination

Kirsten indicated that although she was comfortable closing the file, she closed it still having some concerns about Alex's ability to parent, achieve mood stability, and maintain a suitable home environment and lifestyle for the child. Kirsten thinks it was helpful for Alex to have F&CS act as a third party to keep him in check, even though the involvement felt intrusive at times. However, with the involvement of other "third parties" like the school, the child's grandma,

the Working Centre, and Alcoholics Anonymous (AA), the need for F&CS involvement diminished. According to Kirsten, “It wasn’t one of those miracle closings where the concerns that were there were gone and you could close the door and not look back. But we decided that enough progress was made and there were enough checks in place to make me feel comfortable about closing”. She is optimistic that if Alex can continue to reach out to others and rely on his supports during these low points he will be okay. Currently Alex is living in a supportive community and the school supports are terrific. He actively attends AA. He takes homeopathic medication for his moods and is generally doing fairly well. Kirsten also takes comfort in the child’s age and his ability to ride out his father’s moods and take initiative in meeting his own needs. Alex acknowledges that he still struggles with how to parent his son but he also takes comfort in the child’s increasing ability to be “more immune” to his father’s moods.

A strong theme running through Alex’s account of his experiences with Kirsten is the constant fear he held about her exercising her power to apprehend his child. Even though Kirsten and Alex grew to trust each other and overall their relationship was positive, this fear never really left. Kirsten admits that F&CS involvement is “intrusive”. Even though she doesn’t think of herself as a “scary person,” she knows that she holds a lot of power and authority and that the worker-client relationship is never equal. Alex’s account impressed upon her how scary and difficult it can be for a parent to have an F&CS worker knocking on their door. The F&CS presence invades the client’s life and there never is absolute relief until the file is closed. For Alex this meant that his ending with the worker was bittersweet. He valued her involvement in his family and admits there were many positive aspects to the relationship. Yet it was also a relief to not have to answer to F&CS anymore and to be able to parent “in private”, being able to exercise his own judgement.

It is evident that both Kirsten and Alex brought many positive qualities to this relationship to make it successful. They both seemed receptive to each other's point of view and open to change. Kirsten was respectful of Alex but also clear about her expectations and role. Alex responded with honesty and he worked hard. Both Kirsten and Alex kept the child as the focus of their work, gauging success on what was best for him, his happiness, and his well-being. Both Kirsten and Alex were prepared to "relax a bit" if it proved to be in the child's best interest. Although they found the work frustrating at times and intrusive, I think they genuinely liked each other and cared for each other as one human being for another (all roles set aside). This was evident to me when Kirsten came to the child's mother's funeral, when she invited Alex to *Future Search* (an F&CS forum that allowed clients to talk about their service experiences), and in her manner when she spoke of him - not as a "client" but as a "fascinating," "intelligent," "insightful" man with abilities to write, public speak, and contribute to his community. Over the Christmas holidays, even though the file was closed, Kirsten tried to drop off some movie passes for Alex and his son. She is happy that they are doing so well and thinks about them from time to time.

Alex is extremely grateful to Kirsten for her involvement in his life. His years spent in the care of F&CS left him angry, resentful, and wounded. "Like the fundamental stuff about moms and dads and families was so core to my being. I had so much confusion. As a foster child I felt stuck in a pin ball machine...bewildered about my own identity...with a fractured sense of self". Alex's anger made him want to write a book where he would "name names" so he could have his revenge on all the F&CS workers and the system that had so wounded him. His relationship with Kirsten changed him. He felt listened to and he believes that she "healed" him. A significant moment came for Alex when he was invited to *Future Search*. He recounts, "I had spent my life hating this great unfeeling Children's Aid that just wants to take your kids and ask questions

later”. Through his relationship with Kirsten and his participation at *Future Search* Alex was able to witness how protection workers agonize over these decisions. Alex remembers Kirsten’s last visit. “I got all choked up when she left because it was like, ‘You have really, really massively healed a gaping wound that I have had my whole life over Children’s Aid...you helped me heal a lot of stuff here. You helped me. You helped me keep my kid and save my kid’”.

While Kirsten acknowledges Alex’s praise for her, she also feels the need to once again contextualize. She argues that it wasn’t just her but it was him. *Future Search* was an opportunity for Alex and to his credit he utilized that opportunity. “You know a lot of people would rather sit and dwell on their anger at a system rather than be part of putting their voice forward...the reason why it was healing was because he allowed it to be. He took the initiative to be part of that - to attend. He was open to hearing a different story and open to change”.

## STORY FOUR

“I owe her my child. I owe her my life.”

*I owe her (my worker) my child. I really do. I owe her my whole life. Just being able to sit here and being able to function and not be on drugs or drinking...I wouldn't want to look down that road to where I might have been without F&CS.*

#### Background Information About Client and Worker

“Susan” is a white, seventeen year old single mother with a two year old daughter. Her involvement with F&CS lasted for about two years and had been terminated just prior to the research interviews. At the time of the interview, Susan was living with her daughter in a house that she rented from her father. She was completing the last of her high school credits and was looking for summer employment.

The worker, “Rita,” is a thirty-five year old white woman who married during the time she participated in the research. She has no children. She has an MSW and had worked with F&CS as a family service worker for the past two and one-half years.

#### A Note to the Reader

Susan and Rita considered their working relationship to be positive when they each agreed to participate in this research study. However, in the course of hearing what Rita had to say in her first interview, Susan reevaluated the relationship and began to see it as “a little less positive” than she had initially. This resulted, at Susan’s request, in individual third interviews instead a joint third interview. The researcher’s overall impression is that the relationship was a positive experience for both participants and that the process of Susan hearing what Rita said about their work together led to an unfortunate “muddying of the waters”. For this reason, Susan’s and Rita’s initial viewpoints about the work together (the first interview) provide the “meat” of the

following story. After, a discussion of what led to the reevaluation of the relationship by Susan is presented.

### The Lead-up to the First Meeting

F&CS became involved with Susan and her daughter because of a domestic dispute between Susan and her boyfriend when she was 15 and her daughter was three months old (it should be noted that it continued to bother Susan that her involvement with F&CS was initiated by an assault on her and that this resulted in a continuing reluctance to discuss any similar issues with F&CS workers).

Initially Susan found working with F&CS extremely difficult. She did not like the intake worker, whom she found to be “threatening” and “not nice”. The intake worker would often say, “I have a baby seat in my car,” implying that she could apprehend her daughter at any time. Ironically, it was these threats and the F&CS scrutiny that Susan said made her feel almost pushed to the point where she might not have been capable of taking care of her child. Susan said at this point she “hated” F&CS. She was “terrified of them” and also “not too proud of them being there”.

Susan describes this period in her life as “very stressful”. She was a single teen mom living on her own. She said, “I was fifteen, and having Children’s Aid in my life was stressful. Just losing my baby’s father was stressful. Not being where I wanted to be was stressful”. She had not planned on parenting alone.

Rita recalls not knowing much about Susan and her situation prior to meeting with her. She knew that the intake worker had initiated court proceedings to get a supervision order. One of the terms of the interim order was for a family service worker to be involved. It was also suggested that Susan be connected with a worker from the Healthy Babies (HB) program, who would work with her around child development, nutrition, and so forth, and Susan voluntarily

agreed to this. Consequently the file had been transferred from the intake worker to a family service worker. Rita received the file and a summary sheet but had intentionally not read them in depth prior to meeting Susan (she did after the first meeting). She wanted to form her own opinions and not be unduly influenced by the impressions of the intake worker. She was more interested in meeting Susan and hearing things from her perspective than reading agency files.

### The First Meeting

Rita remembers first meeting Susan when she went with the intake worker to Susan's home for the transfer meeting. Rita remembers Susan's apartment and meeting her daughter, who was then three months old. Rita recalls asking Susan directly why she thought she was involved with F&CS because she was interested in hearing Susan's side of things. Rita also recalls the intake worker "filling in some gaps". Rita said she let Susan and the intake worker do most of the talking in that first meeting and she "sat back and listened". Rita knew from that first meeting that Susan and the intake worker did not have a good relationship so she kept a low profile, thinking things would go better once she had an opportunity to meet with Susan on her own. Rita's initial impression of Susan was that she was angry and not happy about F&CS' involvement in her life. However, under all the anger Rita also saw "a really strong young woman".

After the transfer meeting Rita arranged to go to Susan's house with the worker from the HB program. Although Rita felt that Susan was not thrilled with the intrusiveness of F&CS, at some level Susan did demonstrate interest and cooperation. It was this meeting with the HB worker that Susan recalls as her first meeting with Rita. Susan admits that she didn't want F&CS "around at all". She also didn't know what to expect from Rita, although her initial impression was positive. She thought Rita "looked cool" with her numerous earrings and short hair. Susan also thought Rita was a "down to earth type of person," "respectful," and "not threatening". Susan

said, “She just let me know what she wanted and told me that I needed to participate or things were not going to be easy for me”. Susan particularly remembers Rita’s voice as “kind” and “comforting”.

