

**FAMILY DEVELOPMENT RESPONSE SOCIAL WORK AND FAMILY SERVICE  
SOCIALWORK: FROM THE SERVICE PROVIDER'S PERSPECTIVE**

by

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### **Abstract**

The purpose of my thesis was to understand a service provider's perception of working with Family Development Response and Family Service Child Protection Social Workers. Service providers participated in face to face interviews where they were asked to share their experiences regarding the strengths and challenges of working with child protection social workers. The service providers told stories of positive working relationships and stories of child protection workers supporting clients in a positive manner. The service providers also expressed a need for increased communication, relationship building, supports and services, as well as a desired change in the child protection system in British Columbia. Finally, the service providers noted program-specific strengths and weaknesses.

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And a big thank you to the service providers who agreed to be interviewed for my thesis. Thank you for sharing your stories. It is not an easy job you do and I thank you for taking on that job. The world is a better place because of people like you.

Finally to Trevor, thank you. For everything.



### **Dedication**

Every day I am thankful for my parents, Tom and Florence Scott. You supported me throughout this journey and have been the most amazing parents anyone can ask for. I could thank you each one hundred times every day and it would still not convey how much I appreciate and love you both. You have always believed in me, helped me and encouraged me in whatever path I have decided to take. Thank you. My thesis is dedicated to you two for being the best parents ever!

## **Chapter One: Introduction**

In British Columbia, if a report is made to the Ministry of Children and Family Development (MCFD) concerning a child's safety or well-being, the report is assessed by a child protection social worker. Child protection reports are submitted to MCFD by members of the public, community professionals, service providers, and family members. If the report is determined to be a protection report it will be coded on the Ministry Information System (MIS) as either an Investigation or Family Development Response. Between 2005 and 2011, in Prince George, a file could have been transferred to either a Family Service (FS) team or to the Family Development Response (FDR) team, assuming the child is found in need of protection.

I have been employed by the Ministry of Children and Family Development since January 2007. During this time I have worked as a child protection social worker on both the Family Development Response team and on a Family Service team in Prince George, British Columbia (BC). Currently, I work as a regional practice analyst on the Quality Assurance team located out of the North regional office in Prince George. I have also had the opportunity to travel to Terrace, Mackenzie, Vanderhoof, McBride, and Fort St. John, BC, to assist in child protection investigations. My time with MCFD has made me passionate about enhancing the work being conducted by child protection social workers in British Columbia.

It is important to begin this thesis with a brief summary of the programs that will be discussed in this thesis. MCFD is the government body in British Columbia responsible for child protection matters and for investigating child abuse and neglect. Family Development Response or FDR is one of the programs under MCFD's child protection umbrella. FDR is defined in Standard 14 of the Child and Family Development Service Standards (CFS) as:

An approach to child protection reports when, according to an assessment, the risk of harm can be managed through the provision of intensive, time-limited support services. It includes a strengths-based assessment of the family's capacity to safely care for a child, and provision of support services, instead of a child protection investigation. (CFS Standard 14. p. 54)

A second area in child protection that will be highlighted in this thesis is a Family Service (FS) team or Family Service child protection social worker, which refers to MCFD child protection workers who work with families where the children are deemed in need of protection. Families are transferred to the Family Service team by the intake team after the initial risk to the child or children has been mediated.

A third term that will be used throughout this thesis is service provider. For the purpose of this research, the term is defined as employees working for an agency contracted by MCFD to provide services to families who are involved with MCFD. The term service provider will also refer to employees of agencies that offer services to clients involved with MCFD.

### **Research Question**

My research question is: What are the experiences of service providers when working with families who have either a family service or family development response child protection worker?

Family Development Response is the name of a team of protection workers within MCFD; however, it is also a term used for coding a response to a child protection report. For the purpose of this study, my research question focuses on the experiences of service providers who have worked with both of these two types of teams listed and not their experiences with the intake social worker, regardless of the coding of the report.

The year 2012 was a year of change for MCFD. In April 2012, MCFD adopted a new computer system called Integrated Case Management (ICM), which replaced the Management Information System (MIS). In May 2012, MCFD released the first of a series of Practice Standards to replace the Child and Family Development Service Standards. My research focuses on the Child and Family Development Service Standards revised in May 2008 and released November 2003, as these were the standards in use when the FDR team was in existence. I will also refer only to the MIS computer system as that was the system in use between 2005–2011.

### **Significance of Research**

When a family's MCFD file is referred to an FS team or an FDR team, it means that the child or children are seen to be in need of protection at some level, and services are required to ensure their safety. It is my experience that people, including myself, are more receptive to change and working on an identified issue in their life if they feel encouraged and supported. It is also my observation, from my time as a front line child protection social worker, that in many cases clients view the involvement of child protection services in their life as a negative experience. Finally, I have noted that, if people view their experience with their social worker as negative, they are less likely to work with and engage with services provided by MCFD. I believe MCFD in Prince George has some very positive and helpful services that are available to families; however, without an established positive relationship between the client and the social worker, a lot of services including outreach, counselling and parenting programs go unutilized. The child protection social worker is essentially a case manager for these services. I believe if a person feels they are being forced into using a

service offered by the child protection social worker, they will meet the offered services with resistance.