#### The Rest of the Story of Working Together

Rita and Susan worked together for about two years. Although Rita saw Susan more frequently in the beginning, later they saw each other about once a month. Susan referred to Rita as “an excellent, excellent worker”. She said Rita was “pretty good at telling me what I needed to do and how often I needed to do it”. Rita was a sharp contrast from the intake worker who had left Susan angry and defensive, but also confused about what was expected of her. Rita’s expectations were clear and consistent and that was helpful. “It was like everything kind of glued in together...Well I have to do this and this and I have to do this and then I have to do this and then everything is going to be OK”. Although, Rita’s involvement came with “an edge of fear,” Susan felt Rita was real. Rita spoke to Susan about some things in her own past, allowing Susan to see that she was not perfect and that she had made mistakes and had some failures and pain in her own life. Rita was open about not having children herself and didn’t try to pretend she knew anything about that experience. At different points she brought Susan some clothes that had been given to her by a friend, she gave Susan some Christmas presents, and took her out for lunch. According to Susan these things “showed that she wasn’t just there for Children’s Aid. It showed she actually has a heart and she does care”.

Rita helped Susan by setting up appointments with the HB worker, arranging funding for counselling through Susan’s father’s employee assistance program (EAP), and giving her rides to court and to the drug tests. By caring about Susan’s hassles and struggles, Susan felt Rita cared for her and took an interest in her life. Susan said Rita related to her as a person not as a file.

Susan felt Rita respected her. Rita also related well to, and seemed to enjoy, Susan's daughter. Yet Susan was never naïve about the limitations Rita's role as an F&CS worker placed on the relationship. For Susan, Rita "always had that suit".

Rita's impression of Susan was that she was very young and in many ways a "typical rebellious teenager". Rita thought Susan's reactions to things tended to be all or nothing. Rita also felt Susan was quite reserved about her family and personal life such that it took Rita a long time to fully understand Susan's situation and all the stresses she was under. However, Rita enjoyed working with her. She knew Susan had a great deal of potential both personally and academically. Rita said, "I saw a young woman who could do whatever she wanted". Rita felt she connected well to Susan because they shared some common interests and personality traits. Rita felt she told the client more about herself than she would to most clients because she felt Susan needed that connection. Rita thought Susan had a difficult road in front of her and felt "protective" of her. Rita described one particular incident when she said "her heart broke for her". There was a time when Rita admitted a desire to "take her home and parent her".

Susan brought many positive qualities to the relationship. She is a person who is as honest and direct with herself as she is with others. Although she admits being angry with F&CS and perhaps also shamed by their involvement, she was also humble and reflective. She said, "I knew they were there for a reason...If it wasn't for Children's Aid there would probably be six or ten people sitting on my couch right now, maybe somebody sleeping on the floor, a couple people passed out drunk. Like my life wasn't what it was supposed to be when Children's Aid first got involved. So I knew why they were there at least...I knew I had problems. I knew I had serious problems...Like I wasn't in the right frame of mind". F&CS involvement was a "reality check" for Susan. She observed, "It just set in. I can't live the teenaged life anymore whether I am a teenager

or not. It was time to grow up and that reality didn't kick in until I hit Children's Aid". This was a pivotal point in Rita and Susan's relationship. Susan moved out of a defensive position, taking responsibility for maintaining a safe environment for her daughter, parenting her to the best of her abilities, and working hard to get F&CS out of their lives.

Although F&CS involvement acted as the catalyst for Susan to make changes it is to her credit that she was able to utilize the services in that way. She was able to set her anger and defensiveness aside to work hard at meeting the expectations demanded of her. She accomplished this while also completing school, living independently, parenting a small child, working through some difficult relationships, and coming to terms with the loss of a "normal" teenage life. What she has accomplished would be considered remarkable for anyone. That the client accomplished this while 15 -17 years of age confirms Rita's comment that "underneath it all I saw a very strong young woman".

If F&CS was the catalyst for change and Susan the one who made the changes, it was her daughter who provided the motivation. Susan said it was love for her daughter and her determination to have them remain together that put things into perspective. She wasn't willing to lose her daughter and knew that if she didn't change the way she was living that might happen. Susan's goal was keeping her daughter. As she noted, "I was willing to do anything they wanted me to do, like I would have stood on my head for hours if she had asked me to".

One of the biggest difficulties for Susan in working with F&CS was the drug screens. There were many aspects about this that she abhorred. First of all, it became a term on the supervision order because her ex-boyfriend called F&CS and told them Susan was a "crack head". He did this to have things look badly for Susan and make her life miserable. Susan does admit that she used drugs and that being clean took a lot of effort. As a result Susan had to have drug

screens to prove that she was clean. Second, having drug tests done was embarrassing and a violation of privacy. Third, it meant leaving school, something which Susan didn't like doing. They were time consuming and it was a huge hassle to get there as Susan didn't drive. Fourth, the drug screen kept coming back clean but Susan had to keep doing them. Fifth, according to Susan her doctor wasn't sending the results to Rita so that she did more of them than Rita had records for.

Rita agreed with Susan that the drug screens were quite negative and that there is "no nice way of going about it". However, she felt she didn't have a choice about it being a term on the order. Rita had to have proof in her records that Susan was clean so that she could counter the ex-boyfriend's claim (also in the record). Rita is ambivalent about the "utility of sending people for urine screens to prove they are not using" and admits "it is not nice social work". She doesn't think it helps people make change and it just makes them defensive. Rita feels she was able to relax about the drug screens because they were coming back clean and because Susan was doing well in other areas.

Another negative for Susan was the "court situation" with the hassles of getting there, finding a babysitter, people not showing up, or the lawyers not being prepared. There seemed to be constant waiting with the court process. Meeting all the expectations of F&CS was very time consuming (and emotionally consuming). Susan describes it as a "constant drain" and the "fear of [her daughter] being taken always there". Susan had to attend court, go for the drug screens, and have regular appointments with the HB worker and the F&CS worker. She was also attending school and taking courses by correspondence. School was not a specific requirement of F&CS but it was necessary to attend school in order to receive welfare. Susan was also expected to go for counselling but this proved too much on top of everything else and Rita was willing to let go of

that given all the other demands on Susan's time. Rita also felt that counselling is not something that can be forced. Susan promised Rita that she would go for counselling at a later point if she felt she needed it and according to Susan, Rita "heard that and understood that". So although all the demands placed on Susan's time were negative, Rita's willingness to let go of the counselling piece indicated to Susan that Rita was not rigid and uncompromising.

### Termination

One of the memorable moments for Susan was when Rita took her out for lunch and told her that she was planning to close the file. This was a huge relief for Susan. However, Susan was disappointed that the actual closing of the file came without any formal goodbyes. Rita just stopped phoning and stopped coming. Rita closed the file after she had made sure that Susan had all the necessary supports in her life and all the paperwork was in order. Susan was especially grateful that the file remained open until she had full legal custody of her daughter. Susan wished she had an opportunity to say goodbye and after the first research interview she expressed a hope to connect with Rita during the last segment of this research project.

Rita admits that the ending was abrupt. She said that things happened in court much faster than she had expected and suddenly it was all over. She was surprised that the relationship had been viewed so positively by Susan and muses that perhaps if she had known she might have done things differently. "It happened abruptly and because you never know the impact you are having on someone - I mean if we all had a little insight into the fact that there was something positive that our clients felt about having us around perhaps we would make that effort to have that final meeting as closure because clinically we all know it is important". However, I am left with the impression that the main reason Rita didn't do it was because of time pressures rather than her not knowing that the relationship had been important or her not caring.

At the end of the first interview, Susan was positive about Rita and F&CS. She said that if she ran into difficulties in the future she would call them “in an instant”. She said, “they got me through so much and I wouldn’t be here if it weren’t for them....God, I owe her my child. I really do. I owe her my whole life, just being here and being able to sit here and function and not be on drugs or drinking...I wouldn’t have wanted to look down that road to where I might have been without Children’s Aid”.

#### How the Interviewing Process “Muddied the Waters”

As detailed above, initially Susan was very positive about Rita and saw her as spontaneous and genuine. After reading Rita’s first transcript Susan began to suspect that some of these interactions had not been spontaneous but instead had been carefully planned strategies used to engage Susan to work with F&CS and comply with specific terms of her supervisory order. For instance, Rita said that initially she had to plan how she would relate to Susan because of her anger and defensiveness. Rita worried that if she approached Susan in a strong or authoritarian way Susan would have pushed back, perhaps at the risk of not following through on the terms of the supervision order. Thus, she planned to approach Susan in a low-key, supportive way. Learning of this during the research process made Susan feel duped and made her reevaluate Rita as “conniving”.

Through hearing what Rita had to say in her interviews, Susan also became more aware of the background workings of F&CS, some of the procedures and legalities that shape the work, and the time and workload pressures that limit the amount of involvement the worker could have with the client. However, this background information did not help Susan feel sympathetic toward Rita; instead it made her more critical of the role and nature of F&CS in general. Rita’s admission that she would have liked to have spent more time with Susan and her acknowledgement that the

HB worker “did most of the work” was interpreted by Susan as Rita not caring and being lazy. Susan reevaluated the relationship and thought that if Rita had really cared she would have made more visits and personally done more of the work. In Rita’s eyes, she saw her reliance on the HB worker as one of the standard ways she and other F&CS workers help clients get the services they need. Rita recalls being clear with Susan about the relationship between her as a case manager/family service worker and the HB worker. Rita indicated that the HB worker would have to report to her any safety concerns she had about Susan and her daughter, like any professional would have to do. Susan admits she knew that the HB worker and Rita talked to one another but she assumed it would be about things they had also discussed with her. It shocked Susan to hear about conversations Rita and the HB worker had where they discussed concerns they had about Susan when these things had never been discussed with her. This made Susan feel like the HB worker was spying for Rita and they were working behind her back.

Susan was also hurt that Rita viewed her as “a typical rebellious teenager” and “distrusting”. According to Rita, Susan exhibited a lot of anger in the first months of working together which made it difficult to get the relationship going. Susan agreed with Rita that she was very angry; however, they understood that anger in different ways. Rita viewed the anger as acting like a “typical angry teenager”. Susan viewed her anger as a justifiable response to her circumstances (early parenthood, end of her relationship with her daughter’s father, anxiety stemming from F&CS involvement, etc.). Both Rita and Susan acknowledged that the anger diminished over time. Again, they understood that somewhat differently. Rita emphasized that time and maturity helped Susan push through her anger. Susan emphasized that it was because she knew she needed some help. She was motivated to do whatever she had to do to keep her daughter. In general, Susan felt that her hard work and personal achievements were not

acknowledged by Rita in her interviews, and that Rita seemed to attribute positive changes to Susan becoming less influenced by boyfriends, growing up, and becoming more mature.

There also seemed to be factors that may have led Rita to sound less positive about Susan and their work together than she might have otherwise. Rita's interviews were done when she was overwhelmed with work demands and extremely taxed emotionally. Also, in hindsight, she acknowledged that she struggled with how to represent herself in the interviews, given that the research was being done by some of her former professors and she was being asked to talk about her professional work. In her efforts to sound professional, she kept qualifying and justifying what she had done, with the end result that her relationship with Susan sounded less special or genuine than it actually was.

#### Note From the Researcher

I (Catherine) regret that by participating in this research Susan's positive views of Rita and the relationship diminished. I am also sad that the final good-bye still hasn't and perhaps never will occur. My own sense, for what its worth, is that Rita and Susan did genuinely care for one another, and that the relationship had been good. Also, despite Susan's less positive views of her work with F&CS, the outcome has been good. Susan feels she is doing well. She reports, "I feel secure. I feel like an adult. Like I'm doing what I need to do and that I've got a straight head on my shoulders. Things are looking clear while before they were soggy". Susan recently completed her work with the HB worker. Her daughter is 2 ½ years old, is well cared for, and is "smart as a whiz". Susan feels her life is in order and she has plans for her future. Rita remains a family service worker at F&CS. She is happy to have participated in the research even though it may not have had the "happy ending" she wanted. She feels she has learned a lot and she has not been defensive about the client's criticisms. Rita worries that the demands and stresses of the job

sometimes compromise the type of social worker she strives to be. She continues to think about Susan and hopes that she continues to do well.

## STORY FIVE

## “Respectful Understanding”

*“She understood where I was coming from...she just understood everything.”*  
*“She didn’t treat me like a nothing...She treated me like a person who needs help instead of treating me like a single mother...a bad parent. By treating me like a person with a child who needs help. By treating me like what I said and what I thought matters.”*

Background Information

“Hannah” is a white, divorced single mother with one child. At the onset of involvement with F&CS, she was 31 years old and her son was six years old. They lived in a two bedroom apartment with subsidized rent. She worked part-time in a grocery store and he attended grade one at a nearby public school. At the time of the first research interview, Hannah had terminated her involvement with F&CS about six months earlier, after having been involved for a period of six months. This had been her first involvement with F&CS.

The worker in this story, “Roberta,” is a white 37 year old single mother of 2 children, with a BA degree. At the onset of her involvement with Hannah, she was a family service worker and had been working with F&CS for about two years.

The Lead-Up to the First Meeting

Hannah became involved with F&CS as a result of a neighbour reporting to the agency that she was leaving her son unsupervised. An intake worker from F&CS called to notify her of this allegation and to arrange a home visit to discuss this. Hannah was shocked to receive the initial phone call from the intake worker and found him to be very “short” with her. She denied leaving her son unsupervised but she got the impression that the worker just believed everything he had been told by the person who phoned in the allegation. The intake worker sounded as if he was convinced that Hannah was a neglectful parent. Hannah was very fearful about the initial home visit from this intake worker. She feared that he was going to say “your apartment’s no

good, you're not doing a very good job with (her son), and we're going to have to take him".

Hannah described herself as "a mess" in anticipating this first visit.

The client said that the first visit from the intake worker was "terrible". She denied that she had ever left her son unsupervised, but the worker still believed the neighbour who reported her. Hannah admitted to letting her son walk by himself to and from school, which was just across the street. When the worker pointed out that was also a child protection issue, she agreed to arrange proper supervision for her son to and from school. The worker interviewed her son about the allegations because he said children were less likely to lie. When her son corroborated his mother's account, the intake worker did not apologize to her and continued to doubt her. The worker's impression of her seemed to become worse when an ex-boyfriend came by during their meeting and made a "big ruckus" about unresolved issues between them. Hannah could not remember if she had one or two meetings with the intake worker before her case was transferred to the family service worker, but she was clear that her interactions with the intake worker were very negative and that he always made her cry.

Although Hannah had some hope that the new worker might listen to what she had to say, she feared that the new worker might be even worse. She was afraid that moving to a second stage of involvement with F&CS meant that there was a greater likelihood that her son could be taken from her. Hannah was also very angry at this point. She said: "people make such quick judgments . . . I understand that safety of children is number one . . . but I think you better know for sure and . . . have your facts straight before you go and rip someone's life apart".

Roberta recalls reviewing a variety of written information (initial referral information and concerns, risk assessment, etc.) provided by the intake worker and talking with the intake worker about Hannah before their first meeting. She recalls that her impressions were that the allegations

and the concerns were not as severe as many child protection cases (i.e., there was no chronic history of involvement with the agency or any concerns about physical harm). This, along with the impression that she picked up from the intake worker about Hannah feeling resentment about the intrusiveness of the agency, led her to a supportive mindset going into the first meeting. Rather than presenting authoritatively, as she might in some cases, Roberta planned to be supportive (she also mentioned that dressing casually is part of her supportive approach with clients). Roberta had some questions about the intake worker's interpretation of the facts and she wanted to find out more about the family, and to understand some of the things Hannah had dealt with before jumping to conclusions.

### The First Meeting

The first time Hannah met Roberta was in a joint home visit with the intake worker. The first ten minutes of this meeting were again terrible for Hannah because the intake worker went over the child protection concerns and the issues that he felt Hannah had to work on—and made them both seem overwhelming to her. The intake worker then had Hannah sign a voluntary service agreement. Hannah felt like she was coerced into signing the agreement. She was willing to do whatever they asked her to do as far as her son was concerned; however, to her, signing the agreement amounted to admitting that all the allegations were true when they were not. This was very upsetting for her. After this paper work was completed, the intake worker left.

Roberta took a back seat in this first meeting while the intake worker was present. She said that while the intake worker “did all that heavy stuff of confronting her on the issues of why we’re involved, I sat back and listened and kind of just tried to establish a bit of rapport”.

Roberta said that during the time the intake worker was there she could sense the tension between them but that Hannah was polite and cordial toward her despite seeming nervous and reserved.

Hannah said that she had her guard up with Roberta because of the way the intake worker treated her: “There was no way I was going to be receptive to anyone else because I had such a difficult time with him (the intake worker)”.

After the intake worker left, Hannah reported that she was “sitting on the floor . . . and was like just a mess, crying”. However, she described that the meeting with Roberta quickly took a turn for the better. She said Roberta did not react to her initial guardedness and remained very calm and understanding. Hannah said Roberta was sensitive to the fact that she was upset, and she helped her calm down. Roberta acknowledged that the intake worker could be a bit harsh and she helped Hannah see that the service agreement was not as bad as it seemed. Roberta reviewed the expectations in the service agreement one by one and reassured Hannah that the goals were manageable and that they would work on them together. Roberta offered information about resources Hannah could use to work toward service agreement goals (e.g., she gave her business cards for counselling services for herself and for her child). Hannah felt like she had input into the decisions and plans and that Roberta was responsive to her ideas. Hannah also noted that Roberta offered help beyond the goals that were established by the service agreement. For example, when Hannah mentioned how difficult it was to pay rent when she worked only part-time, Roberta offered to help her look into subsidized housing.

Hannah said that she liked Roberta right away. Roberta listened to let her side of the story about the allegations and Hannah felt understood. Hannah said “she understood where I was coming from; she understood why I would be upset, . . . she just understood everything”. Hannah found a sharp contrast between the intake worker and Roberta, the family service worker. She said “she [Roberta] wasn’t judging me because I was a single mom and she wasn’t looking down on me and I felt the other guy [the intake worker] was”. Hannah also commented how her son

responded to the two workers very differently. When the intake worker was there, her son just sat in the corner while he came at him with all kinds of questions; however, Roberta related to her son as a child and he liked her right away. Roberta also managed to change Hannah's perception of the agency in this first meeting. Hannah said: "After I met with [Roberta] I realized that . . . they don't just come in and snatch your children away . . . they're not all that bad and if you work together . . . everything will be okay". She felt Roberta was there to help her be a better parent.