For my research, I interviewed service providers and recorded their experiences working with child protection social workers, from both the FS teams and the FDR team. In addition, I was interested in what the service providers thought might enhance child protection social workers' working relationship with families and with service providers. Child protection social workers have the ability to remove children. The service providers do not have this same ability. This often allows the service providers to have a different relationship with the client and different insights into the relationship the client has with their child protection social worker. The service provider is someone to whom the client could potentially express feelings about their child protection social worker. These could be negative or positive feelings. The service providers have their own opinions about their relationship with the child protection social worker and how that relationship is going, what went well, and what could be improved on. As child protection social workers are often seen as case managers, the relationship between the service provider and the child protection social worker is an important one.

Through a series of 22 questions, I asked the participants to tell me about their experience working with child protection social workers. The questions covered topics including, but not limited to, the service providers' experiences working with FDR and FS child protection social workers, if they noted differences and what they attributed this difference to, as well as, any positive experiences working with child protection social workers. Upon completion, the hope is that child protection social workers will be open to hearing the findings of this research and implementing some of the findings into their own

practice. In addition, my goal is to present my findings to MCFD management in Prince George, to contribute to the enhancement of child protection practice.

## Key Concepts

Child protection can include many services such as “counselling services, homemaker services, day care services, services for unmarried parents, as well as protective services and out-of-home placement services such as foster care” (Bellefeuille & Hemingway, 2005, p. 493). Child welfare or protection is not only different in each country but, also in each province and territory in Canada.

In Canada, the responsibility of child welfare services lies within each of the 10 provincial and three territorial governments. Each province and territory has its own legislation that outlines the range and extent of child protection services and provides the legal mandate for policy and program development. (Bellefeuille & Hemingway, 2005, p. 493)

The Ministry of Children and Family Development is the government body responsible for child protection in British Columbia. Child protection adheres to the governing body of the *Child Family and Community Service Act* (1996). Under Section 13 of the *Child Family and Community Service Act*, a child is found to be in need of protection if any of the following conditions are met:

- 13 (1) A child needs protection in the following circumstances:
  - (a) if the child has been, or is likely to be, physically harmed by the child's parent;
  - (b) if the child has been, or is likely to be, sexually abused or exploited by the child's parent;
  - (c) if the child has been, or is likely to be, physically harmed, sexually abused or sexually exploited by another person and if the child's parent is unwilling or unable to protect the child;
  - (d) if the child has been, or is likely to be, physically harmed because of neglect by the child's parent;
  - (e) if the child is emotionally harmed by the parent's conduct;
  - (f) if the child is deprived of necessary health care;

- (g) if the child's development is likely to be seriously impaired by a treatable condition and the child's parent refuses to provide or consent to treatment;
- (h) if the child's parent is unable or unwilling to care for the child and has not made adequate provision for the child's care;
- (i) if the child is or has been absent from home in circumstances that endanger the child's safety or well-being;
- (j) if the child's parent is dead and adequate provision has not been made for the child's care;
- (k) if the child has been abandoned and adequate provision has not been made for the child's care;
- (l) if the child is in the care of a director or another person by agreement and the child's parent is unwilling or unable to resume care when the agreement is no longer in force.

(1.1) For the purpose of subsection (1) (b) and (c) and section 14 (1) (a) but without limiting the meaning of "sexually abused" or "sexually exploited", a child has been or is likely to be sexually abused or sexually exploited if the child has been, or is likely to be,

- (a) encouraged or helped to engage in prostitution, or
- (b) coerced or inveigled into engaging in prostitution.

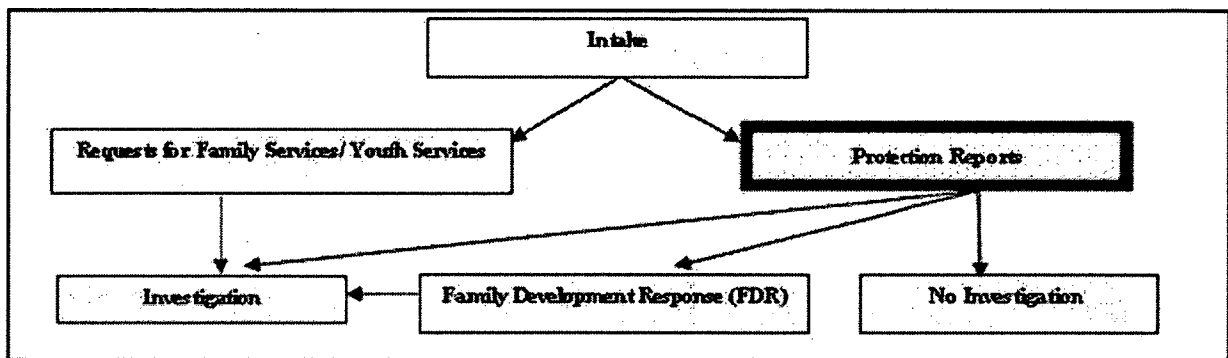
(2) For the purpose of subsection (1)(e), a child is emotionally harmed if the child demonstrates severe

- (a) anxiety
- (b) depression
- (c) withdrawal, or
- (d) self-destructive or aggressive behaviour.