Roberta noted that her agenda in this first meeting was strictly to meet Hannah and let her know what her role was and what types of things they would be doing together. She recognized quickly that Hannah was defensive about some of the allegations and she was willing to hear her side of the story. Roberta was impressed with the well-kept, homey atmosphere of the apartment and the fact that Hannah was working part-time. Roberta also thought Hannah was open and honest with her "about some of her past stuff and poor choices and trying to make changes". Roberta explained that she makes a habit of validating clients' experiences and trusting and believing them in the beginning, at least until she is proven wrong. She felt that Hannah was hesitant about some of the goals in the service plan, but she understood that this resistance was due partly to the fact that Hannah "didn't have a choice in establishing them". Roberta remarked that she felt similarly constrained by these goals that were preset by the intake worker in the service agreement. Roberta's impression of Hannah from the first meeting was that "she was a concerned mom . . . doing the best she could". She also felt that the child was bright, well taken care of, and unafraid in any way. Roberta said that she and Hannah got to know each other a bit in this first interview and that she made a point to share some things about herself. Roberta felt that some commonalities they discovered about each other (being women with children, having worked at grocery stores) promoted the sense that they were a good match (Hannah also

mentioned that it was important to know that Roberta had children). Roberta left the first meeting feeling quite hopeful about working together with Hannah.

### The Rest of the Story of Working Together

Roberta recalls that after the first meeting it was difficult to get in touch with Hannah for a while; however, she felt this was understandable given the fact of being a working, single mom. When they did meet for the second time, Roberta noted that Hannah was much more relaxed and prepared for the meeting. Hannah was able to tell Roberta about following up on some of the plans, such as seeking counselling services for her and her son. This reinforced Roberta's feeling that Hannah cared about her child and was making honest efforts to make changes. Roberta allowed Hannah to further express her negative feelings about the intake worker and to tell more of her side of the story, which included admissions of bad choices of partners, some of whom were abusive. Roberta also further helped Hannah to understand the importance of some of the goals that were set, such as walking her son to and from school.

Over the six month course of working together, Roberta and Hannah met approximately once per month, but also had a number of phone conversations. The only difficulty in working together noted by Roberta was a continuing problem in setting up meetings. As this difficulty continued, Roberta developed the impression that Hannah was avoiding her. Roberta recalled one particular time that Hannah's ex-partner (and father of her son) had made an allegation about Hannah going out socially and leaving the child without proper supervision. After giving Hannah three or four chances to call her back about this concern, Roberta finally went to the grocery store that Hannah worked at to tell her they had to talk. Although Roberta could tell Hannah panicked a bit at Roberta's visit to her employment (the worker was careful to be discreet), Hannah agreed to meet with Roberta the next day and they were able to sort out the concern. Hannah explained

her child care arrangements to Roberta and, upon investigation, the worker was satisfied that the arrangements were legitimate.

There were other times Roberta made unannounced home visits in order to make contact with Hannah. If Hannah was home on such visits, she was always welcomed Roberta and she did not have negative reactions to such drop-in visits. Hannah also acknowledged the difficulties in setting up appointments: “Sometimes we’d play phone tag . . . I would try really hard to call back if she called (but) sometimes I wouldn’t get to her right away and I felt bad about that”. She also admitted that sometimes part of this difficulty in phoning Roberta back was avoiding talking to her about issues. Thus, Roberta was right in surmising that Hannah was avoiding her at times; however, she was surprised to discover during the research process that Hannah felt bad about not calling her back.

All concerns or issues that arose for Roberta in the course of working with Hannah were addressed openly, directly, and thoroughly. A number of times Roberta sought confirmation from others (e.g., babysitters) about Hannah’s version of events. Neither Roberta nor Hannah felt that addressing and investigating concerns that arose had any negative impact on the rapport and trust that they had established. Hannah said that it never felt that Roberta was “drilling” her with questions or allegations. She recognized that it was part of Roberta’s job to make sure she was taking adequate care of her child and she never got defensive.

Hannah noted a number of things that stood out for her about things Roberta did. First, she found it helpful that Roberta was able to help her and her ex-partner communicate better. Roberta explained to both of them how their fighting in front of the child was harmful and she helped them to relate better for the child’s sake. She also confronted the ex-partner about allegations he made concerning Hannah’s poor parenting, and this resulted in his discontinuing

such accusations. Roberta was unaware at the time, but pleased to hear during the research process, that she had a positive impact on how Hannah and her ex-partner communicated with one another. Hannah also emphasized the importance of Roberta providing her with advice and concrete resources. In this regard, she mentioned Roberta's help in getting her child support amended, arranging for subsidized housing, getting her son into a child care program, and receiving Christmas present donations.

Roberta described that the course of her work with Hannah was quite straightforward and that their working relationship was comfortable and not stressful. Roberta's approach was to develop a trusting, respectful relationship with Hannah and to empower her by providing referrals and resources so that she could meet the service goals. With respect to the service plan, Roberta took a flexible, holistic approach. She assessed overall progress rather than insisting that each and every goal was achieved. For example, one of the goals established by the intake worker was for Hannah to be in personal counselling. Roberta did not think that this goal was directly linked to the presenting concern of neglect and lack of proper supervision and she did not think that it was productive to force someone into counselling when they did not want it. Thus, Roberta did not insist on the goal of personal counselling being met. In making a judgment about progress and termination, Roberta focussed on the client's parenting ability. The decision to terminate agency involvement was based on Roberta's assessment that Hannah was a reasonable parent trying to do what was best for her child. She noted that Hannah was "very involved in her child's life—she knows what's going on with homework, she meets with the teacher, she goes to parent-teacher night". Also, she noted that the child was happy, involved in recreational activities, and doing relatively well at home and school in light of some of his challenges (e.g., attention deficit disorder).

Roberta reflected on the fact that having her own children and having some life experience enables her to have realistic expectations for clients and empathic understanding of the normalcy of their struggles, particularly given social stressors such as being a single parent, being poor, and having been in abusive relationships. Thus, Roberta did not judge Hannah for raising her voice to her child once in a while, or for using a babysitter so that she could go out with friends for a few drinks on the weekend.

Hannah emphasized the overall importance of how Roberta treated her: “She didn’t treat me like I was nothing . . . (she treated me) like a person with a child who needs help instead of treating me like a single mother”. Along the same lines, Hannah said that Roberta was someone she could sit down and talk with and that it was important that sometimes they engaged in “small talk” without always focussing on “the bad stuff”. This contributed to Hannah’s feeling that Roberta was actually interested in and cared about her, as opposed to just doing a job because she got paid. Hannah said, “the way she was with me made a difference”.

Despite these positive perceptions of and feelings about Roberta, Hannah was not fully certain about how Roberta perceived her and her parenting ability until Roberta discussed terminating the agency’s involvement. At this point Hannah was very relieved to know that Roberta thought she “was doing everything right and . . . everything was going well”. Although termination with Roberta and the agency happened quite quickly, Hannah’s reaction to this was very positive. She said: “I felt like everything went well . . . I felt like I did the work that I needed to do to show them I could be a better parent”. Hannah did say that since termination there have been some times that she had wished Roberta was still available for consultation about who to talk to or where to go for help with certain issues. Roberta had left her card with Hannah upon termination; however, Hannah was unsure about the appropriateness of calling her. Hannah did

call the worker once after termination for information about resources but when she was told Roberta had changed jobs, she was comfortable in talking with another worker. Hannah said that, in general, it might be helpful for workers to follow-up with clients after termination because “if you don’t keep in contact or check-up, how do you know they don’t revert to the way they were before”. She said that she would have been fine with Roberta doing follow-up with her and that this might have been helpful.

Hannah reflected upon the research process of talking about her involvement with Roberta and listening to the tapes of Roberta’s interviews and she said: “at the time you think it’s not a good thing to have family and children’s services in your life . . . but then, when you look back, . . . I really got a lot out of that”. Hannah also reflected on how she hoped that social workers with F&CS would learn from her story and those of other clients. She recognized the important job that F&CS workers did in protecting children. It was her hope, however, that workers would learn the tremendous impact that a call from F&CS has on a parent, and that they would develop a more sensitive, supportive way of investigating allegations.

## STORY SIX

### “Human Contact”

*“That is the one thing I really like about her (my worker). It doesn’t matter who you are. I just got that impression from her. She has her job but she is very human about it. There are so many of them (F&CS workers) that are just so by the book that there is no room for feelings in between the lines. And we need that human contact.”*

#### Background Information About Worker and Client

The client, “Beth,” is a 45 year old white single mother with four children, two sons and two daughters. Her oldest son and daughter are adults. Each are married, her daughter having two children of her own. Her third child, a daughter lives with Beth and attends high school. Her youngest child is an eight year old boy, who was the focus of the child welfare involvement in this story. During the course of this involvement, he became a crown ward and was placed with a foster family. Beth had been involved with F&CS for the past ten years, initially because of concerns with her oldest daughter, and later because of concerns about her youngest son. Beth has numerous health problems, as well as Attention Deficit Hyperactivity Disorder (ADHD). Her two children who have been the focus of child welfare involvement also have ADHD.