MCFD employs child welfare or child protection workers, more commonly known as social workers. However, for the purpose of this study, such workers will be referred to as child protection social workers. Child protection social workers have a legal obligation to investigate a child's safety concerns under the *Child Family and Community Service Act* (MCFD, 2010). Child protection social workers review and assess the concern and decide what steps need to be taken to keep the child safe (MCFD, 2010). When a report is received by MCFD, there are five possible responses: No Further Action, where the intake is closed without taking any steps to investigate; Investigate, where the report is investigated by the

child protection social worker; Family Development Response, which is a less intrusive form of investigating a report of child abuse and neglect; Support Services, where there is no child protection concern but the family is contacted to see if they require any supports; or Youth Support Services, where support services are offered to the youth (Marshall, Charles, Kendrick, & Pakalniskiene, 2010). (See Figure 1.)

**Figure 1: MCFD Responses**



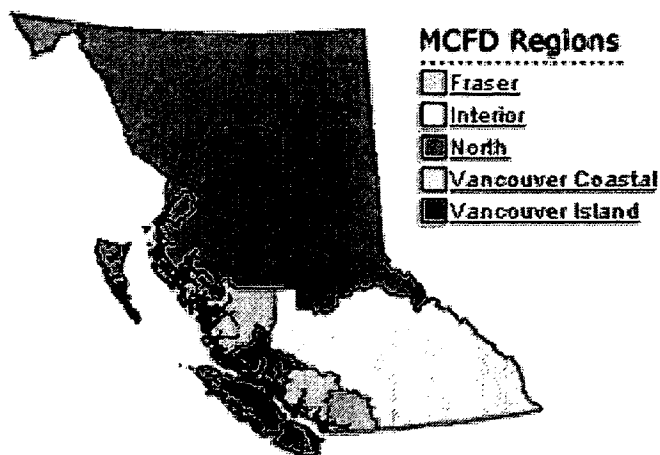
Source: Ministry of Children and Family Development, Statement on open protection reports (2011).

According to the MCFD website, MCFD's role and mandate is to "advance the safety and well-being of children and youth, advance early childhood involvement through strategic involvement and advance and support community based systems of family service that promote innovation, equity and accountability" (MCFD — Ministry Overview, p. 1).

MCFD is broken up into 5 regions: Fraser, Interior, North, Vancouver Coastal and Vancouver Island (<http://www.mcf.gov.bc.ca/regions/index.htm>). (See Figure 2.)



**Figure 2: MCFD Regions**



Source: Ministry of Children and Family Development, Regions (2011)

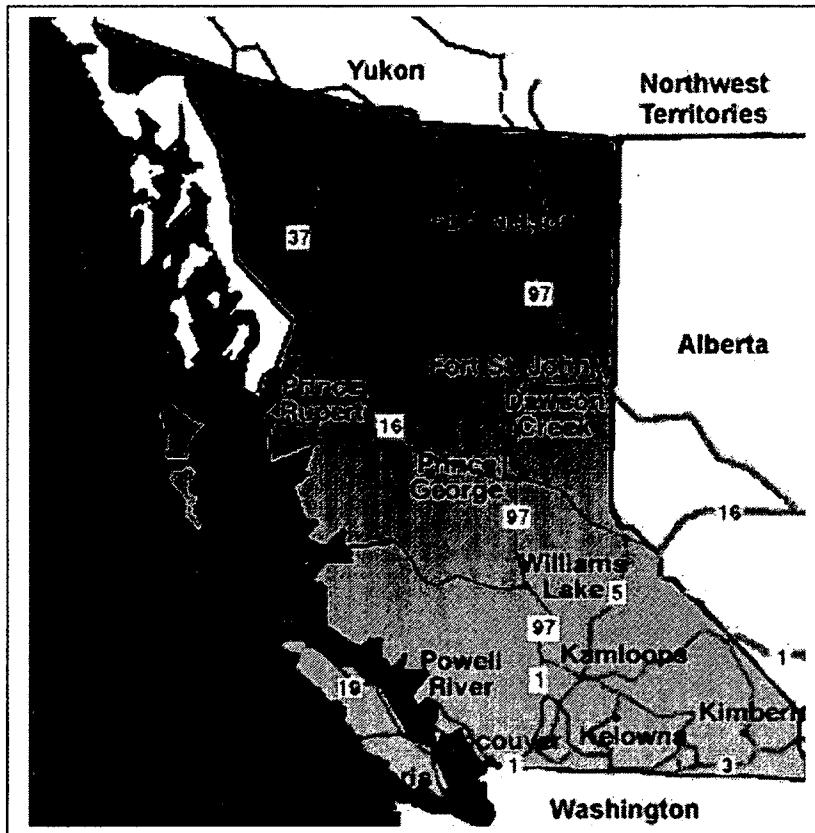
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My research is specific to service providers who worked with families within Prince George, which is located in the North region as classified by MCFD.

The North Region encompasses the largest geographic area, more than one-half of the province's landmass, with a relatively small population base. Service delivery is managed through one large urban centre (Prince George), seven moderate sized urban centres (Quesnel, Terrace, Fort St. John, Dawson Creek, Kitimat, Mackenzie, and Prince Rupert), seven small urban communities (Ft. Nelson, Chetwynd, Vanderhoof, Houston, Fort St. James, Burns Lake, and Smithers) and a number of towns (Dease Lake, Masset, McBride, Stewart, New Hazelton, Hazelton, Queen Charlotte City, and Valemount) that service large rural areas. (<http://www.mcf.gov.bc.ca/regions/north/profile.htm>)

Prince George, British Columbia, is located in the geographic centre of British Columbia; its population is 75,568 (Statistics Canada, 2006). (See Figure 3.)

**Figure 3: BC Map**



Source: Travel Maps

Between 2005 and 2011, Prince George MCFD had one FDR team consisting of one team leader and four FDR social workers. Prince George MCFD had four FS teams, each with their own team leader, with a maximum of five FS social workers per team. Prince George MCFD also has a number of other teams including resources, guardianship, adoptions, and youth probation. The reason that I decided to focus on Prince George is that it has the only FDR team in MCFD's north region.

### **Family Development Response (FDR)**

FDR is meant to support families whose children are at lower risk and to give them the tools to minimize or eliminate any child protection concerns that brought them to

MCFD's attention. These families are identified as being willing to work with services to address the risk to their child or children. The FDR approach was implemented by MCFD in 2003 (MCFD, BCFDR, 2004). It was found that, out of all the protection reports investigated, only a small percentage resulted in services for the investigated family (MCFD, BCFDR, 2004, p. 1). According to this report, FDR is a form of differential response created to deal with reports to MCFD where a full investigation is not seen as required (MCFD, BCFDR, 2004). Marshall et al. (2010) state "for cases directed to FDR, the child must not have experienced reported sexual abuse by family members and must not be deemed to be in immediate risk" (p. 59).

Marshall et al. (2010) list a number of factors that must be taken into account when deciding if the report is appropriate for FDR, the

child's age and developmental level, the type of potential severity of harm to the child, the family history of neglect or abuse, the potential capacity of the family and community to safely care for the children, and the potential parental cooperation.  
(p. 62)

**Figure 4: MCFD Reference Guide: Family Development Response or Investigation**

Investigation	Family Development Response
Unexpected or non-accidental death of a child	Moderate physical abuse
Severe physical abuse	Moderate physical neglect
Severe physical neglect (i.e., life-threatening)	Moderate emotional harm
Severe non-organic failure to thrive	Moderate medical neglect
Life-threatening medical neglect	Parents refuse non-medical treatment for child
Severe lack of supervision	Family violence
Child under 12 kills or seriously injures another	"Likelihood" situations (i.e., physical harm)
Serious physical abuse	
Serious physical neglect (i.e., serious, chronic, dangerous)	
Severe and serious sexual abuse	
Serious medical neglect	
Serious lack of supervision	
Moderate sexual abuse	
Serious emotional abuse (i.e., chronic, resulting in serious self-harming behaviours)	
Extreme family violence (i.e., chronic, children have sustained injuries)	
More than two child protection reports received about the family and history shows that they have not been cooperative with past intervention	

Source: MCFD Reference Guide: Family Development Response or Investigation, Dec 2004

In MCFD Reference Guide (2004), Moderate Abuse is defined by MCFD as:

#### Moderate Physical Abuse

Within the context of the event, this category refers to children with physical injuries that are not life threatening or dangerous such as: minor bruises; scratches; and, includes instances of inappropriate physical discipline.

#### Moderate Physical Neglect

This category relates to physical neglect that could be damaging if frequent or chronic, such as: inattention to basic hygiene, leading to frequent infections; inadequate or inappropriate clothing resulting in potentially damaging exposure to the elements; poor nutrition leading to compromised growth and development; and, inadequate rest and sleep resulting in diminished learning or other developmental impediments.