The worker, “Chris,” is a 43 year old white single (divorced) woman with no children. She is a family service worker and has worked with F&CS for the past five years in a number of capacities, including community development. She has an MSW degree.

#### The Lead-up to the First Meeting

Critical to understanding Beth and her history with F&CS is her personal struggle with ADHD and the challenges she experienced in raising two children (her oldest daughter and her youngest son) with severe symptoms of the disorder. When Beth’s daughter was eleven she started running away from home. When she was thirteen, Beth was desperate and reached out to numerous agencies for support. She became extremely frustrated by the reluctance of agencies to

help, especially when the work was preventive and supportive in nature. Beth felt that a situation was often left until it got to a crisis point before agencies would become involved. She was also frustrated by the need to have an “open file” in order to receive any services. Her experience was that each agency had a set “mold” and if people didn’t exactly “fit into anything in their mandate then they didn’t have to [help you]”.

When Beth began to reach out for help with her son, the situation was complicated even further by the nature of his multiple problems. Not only was he diagnosed with ADHD but also with Pervasive Developmental Disorder (PDD), Obsessive Compulsive Disorder (OCD), Oppositional Defiant Disorder (ODD), and a neurological immaturity in the front of his brain. At eight years of age, he was already exhibiting extreme acting out behaviours: he burned his mother’s bed, stabbed his teacher, attacked his grandmother, and was becoming sexually aggressive. Beth was afraid for her own safety, the safety of her other children, and the community at large.

Beth developed a thorough knowledge of agencies and services. This knowledge was gained through her work with her neighbourhood group (advocating for others in the community) as well as her own experience trying to get services for her children. She admits that much of her education came from “the school of hard knocks”. Yet, Beth had a difficult time securing help for her son. She noted, “We have 22 agencies. We have 22 receptionists and 22 intake workers in this community. You have to go through all 22 before you can find out which one’s actually the right one for you. I went through all 22.”

The son had already spent time in residential treatment at two different children’s mental health centres by the time F&CS became involved and crown wardship was being considered. Beth did not have a favorable relationship with the F&CS worker she had at that time. This

worker had threatened her by saying that if she didn't sign papers she would make sure that her son would go to a group home that was far away from where she lived. This worker accused Beth of being "an unfit parent" and claimed Beth didn't love her child and "just wanted to get rid of him". On one occasion after Beth had emergency surgery, the worker gave her "shit for it" because she wasn't available to pick up her son. Beth was also upset because the worker never really connected with her son yet felt she could make judgments about how Beth should be raising him. Beth dealt with this by filing complaints about the worker to F&CS and she started recording telephone calls she had with the worker.

Meanwhile Beth was getting to know Chris, who was then the F&CS community development worker at the neighbourhood group where Beth worked. Chris came in once a week and Beth would consult with her around various issues and concerns in the neighbourhood. Although Chris was not the client's official F&CS worker at this point, she recalls learning some things about Beth's "situation" and her struggles with the F&CS worker she had because Beth was "open about her situation" at the neighbourhood group. Chris knew crown wardship of Beth's son was being considered and was aware of the ambivalence the client had in considering this option.

Chris liked working with Beth at the neighbourhood group. She described her as a "firecracker". Chris said "She is fairly opinionated, which I like. She was very active in her neighbourhood and she really looked out for the best interests of the people [there]. She was a hard worker and what I loved about her was her potential for growth. She came from a fairly difficult background . . . but I could see the self-esteem building in her. I could see the confidence building in her. I enjoyed working with her". Beth also liked working with Chris. She enjoyed Chris's sense of humor. She felt very comfortable with Chris and "could talk to her". Beth found

she could trust Chris. She found Chris to be honest, direct, and accessible. Chris would return phone calls and follow through on matters she had agreed to address in a timely manner. Chris also did not have any rigid notions on what was or was not her job. If she could help, she would.

Before the crown wardship was able to go ahead, Beth's F&CS worker went on sick leave. Chris recalls sitting in on a meeting where all the previous worker's files were reassigned. Chris requested that she work with Beth because she had already built up a positive relationship with her at the neighbourhood group. Chris knew that Beth's relationship with the previous worker was quite contentious and she felt she had the abilities to help sort that out and work with Beth in a favourable manner.

### The First Meeting

As Chris and Beth had a prior working relationship, Chris found it difficult to recall the first time she met with Beth acting in her role as a child protection worker rather than a community development worker. Chris explains, "It was a much more casual opening and casual closing because of my connections in the neighbourhood". However, Beth can recall feeling relieved when she found out who her new worker was going to be "because I trusted her, I knew I could talk to her". Beth remembered taking a community development worker from the neighbourhood group along with her to the first meeting with Chris in her "official role" as a child protection worker. Beth said she did this "for her own protection" because of her ADHD. She had discovered that having someone along in important meetings can be very helpful. They can act as a second set of ears and eyes and can take notes. This helped Beth to retain information and helped to ensure that the relevant points of the meeting were understood. Beth observed, "My brain can only absorb so many things. Sometimes a little thing can be very important. So I always try to take somebody with me...so that I don't forget anything, like 'Did that person really say

that?’ or ‘Am I supposed to do this?’” Unlike Beth’s previous F&CS worker, who felt threatened by Beth bringing someone else into the meetings, Chris welcomed it. Empowering clients to know and assert their rights is one of the cornerstones of how Chris “does business”. Chris viewed it as a strength and an example of Beth’s problem-solving abilities. Beth’s overall impression of their first meeting was positive. She especially valued Chris’ directness. Beth admitted that sometimes she “wanted to hear only what she wanted to hear” but Chris’ directness helped her face all the realities, not just the ones she wished to focus on. Even though this was difficult, it was appreciated.

#### The Rest of the Story of Working Together

Given the very negative experience that Beth had with the previous family service worker and the contentious issue of crown wardship, it was quite striking how quickly Chris and Beth were able to work together productively. From Beth’s perspective, she knew what it felt like to be judged unfairly and she wasn’t about to judge the worker negatively just because she was an F&CS worker. Beth was prepared to make a fresh start and this was made easier by the positive impression she had developed of Chris from knowing her as a community development worker. With regard to Chris, she had a much different manner and outlook than the previous worker. Rather than viewing Beth as an “unfit parent,” Chris believed Beth was a good parent who was faced with a terrible dilemma--that of having to let go of her child (i.e., agreeing to crown wardship) to ensure that he got the help and services he needed. Rather than pretend to know everything about parenting and give lots of unsolicited parenting advice, Chris was “up-front” about not being a parent herself and recognizing that she didn’t know what it was like. Whereas other agencies and workers were quick to define the boundaries of the work they could do or the help they could offer, Chris would make offers to help even if it wasn’t strictly within her

mandate. Furthermore, it was the researcher's impression that both Chris and Beth were very practical and action-oriented people. Neither of them were the type to find much utility in rehashing old wounds and injustices and rather preferred to roll up their sleeves and focus on the tasks at hand.

Chris and Beth are in agreement that their working relationship was very positive from the outset. There were no difficulties, conflicts, or tensions between them; however, they did need to work through some difficult and painful issues related to making the decision about crown wardship and following through with the process, which was the main focus of their work. Beth struggled for three years before making the final decision to make her son a crown ward. Her decision evolved after years of advocating for her son. He had numerous placements in residential and treatment centres as well as a foster home placement while he was a society ward. It was a difficult decision for Beth to make because she had to fight against her own internal messages that she was abandoning him. She also had to fight against her own feelings of failure that she had been unable to provide the parenting and support that he needed. Rather than reinforce these internal messages, Chris validated the client's decision. She never questioned Beth's love for her son and her desire to care for him. Yet, she reinforced the fact that her son had multiple mental health and behavioral difficulties which made him extremely difficult to parent. He required 24 hour supervision and mental health services that were impossible to provide in a regular home setting.

Chris viewed Beth's ambivalence around crown wardship as reflective of her attachment and love for her son and not as Beth trying to sabotage their work. But Chris was also direct about the options and the ramifications. She was blunt about the fact that crown wardship was the preferred alternative. She said, "I am not going to bullshit you and you may not like what I have

to say, but I am going to say it anyway”. However, underlying Chris’s directness was a deep respect for Beth and an appreciation for the gravity of the decision she faced and the degree of personal cost and sacrifice it demanded of Beth. As Chris said,

I give a lot of credit to any parent who can finally come to a place and say, ‘I love my son so much I have to give him up so that he, so that we can work on the best interests for him’. And to get to that place must be, I mean I am not a mother, but to get to that place must be incredibly painful. To know that what’s happening in her home with him is not working, that maybe another option might work and to be able to let go and still be part of his life, I give her a lot of credit.