#### Moderate Emotional Harm

This category only includes situations where there are concerns about a child being emotionally harmed and child exhibits symptoms that are considered moderate. It

does not include situations where children exposed to emotionally hostile environments exhibit behaviors characterized by severe anxiety, depression, withdrawal, self-destructiveness and/or aggression. When determining the decision to offer FDR, less severe indicators of moderate emotional harm in addition to indicators of parental conduct are considered.

I worked as an FDR child protection social worker in Prince George from January 2007 to May 2011. In May 2011 the FDR team was dissolved into an FS team. This change was done at the provincial level and was the beginning of the new focus within MCFD — Child and Family Support, Assessment, Planning and Practice (CAPP). From May 2011 until June 2012 I worked as an FS child protection social worker. I currently work as a regional practice analyst on the Quality Assurance team for Northern BC. Although I still hold the delegation required to work as a child protection social worker, in my current position I no longer exercise that delegation, and do not work directly with clients and service providers.

My work experience has provided me with insight into FDR and FS child protection. Consequently, some of my writing will be based upon firsthand experiences.

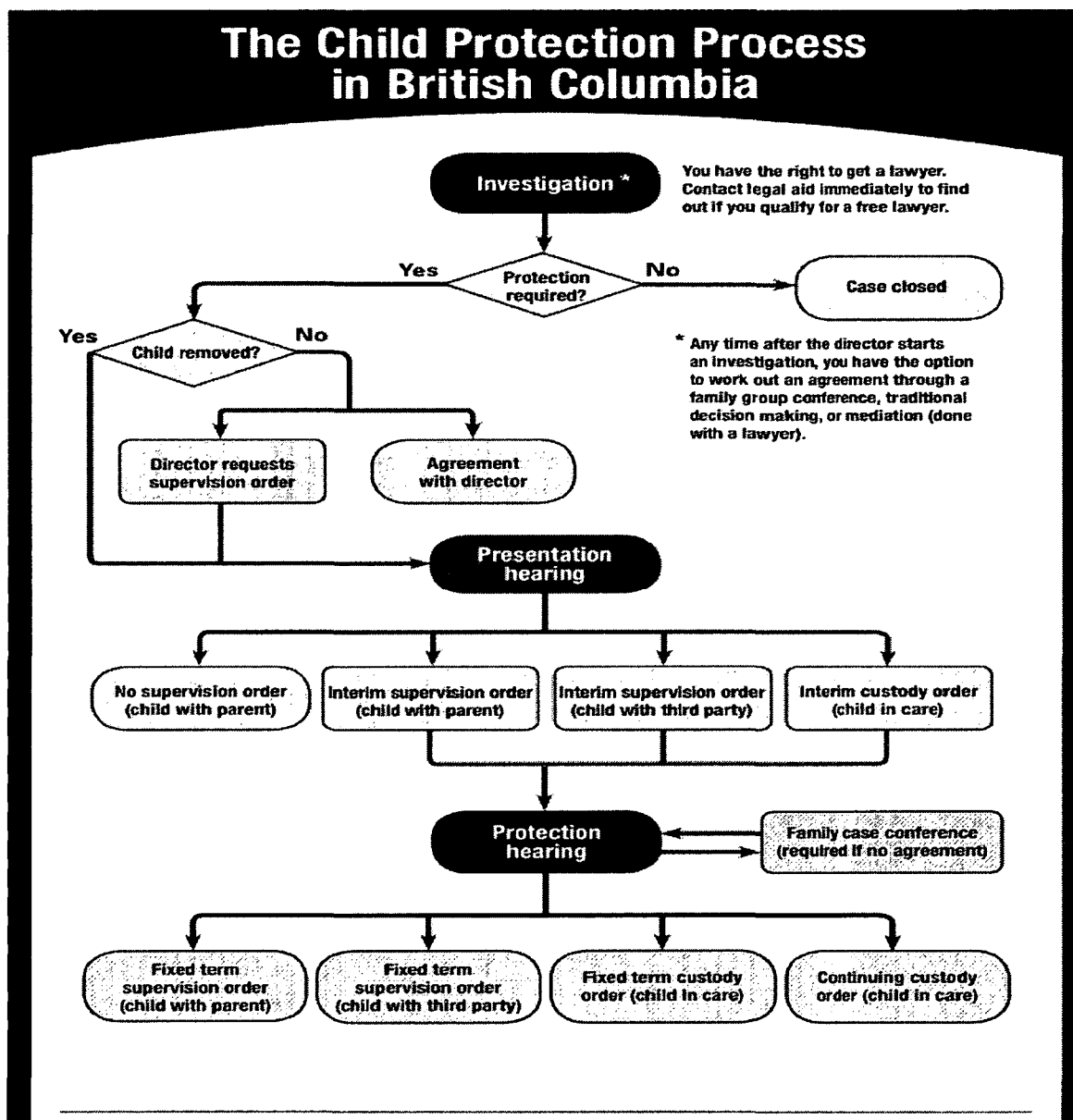
Generally speaking, the participants in the FDR program in Prince George consisted of cooperative families, willing to work with services. However, I found, as a front line worker, that families would appear willing to work with services when the intake social worker was in their home. It is possible that, due to the power imbalance between families and the child protection social worker, the families agreed to services in hopes of satisfying the social worker. What this meant for the FDR team; families assigned to the team were not as keen to work with services as they had originally indicated. It was the FDR child protection worker's job to build a relationship with the families so they would feel comfortable accessing services through MCFD and the community. I found that the FDR