Although Beth “voluntarily” (“with only one arm tied behind her back”) consented to her son’s crown wardship, she advocated long and hard to maintain contact with him. During the meetings when the crown wardship was being planned, Beth took a lawyer with her to advocate for her rights. Beth viewed the process like a child custody battle following a marital separation or divorce. Although each partner may agree to the custodial arrangement of the children, the non-custodial parent does not necessarily relinquish all responsibilities and access. As a result of Beth’s advocacy and creativity it was agreed that she would have continued access to her son. Chris saw the merits in Beth remaining in contact with her son and she supported Beth in her efforts. She said, “It was important that he still had his mother in his life. I believe that. She needed to be in his life. She really cared for him . . . I think she had to reconcile that . . . she loved him but couldn’t look after him full time in her home”. That such a creative solution could be negotiated between Beth and Chris is a credit to both of them. Beth seemed clear and focused in what she expected in terms of continued access. She was a strong advocate for her son and herself. She was creative in bringing a lawyer to the crown wardship meetings. Chris was also able to “work outside the box”. She never felt her authority or role was being threatened and she welcomed the lawyer into these meetings. She was willing to consider and work towards a new arrangement. Ultimately what made it work was the fact that both Chris and Beth were able to

put some of their own needs and desires aside and work on what was in the best interests of the son.

Once Beth made the decision for voluntary crown wardship of her son, there were papers to be filled out, her son's father had to be served, and Beth had to appear in court. Chris facilitated the process while also acting as a support for Beth. For both Beth and Chris, the most memorable moment of their work together was the day they spent in court, when Beth signed over her parenting responsibilities for her son to F&CS (crown wardship). For Chris, witnessing the "process of her signing the piece of paper . . . that was hard. That was hard for me to see. I was heavy inside. I felt heavy...I saw her making the biggest decision of her life". Beth was feeling strong the day before court but then when it actually came to signing the papers she collapsed. It was a day of raw emotions and many tears. Having confidence in the rightness of the decision didn't numb them to the reality that this was a huge decision that could not be rescinded.

Once the crown wardship was in place, Chris supported the implementation of Beth's continued contact with her son. Both Chris and Beth recognized that "coming to terms" with everything would take time. Chris anticipated that it would take time for Beth to emotionally "let go of her responsibility for her child" (if indeed that can ever totally be accomplished). Chris felt that one of her aims was to ensure that Beth was as comfortable as possible with everything that was going on, particularly "with not having so much decision-making around this child". When the son came home the first few times for visitation he had things which Beth couldn't afford and he had gone on trips and had experiences that Beth had been unable to offer him. Understandably this hurt Beth a great deal. But she "bit her tongue" and kept reminding herself that "it wasn't his fault. He didn't ask for this". Feeling like the foster family could do what she couldn't, that her

son would be better off there than with her, that “they could do her job,” was a difficult reality to face.

Chris thought Beth adjusted very well to “the ground swell” of letting go of her parenting responsibilities for her son and accepting the foster family and the F&CS role in his daily care. However, Chris recognized that this was and remains a very difficult thing for Beth. Chris observed, “It was not just the signing of the form alone that is huge, but it is the day-to-day reality of living with it that is difficult.” To face the grief and loss and work through it was a difficult but necessary process. The fact that Beth struggled with her decision and “waffled” about it right up until the end, and the fact that it still grieves her is a testament to the love and care that Beth has for her son. He was never abandoned. His best interests were always at the forefront even when the costs for the client were high. He continues to come home to visit every other weekend. Beth attends his soccer games. The son is able to attend important family functions. Beth can send birthday and Christmas gifts to her son and can have some contact with the foster family. She can visit her son and phone him, and has access to his records. Chris noted that the son “likes coming home. He likes spending time with his mom. She’s very committed to him when he comes home and focuses on him . . . [The arrangement] is unusual and it has worked. We call it a success story”. Still, the process of maintaining contact with her son after the crown wardship was not easy and continues to be difficult and painful at times. Beth admits that she still breaks down on the Sunday night after her son’s weekend visits. “You are told these are going to be the perfect parents and your child is going to be successful and he is going to do this and that and it’s like, ‘Ok then all I did was donate the egg’”.

It was clear that Chris and Beth had an emotionally close, supportive relationship that was characterized by mutual respect, mutual liking, and a sense of ease with one another. With regard

to the latter point, and in contrast to her experience with previous workers, Beth emphasized how she could be herself in Chris's presence and she could vent her feelings and frustrations without worrying how this would be interpreted. In a similar vein, Chris commented on how humour marked their ease with one another: "One of the things I love about [Beth] is her sense of humor, which I think I have too. We would joke around a lot and carry on and get silly and get carried away sometimes...In the midst of adversity, she could always crack a joke. I admired that." There were a number of factors that seemed to contribute to how Chris and Beth were able to develop and maintain such a close relationship while dealing with contentious and emotionally difficult issues.

First, Beth emphasized that unlike previous workers, Chris was supportive and not judgmental. As Beth explained, she had enough feelings of guilt without having "professionals push her down further". Beth needed to be validated that she was making the right decision: "I needed to be validated that I am doing the right thing because so many people when they find out that my son is in care think that I am a bad mother or an alcoholic, a drug addict or a prostitute or that I beat my kids. They think, 'What is wrong with you that your kid is in foster care?' Chris was able to validate and support Beth as a caring mother. She reinforced to Beth that agreeing to crown wardship did not mean Beth was abandoning her son or trying "to get rid of him" as the previous F&CS worker claimed. Chris communicated that she knew that the son was a loved child and Beth was acting in his best interest. She would say to Beth "I admire you for that . . . these decisions that you are making are big decisions and I really respect that". Chris also communicated her support for Beth indirectly, through her friendly manner. This included putting her arm around Beth sometimes, spending time listening, joking around together, being at ease with Beth and enjoying the working relationship they shared.

Second, Chris's straightforward honesty and follow-through engendered Beth's trust. Chris noted, "I always tell the truth. I am honest with people and it comes from saying to people, 'You might not want to hear this, but I am going to tell you the truth. You can always count on the fact that I will tell you the truth, even if you're not going to like it. So you know exactly where I stand'. So they are not confused then. I think in child welfare that makes a difference". Chris said Beth "knew I was very honest and she knew I wouldn't dance around anything with her". Direct, open, and clear communication was a big part of this honesty. Chris believed strongly that concerns should never be left to fester and that workers and clients should "always talk, talk, talk through difficulties". She also emphasized the importance of constantly checking that she and Beth understood each other and were clear about plans and decisions. Trust was maintained by good follow-through by the worker. Chris said "When I say I'm going to do something, I'll do it. I don't just say, 'Yeah I'll check it out and call you back' and never follow through. I always followed through with her. If she had a question and I didn't have the answer I'd call her back".

Third, both Chris and Beth were able to think and work "outside of the box". Beth found that young and inexperienced workers stuck rigidly to and hid behind rules and regulations. Chris was not like that. Although she did have rules and procedures that she needed to follow, these became pieces to puzzle around rather than the dictates of the work itself. For example, crown wardship may have been inevitable, but that didn't mean that Chris and Beth had to accept a prepackaged notion of what crown wardship meant. What crown wardship meant, how it was to be defined, the nature and degree of mother/child contact that would be involved could be creatively, respectfully, and openly puzzled through.

Fourth, both Chris and Beth had personal qualities that facilitated the development of their relationship. Chris reflected on Beth's strength of character and resilience: "She is spunky. She had a lot of issues with children and ex-partners. She's had a lot of physical health problems, fairly significant ones, and continues to have some health problems, and she keeps rising to the occasion. I don't know how she does it". In addition to this, the researcher was struck with how Beth is a very gracious and forgiving woman. Perhaps this was illustrated best in the way she relates to the foster family. Beth likes the foster mom. She respects the work she does and feels she and the foster mom are working towards the same goal and each have her son's best interest at heart. Not many parents, as evidenced by the frequent bitterness, name calling and mud slinging that accompanies custody battles, can relinquish parental control with such grace. As for Chris, the researcher was most impressed with how she balanced her professional role with her humanness. Beth commented that Chris "has that professionalism about her" but was very human and left room for feelings and "human contact". Chris laughed and cried with Beth and put her arms around Beth at times when she needed comfort and support. Chris took Beth out for coffee two weeks after court to see how Beth was doing and to tell her how much she respected her. She took the time to validate Beth and reassure her that she had done the right thing.

### Termination

Their work together closed as it began, in a casual manner. Two days after the file was closed, Chris and Beth connected through their work with the neighbourhood group. Although Chris no longer does community development work, she continues to see Beth periodically at community events. Although most of the focus in professional literature is on clients' reactions to termination, Chris pointed out that she "would have struggled" with termination had it not been

for the fact that she would still be seeing Beth through the neighbourhood group. She

commented:

I knew I was going to see her the next day over at the neighborhood and we would be joking around or we would be doing something together or just sitting in a meeting together. So I didn't struggle with [termination] as much because I knew I was going to see her. Had it been the other way where we would have just closed the file and be done, I would have had difficulty. I would have made sure that she and I very particularly would have had a really good closure. We would have sat down and I think I would have really spent time with her telling her about how I felt, how I felt things went, and what I thought of her. In my last time with her I would have said, "You know what? You are really doing this. All the power to you. Keep it up!"