team would get a number of families whose files were assigned to FDR once the matter had been investigated and the immediate child protection concern was lessened. The FDR team initially had smaller caseloads of approximately 15 families per worker, but caseloads gradually ranged in size from 15–25 families per FDR worker.

When the FDR teams were still in existence, reports were screened and coded by the intake team. The intake child protection social worker, in consultation with a team leader, decided how the child protection report was to be coded and whether it was coded as Investigation or FDR. If the intake was coded FDR it could be transferred to the FDR team immediately. However, if at the end of an intake coded investigation, the intake social worker felt the family was suitable for the FDR team, referrals could be made to the FDR team instead of the FS team. The FDR team worked closely with the family to provide services. If, during the course of the FDR team's involvement, the family no longer fit the criteria for FDR and the children were still in need of protection, the file could be transferred to an FS Team. However, in my experience, very few files were transferred from the FDR team to an FS team, regardless of the file no longer meeting the criteria.

The intake team could also transfer a file to the FS team instead of the FDR team if the family did not meet the requirements for FDR, at the assessment phase. Once a report had been accessed by the intake team and it was deemed the family required ongoing services from MCFD, the family would be assigned to a FS social worker. The risk to the child can be mediated with the child being removed from the home, or services being put into the home, or from conditions being placed upon the parents and family. In some circumstances, the supports are put into the home and the rules upheld under court order, called supervision orders. (See Figure 5.)

Figure 5: MCFD Court Process



Source: Legal Services Society, British Columbia

## **Researcher Context**

Locating oneself in the research is an ongoing process. "Location exposes the researcher's current context as details about the researchers such as where they are from, their race and gender, who they are connected to, and what their research intentions are become revealed" (Absolon & Willet. 2005, p. 118). I approached this research as a Master of Social Work student. However, I am also a former child protection social worker who worked for four years on Prince George's only Family Development Response team.

My work position may have caused some challenges within my research, through the possibility that service providers viewed me as having power over them, especially considering my employment with MCFD which contracts with many agencies in the town that provide services to families. My experience as an FDR social worker and an FS social worker taught me that FDR social workers have fewer files and therefore more time to build relationships with families and to be viewed as a support, rather than in opposition, to families. From this, I believe that the experiences of service providers who worked with FDR social workers would be more positive than their experience with FS social workers.

## **Overview of the Thesis**

This thesis consists of five chapters. Chapter One provides the introduction, including information on the research question, the research context, challenges and limitations, and definitions of words, phrases, and concepts applied in the thesis. Chapter Two provides the literature review. It offers a history of MCFD in British Columbia, a brief review of child protection outside of British Columbia, perceptions of parents and service providers of child welfare, and a summary of strengths-based practice in child welfare and Northern child welfare practice. Chapter Three provides the research methodology. I



explain the research approach applied, how participants were recruited and how data was collected and analyzed. Chapter Four is the discussion of my findings, the identified themes, and quotations from the interviews. Concluding, Chapter Five discusses my personal thoughts on the research — limitations, recommendations, and research reflections.

## **Chapter Two: Literature Review**

### **Introduction**

This literature review will discuss the evolution of child protection in British Columbia (BC), a brief look at child protection outside of BC and outside of Canada. This history outlines how child welfare has evolved and will continue to change as society changes. A review of strengths-based practice, parents' perception of child protection intervention, service providers' perception of child protection workers, and challenges facing child protection workers will be outlined. As this research takes place in Northern BC, northern and rural child protection literature is included as well as literature on poverty and Aboriginal issues which are contributing factors in child protection and are worth noting.

### **A History of Child Welfare in British Columbia**

The Ministry of Children and Family Development (MCFD), responsible for the protection of children in BC, has had many different names and roles over the years. Currently, MCFD is responsible for upholding the *Child Family and Community Service Act*. However, throughout the history of child protection in British Columbia there have been many different acts or legislation that shaped child protection in British Columbia.

Foster and Wharf (2007), in *People, Politics, and Child Welfare in British Columbia*, list the major events in British Columbia child welfare from 1863 to May 2006. They began in 1863 with the opening of the first of 16 residential schools for Aboriginal children in British Columbia (Foster & Wharf, 2007). Residential schools are commonly seen as a dark part of British Columbia's child welfare history. Numerous generations of Aboriginal children were taken from their parents and placed in residential schools. The effect that

residential school had on Aboriginal families in British Columbia can still be felt today. It wasn't until 1984 that the last BC residential school closed (Foster & Wharf, 2007).