A final quote from Chris speaks to what she learned from working with Beth and other women in the neighbourhood group where she once worked:

Here I am an educated woman with a master's degree, grew up in a relatively "sane" family. I used to think to myself, "I would like to find a mentor, someone who could mentor me". What I found was that these women in the neighborhood group, the client being one of them, have in fact become my mentors. This was a big eye-opener for me. Some of these women, a couple of them come to mind, and again the client is one of them, they have had so much adversity in their lives, but somehow they have it in them to rise to the occasion to make something of themselves and to move along... They have been good role models for me in terms of [showing me] there is potential for people to really wake and shake their lives and make a difference.

Appendix 2:  
Across-Story Themes

### Across-Story Themes

The across-story themes were derived from a qualitative analysis of the six stories presented above, as well as from revisiting the coded transcripts of the interviews with the worker-client dyads. The following five categories of themes emerged from this analysis:

(a) helpful worker behaviours, (b) positive worker characteristics, (c) positive client characteristics, (d) attributes of a good helping relationship in the child welfare context, and (e) central issues for child welfare practice.

It was decided to be inclusive of themes that emerged in the stories; thus, when a theme seemed important it was included even if it emerged in only one story. Most of the themes, however, were common across many of the stories. There is also some overlapping of themes in different categories (e.g., worker behaviours and worker characteristics sometimes overlap, and many of the central issues overlap with themes in other categories); however, again, it was our decision to be more than less inclusive.

Many of the themes in the various categories were identified directly by participants in the telling of their stories (e.g., most helpful worker behaviours and positive worker characteristics were identified by clients; most positive client characteristics were identified by workers). Some themes, particularly those in the central issues category, were inferred from the stories by the researchers. It should be noted, however, that the themes that were derived from the individual stories (including those that were inferred by the researchers) were reviewed by participants when they read the draft of their story. Thus, most of the themes, and all of the stories were verified by participants.

The category of themes related to “attributes of a good helping relationship in the child welfare context” was presented in the body of the report. The four other categories of themes are

presented below. Because the first two categories of themes (“helpful worker behaviours” and “positive worker characteristics”) overlap and are intimately connected, we have chosen to present a brief discussion of these categories together (after the presentation of the themes for “positive worker characteristics”). A brief discussion of the third category of themes (“positive client characteristics”) is also provided. The final category of themes (“central issues for child welfare practice”) is a summary of key insights gained from the study that represent guidelines for good child welfare practice.

### *Helpful Worker Behaviours*

- a. Helpful worker behaviours that demonstrate generally accepted social work principles and skills:
  - not making assumptions (suspending judgment) about clients based on referral information (not assuming accuracy of intake, referral, and file information)
  - starting with and demonstrating a supportive/empathic attitude (i.e., listening to the client’s side of the story; seeing things from the client’s perspective and believing her or his story [although explaining that one’s role necessitates investigation to verify the story])
  - giving clients input into the goals of the service agreement and the plans for working on them
  - giving clear information and checking that the client understands (about worker role and expectations, service plans, conditions of access visits, court process)
  - clarifying expectations and breaking down goals into manageable parts
  - being reliable, responsible, and accountable to the client as well as the agency (e.g., arriving at appointments on time, returning phone calls, following through on promises)
  - communicating respect for the client in word and action
  - giving information about resources available
  - being direct and honest about the power associated with the agency and the worker role, and explaining reasons for one’s use of power/authority
  - framing the agency mandate as supportive and helpful and debunking negative myths about child welfare (snatching kids versus being helpful)
  - being hopeful about the process and outcome of working together
  - recognizing, valuing, and pointing out client positive qualities and strengths (genuine liking of the client as a person; valuing client coping, survival, and motivation; giving positive feedback on client progress, accomplishments, and talents)
  - anticipating/recognizing the normalcy of client anger, avoidance, and resistance
  - allowing the client to vent anger and then discussing it later
  - separating the personal from the professional (not taking client anger personally)
  - being open and nondefensive to client feedback

- being open and direct but nonconfrontational about concerns and expectations that are not being met
  - being realistic and holistic with regard to expectations and assessments of progress (seeing problems in the context of multiple/severe/ongoing stressors, recognizing that change is incremental and takes time, recognizing the normality of such things as going out for drinks with friends)
  - being persistent in maintaining contact with clients
  - showing interest in and liking for clients' children
- b. Helpful worker behaviours that demonstrate an integration of the personal with the professional:
- interacting naturally in a professional yet person-to-person versus worker-to-client manner (engaging in small talk, getting to know the client more personally, laughing together, dressing casually and using language to lessen professional distance)
  - self-disclosing relevant information (without too much detail, disclosing basic personal information, particularly that has relevance to humanizing the working relationship—e.g., marital/parental status, about having had either personal or parenting struggles, about not being a parent and not knowing what it is like)
  - sharing feelings about the client and the work together (e.g., including frustration and disappointment when appropriate, as well as positive feelings about the client and the progress; displays of worker emotion [laughing, expressing sadness, crying] and supportive touching [putting an arm around their shoulder, giving a hug] when clients are comfortable with this)
  - going the extra mile/doing the extra little things (going for coffee/lunch, taking family pictures, facilitating a meeting with the adoptive mom, advocating to continue work with client beyond agency mandate, accompanying client to doctor's appointment, providing rides to appointments, calling or dropping by just to check-in, supporting client's fundraising activities, giving movie passes, going to a family funeral)
  - being flexible in professional role and expectations (making adjustments to the initial plan of service based on client needs, letting go of some goals/expectations if overall progress is made)
  - providing material resources (clothes, extra funding, Christmas presents)
  - construing one's role and acting as an ally/team member versus an adversary
  - encouraging and supporting the client in being assertive with regard to sharing concerns and questions
  - helping the client with other goals that are not be mandated
  - being supportive and patient in helping the client to process feelings of failure and loss

a. Worker characteristics that demonstrate generally accepted social work principles and ways of being:

- manifests good relationship/interpersonal skills (sincere/genuine, empathic/compassionate/concerned, warm, supportive, understanding, nonjudgmental, personable)
- good listener
- relates to client as an individual, unique person versus a client/single mom/case number
- accepting of client as a human being
- able to understand the client's perspective
- honest/direct (about sharing concerns, about power in professional role, about not having all the answers)
- cognizant of the reality of the stresses and difficulties in the client's life
- consistent (in way of being, expectations, and follow-through)
- trustworthy
- organized and efficient with time
- encouraging
- committed to helping
- open to feedback from client
- calm, strong, patient, and nondefensive (separating the personal from the professional in terms of dealing with client anger; not being overwhelmed by the number and severity of clients' problems)
- hopeful, optimistic, not easily discouraged (contextualizing problems and recognizing change can take time; believing in client motivation and capacity for change; seeing relapses and setbacks as normal and part of the process; giving client second chances)
- believes clients love their children and want to be good parents

b. Worker characteristics that demonstrate an integration of the personal with the professional:

- integrates professionalism with humanness
- real/down-to-earth/casual (being at ease and natural with clients, dressing casually, using vocabulary that clients are comfortable with [including profanity when appropriate], using humour, having discussions over coffee)
- sense of humour
- friendly
- sense of comfort with self/natural style (able to help client feel "at ease")
- kind and comforting (in manner and voice)
- not pretending to be perfect or to have all the answers

- (admitting and apologizing for mistakes, being open about not knowing information, admitting to not knowing the client's experience and what to do about problems)
- open/self-disclosing  
(without too much detail, disclosing basic personal information, particularly that has relevance to humanizing the working relationship—e.g., marital/parental status, about having had either personal or parenting struggles, about not being a parent and not knowing what it is like)
- seems to care beyond just doing a job
- acts as an ally, team player
- flexible/creative  
(open to different ways of working on issues, considers various solutions; not rigid about what is/is not part of mandate; not bureaucratic)

*Discussion of Themes About Worker Behaviour and Worker Characteristics.* The usefulness of the sub-categories within helpful worker behaviours and positive worker characteristics that are described as “those that demonstrate generally accepted social work principles . . .” might be questioned. If these ways of behaving and relating are generally accepted, then what is the value in highlighting them. We believe, however, that there are important implications that can be drawn from these results. First, it is clear that child welfare clients value such worker behaviours and characteristics and find them to be important to the process and outcome of the work. Such “standard” or “basic” skills and ways of being should be recognized as central to the effectiveness of child welfare interventions and should not be taken for granted. Second, related to the first point, it is evident that such skills and ways of being are not “standard” or “basic”. Most of the clients in these stories made reference to many experiences with “bad” workers where such basic skills and ways of being were not evident. Clients reported that such workers did make assumptions about them from the beginning; did not listen to their stories; did not give clear information; did not point out positives or strengths; were not reliable or accountable; did not convey respect for them; and were not warm, empathic, supportive, or trustworthy. Clearly, these “basics” of good practice are not as common among workers as we would hope, and they are not as easy to exemplify as we might expect. Psychotherapy research

has established that negative interpersonal process is much more common than generally recognized (Strupp & Binder, 1997); thus, it should come as no surprise that this is so in child welfare, given the frequently contentious and conflictual nature of the work. This is not to say that workers who fail to exemplify these ideal ways of behaving and relating have bad intentions and are not suited to the profession. We think (perhaps naively) that most workers value such ways of behaving and relating—the problem is that they are not easy to maintain in the face of the stresses of the job.