The year 1897 marked the opening of the first orphanage in British Columbia for children between the ages of two and ten who did not have homes (Foster & Wharf, 2007). The *BC Child Protection Act*, passed in 1901, allowed for the guardianship of orphaned or neglected children to be legally transferred to the Children's Aid Society (Foster & Wharf, 2007). It was in that same year that the first Children's Aid Society (CAS) was established in British Columbia, with offices in Vancouver and Victoria (Foster & Wharf, 2007).

In 1911 the Infant Act replaced the Children Protection Act. The Infant Act included "legislation dealing with guardianship, apprenticeship of minors, infant contracts, settlements, illegitimate children's supports, and youthful offenders" (Foster & Wharf, 2007, p. 253). Nineteen years later, in 1920, the Adoption Act was passed, which provided a legal pathway for adoption. Before this, a child was seen as 'adopted' if the foster family kept the child (Foster & Wharf, 2007).

In 1927, a review conducted by Charlotte Whitton — *BC Child Welfare Survey* — caused a reorganization of the Children's Aid Society and improved standards (Foster & Wharf, 2007). In the years to follow, Children's Aid Society offices were opened outside of Vancouver and Victoria. In 1934, the *Infant Act* was amended; this amendment made it the responsibility of the Children's Aid Society to introduce prevention services to support families to improve their condition if the condition was leading to neglect of the children (Foster & Wharf, 2007). The *Protection of Children Act* was passed in 1939, which replaced parts of the 1911 Infant Act. In this revised act a Superintendent of Child Welfare position was added as well as a further definition of neglected children (Foster & Wharf, 2007).

In 1945 a separate act called the *Social Assistance Act* was passed which covered the cost of foster homes and boarding homes for children and youth. It also provided funding for preventive measures such as family counselling (Foster & Wharf, 2007). In 1951, the *Federal Indian Act* made it the responsibility of the provinces to monitor child welfare on reserves.

In 1967 and 1968 the *Protection of Children Act* was further amended. In 1967, this act required people who suspected a child was being maltreated to report their concerns. It also allowed for temporary and permanent care of children and gave recognition to the fact that parents can be supported to improve their parenting and to regain care of their children (Foster & Wharf, 2007). In 1968 the *Protection of Children Act* was amended to allow children in permanent care to be adopted and initiated the closing of residential schools and institutionalized care (Foster & Wharf, 2007). The *Protection of Children Act* remained in effect until 1981, when the *Family and Child Service Act* was passed. However, before this legislation was passed, a different act entitled the *Community Resources Act* passed which eliminated Children's Aid Societies. To replace these societies, the city of Vancouver created the Vancouver Resource Board, which took over child welfare responsibility. This was in place until 1977 when the *Community Resource Board Amendment Act* was passed and child welfare services were taken over by the Ministry of Human Resources (Foster & Wharf, 2007).

The Family and Child Service Act was passed in 1981 and replaced the Protection of Children Act. The major changes were that, the

grounds for child apprehension are reduced, the definition of child is redefined to under age of nineteen (previously under the age of seventeen), allows for greater support to families to prevent children coming into care, and provides for joint

planning between social workers and Native bands regarding child welfare for Status children. (Foster & Wharf, 2007, p. 259)

In 1985, the Nuu-chah-nulth tribal council agreement began the “first of twenty four such agreements between the province and Aboriginal communities to be signed by May, 2006” (Foster & Wharf, 2007, p. 258). This agreement gave council delegation of child welfare duties. As of March 2011, there were 52 Aboriginal agencies with full or partial delegation in British Columbia (MCFD, Delegated Child and Family Service Agencies Status, March 2011).

In 1986, the Ministry of Human Resources became the Ministry of Social Services and Housing, changing its name again in 1991 to become the Ministry of Social Services.

In 1993, the Gove Commission was created after the 1992 death of Matthew Vaudreuil, at the hands of his mother. Numerous marks were found on his body suggesting serious abuse and neglect (Executive Summary, 1995). The commission found that the Ministry of Social Services had a long history with Matthew's mother, with a total of 60 reports made concerning Matthew's safety in his five years and nine months of life. Matthew had contact with over 20 front line social workers during this time and was taken to doctors 75 times (Executive Summary, Report of the Gove Inquiry into Child Protection in British Columbia, 1995).

The resulting Gove Report changed child protection in British Columbia. The Gove Report made 118 recommendations aiming to improve child welfare in BC (Foster & Wharf, 2007). One year later, in 1996, the *Child, Family and Community Service Act* was implemented. This is the same legislation enforced today. The passing of this act was delayed to incorporate recommendations from the *Gove Report* (Foster & Wharf, 2007). The *Child, Family and Community Service Act* “expands the definition of child in need of

protection to include emotional abuse and emphasizes preservation of Aboriginal culture” (p. 260).