The sub-categories within helpful worker behaviours and positive worker characteristics that are described as “those that demonstrate an integration of the personal with the professional” are more controversial. We believe that the workers in our sample are exemplary not only for their ability to consistently embody the ways of behaving and relating that most helping professionals accept and aspire to, but also for behaviours and characteristics that many professionals might find contentious. These themes represent an orientation to and style of helping that is deeply humanistic, that stretches traditional professional principles and ways of being, and that involves going above and beyond the call of duty. Together, these themes paint a picture of workers who took off the professional mask and related to clients on a person-to-person level, albeit with a professional focus. They stretched professional roles and mandates out of genuine liking for and belief in clients and toward helping them in any way they could. It should be noted that many of these workers were “sheepish” or apologetic while talking to the researchers about such things as self-disclosing to clients, getting to know clients on a personal level, sharing feelings and emotions with clients, and doing the extra little things for clients. They seemed to anticipate judgements of being “unprofessional” and “crossing boundaries”. To the contrary, they impressed us, as well as their clients, as very good professionals. We believe that these less

accepted ways of behaving and relating were key to the effectiveness of these workers and many of these themes are incorporated in the last category (“Central Issues”) of across-story themes.

### *Positive Client Characteristics*

Just as clients painted a very positive picture of their workers, workers did the same for clients. Workers’ descriptions of clients included lengthy accounts of their strengths, abilities, and positive characteristics. The following themes of positive client characteristics emerged from the stories:

- Manifests good relationship/interpersonal skills (friendly, polite, personable, genuine [“what you see is what you get”])
- Able to separate the personal from the professional (understands the mandated worker focus on investigating and ensuring child well-being)
- Respectful of worker as a professional and as a person
- Able to recognize own strengths
- Open to recognizing own weaknesses, bad choices, problems to work on
- Commitment and motivation to be a better parent
- Love for one’s children
- Puts children’s needs before own
- Open and receptive to worker’s input
- Direct about questions, concerns, opinions
- Honest (e.g., tells worker about relapses, problems)
- Takes initiative in making changes, bettering one’s situation
- Takes ownership and responsibility for difficulties and making changes
- Has many personal strengths (e.g., bright, reflective/self-aware, artistic, able to manage in difficult circumstances)
- Sense of humour
- Creative (in finding solutions to problems, getting services)
- Industrious/works hard
- Courageous (coping in the face of difficult life situation and multiple stressors)
- Insightful
- Uses restraint/self-control (not drinking or arguing in front of children)
- Humble
- Cooperative
- Determined
- Good knowledge of agencies and services
- Strong advocate (for self, kids)
- Learns from experience (“graduate from the school of hard knocks”)
- Good problem solving abilities

It should be acknowledged that these characteristics were not evident in each client, nor did these clients consistently demonstrate their strengths. Still, from looking at this list, one might surmise that this was a select sample of high functioning clients with few serious problems. This was not the case. As is evident from the stories, many serious issues and problems were manifest in these clients' lives, and the relationships with their workers were not always smooth and cooperative. Nevertheless, workers focused far more on client strengths and abilities than on problems. This did not seem to be a mere manifestation of a philosophical embrace of a "strengths perspective". This was a genuine recognition of and appreciation for clients' positive characteristics. This recognition and appreciation seemed to be intimately connected to getting to know these clients and their stories on a person-to-person level. Workers were genuinely in awe of how clients had coped over time with multiple, severe stressors. Their belief in their clients' abilities also seemed to be instrumental in helping clients to believe in themselves and their ability to cope.

#### *Central Issues for Child Welfare Practice*

The final category of across-story themes represents a summary of the lessons that emerged from the stories of this select sample of worker-client dyads who managed to develop very good relationships despite the common strains and struggles that are inherent in child welfare work. We believe that these "central issues" provide general principles and guidelines for developing good worker-client relationships in child welfare. We have divided these themes into three sub-categories of pertinence to (a) the early phase of involvement, (b) the ending phase of involvement, and (c) the overall process of helping.

a. Themes Pertinent to the Early Phase of Involvement:

- The first meeting and first impressions are very important. Many clients have negative expectations about the worker based on hearsay about or actual experience with "bad

workers” (those who were authoritarian, coercive, blaming, judging, distant/cold/alooof). It is helpful in the beginning stage of work if workers discuss this with clients, empathize with their negative experiences, and demonstrate that they will be different (i.e., that they will listen, try to understand, not judge, work together as a team)

- Workers’ non-judgmental respect and support is important in enabling clients to admit to issues and problems and to work on them
- It is important for workers to have genuine hope and optimism for clients from the beginning and to convey to clients that they are worthy and have strengths and abilities
- It is important for workers to establish themselves as allies and to show that they want the client to succeed as a parent
- Due to the invasive and threatening nature of child welfare involvement, clients need some sense of control and not to be pushed/pressured too much in the beginning stage of involvement
- It is important for workers to recognize the likelihood and normalcy of initial client mistrust, guardedness, fear, and anticipation of judgement
- In the beginning, it is very important to suspend judgment and give clients the benefit of the doubt—this can facilitate client openness and honesty (otherwise defensiveness occurs)
- It is important to persevere in contacting and meeting with clients and to understand the normality of client avoidance and resistance

b. Themes Pertinent to the Ending Phase of Involvement:

- Workers sometimes aren’t aware of the impacts (positive and negative) they can have on clients and what contributes to these impacts—these issues should be discussed with clients before termination in order to facilitate worker learning
- Time should be devoted to the termination process; although most clients are happy about termination, it is often useful to review the process of work together for the purpose of evaluation, sharing feelings, and planning for what to do about future difficulties
- Worker follow-up after termination would often be welcomed by clients and can be helpful; even telephone check-ins could give booster shots of encouragement and allow for brief consultations about concerns, which could enable coping

c. Themes Pertinent to the Overall Process of Helping:

- Child welfare work can and should have a strong element of clinical/therapeutic work—workers can have profound, positive impacts on clients and their lives while fulfilling their mandated role of investigating and ensuring child safety
- A good worker-client relationship (marked by mutual liking, respect, warmth, genuineness, and collaboration) is of prime importance in instilling hope, overcoming demoralization, and thereby enabling better client coping; however, it is hard work and it must be recognized that this way of being and relating is not easy to maintain
- Clients have a strong preference for informal and natural versus formal, structured, “typically professional” interactions with workers
- It is important for workers to integrate the personal and the professional in terms of recognizing that caring as a worker and a human being go hand in hand, and that demonstrating human compassion for the client is part of doing the job professionally

- It is important for workers to get to know and relate to clients on a person-to-person level (leads to respect, empathy, and trust)
- Familiarity, trust, and other aspects of good helping relationships take time to develop and the pace of doing so should be dictated by clients' needs and comfort level
- It is important for workers to separate the personal from the professional in terms of understanding that clients negative reactions around difficult and conflictual issues is normal and not necessarily a reflection of personal dislike for them
- It is important to go the extra mile with clients (see "going the extra mile" and "provision of material resources" under Helpful Worker Behaviours)
- It is important for workers to help clients talk about and work through pain and shame (related to current child welfare issues, personal problems, personal history)
- Clients can only open up about deeper emotional issues after trust and safety are developed and after they begin to make progress
- Good communication and understanding takes time and effort—it necessitates constant checking in to ensure that worker and client understand each other's views and responsibilities
- Even good workers can never have full awareness of and appreciation for client's pain because much of this remains hidden
- Taking the client to court should be a last resort—it can destroy the working relationship; it is better whenever possible to devote time to working out difficulties rather than jumping into legal action
- Clients can only really believe workers' optimism and hope when it is coupled with their own success
- It is sometimes difficult but very important for workers not to judge clients, explicitly or implicitly, for past or current mistakes and problems
- It is important for workers to see clients' problems in the context of the history of multiple and severe stressors and of strengths and successes in coping
- It is important for workers to view client problems as normal and manageable challenges to be worked through (in order to help themselves and clients to maintain hope and avoid becoming discouraged)
- It is important for workers and clients to realize that change takes time and that small successes can build hope and confidence, which can lead to further changes—and that relapses are a normal part of the change process
- Hitting "rock bottom" can be an important turning point for clients, particularly if workers persevere in providing support, hope, and encouragement and helping clients process emotional issues
- Workers need to remind themselves that F & CS involvement is experienced as intrusive, incites fear in clients about losing their children, and always represents an unequal relationship no matter how positive a working relationship becomes
- It is important to deal with allegations and concerns openly, directly, and thoroughly and to help clients understand that this is part of the job (not personal)
- It is important to have flexible, realistic expectations (e.g., not insisting on personal counselling if client is not ready; recognizing normality of going out with friends to a bar)—and to attend to the spirit versus the letter of the service agreement
- It is important for workers to give clients explicit, ongoing positive feedback (even in good working relationships clients are sometimes not sure what workers really think)

- Workers' assumptions about client motivation and feelings about working together may be wrong or at least not the total picture—it is important to check out assumptions
- Workers and clients thoughts and feelings about working together are often remarkably similar, and despite hoping this is the case, they are often surprised or at least relieved to learn this; thus, it is helpful to engage in conversations about the working relationship from time to time

SOCIAL WORK



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