In 1996, the ministry in charge of social assistance and the ministry responsible for child protection separated to become the Ministry of Children and Families. This was a large change because it was a ministry created to “integrate children and family services from five separate ministries” (Foster & Wharf, 2007, p. 261). This meant that the ministry in charge of social assistance funds was no longer connected to the Ministry in charge of child protection.

In 1999 the *Nisga'a Treaty* was signed: often referred to as a modern day treaty. The Nisga'a's Government was “given the right to make laws with respect to children and family services on Nisga'a lands” (Foster & Wharf, 2007, p. 261).

In 1999 the *Child, Family and Community Services Act* was amended to allow “social workers to supervise a child without having to remove him or her from the family” (Foster & Wharf, 2007, p. 261). As a result of this change, social workers could apply to the court for supervision orders stipulating rules that the family was to comply with, thereby allowing the child or children to remain in the home if the rules are followed.

### **Present Day Child Welfare in British Columbia — MCFD**

The year 2001 saw the fall of the NDP government and the rise of the Liberal government. The Liberal government renamed the government body responsible for child welfare in British Columbia — Ministry of Children and Family Development (MCFD) (Foster & Wharf, 2007). Gordon Hogg, Minister for MCFD from 2001–2004, emphasized keeping children with their families and out of care (Foster, 2007).

In 2006, the Hughes' report, *BC Children and Youth Review*, was released. This report resulted in the creation of the Representative of Children and Youth. The Representative for Children and Youth (RCY) website states that the RCY advocates for children, youth, and families who are engaged in the child protection system in British Columbia. The Representative also advocates changing the child protection system in BC (2013).

Foster (2007) states that cutbacks in social assistance and programs for children out of care, as well as deaths of children living with parents or family, and the injuries that resulted in such incidents, led to "increased public scrutiny of the child welfare system, making workers more risk-averse and ending with more children entering care" (p. 62).

In April 2008, MCFD released a report entitled "*Strong, Safe and Supported: A Commitment to BC's Children and Youth.*" This document "forms the key elements of an effective child, youth and family development services system" (p. 5). The five pillars listed in this document are prevention; early intervention; intervention and support; the Aboriginal approach; and quality assurance. The guiding principles of MCFD are strengths-based, rights-based, holistic- and needs- based, child-focused, and family- and community-centred, with transparency and accountability. According to this report, FDR falls under the early intervention pillars (MCFD — Strong, Safe and Supported).

Currently, MCFD is undergoing another transition. In July 2010, MCFD announced a new initiative entitled Child and Family Support, Assessment, Planning and Practice (CAPP). This initiative phased out FDR teams; the expectation was that every child protection social worker would practice FDR. CAPP recognizes that

an approved approach to practice is a top priority, as reflected in the Ministry's action plan, Strong, Safe and Supported — A Commitment to BC's Children and Youth.

The Ministry was introducing CAPP as a key part of practice change.... includes a new comprehensive, strengths-based, developmental approach to assessment, planning and practice. (MCFD, CAPP Initial Implementation Plan, p. 1)

On April 2, 2012, MCFD launched the Integrated Case Management (ICM) computer system, replacing the MCFD's Management Information System (MIS). Incorporated into this system are the assessment forms and tools created within CAPP. In May 2012, the first of a series of new Child Protection Standards was released, updating the former Child and Family Development Standards. From 2012 and 2013, MCFD Child and Family Development Practice Standards, as the well as the Children in Care Standards, are to be updated.

A history of child welfare in BC is important to show the evolution of change in child welfare in BC. MCFD will continue to change and evolve. This change is important to meet the needs of Canada's ever changing and diversifying population. By understanding the history of child welfare we can better prepare and understand future changes and more importantly why that change is required. Even within the last decade MCFD has seen significant changes. Seven years ago FDR teams were seen as an important focus for MCFD. Today FDR teams no longer exist, but FDR coding for intakes, is the preferred coding of all child protection incidents.

### **Child Protection Outside of British Columbia**

Manitoba has traditionally practiced child welfare with a mixed organization model (McKenzie, Palmer, & Barnard, 2007). This means that some services are provided by the province and other services are provided by voluntary non-profit organizations. In 2001, Manitoba shifted the child welfare responsibility of off-reserve Aboriginal and Métis



children to Aboriginal authorities (McKenzie et al., 2007). McKenzie et al. concluded that child welfare in BC and Manitoba has many similarities.

In Ontario, the authors blamed cutbacks to social assistance and a higher cost of living for the worsening conditions for children at risk. Ontario has also experienced changes in legislation, causing higher caseloads, as more children come to the attention of the Ontario Children's Aid Society (McKenzie et al., 2007). Like British Columbia, Ontario CAS had been encouraged to use an alternative dispute resolution technique to reduce reliance on court-ordered interventions. Ontario also has a number of First Nations agencies responsible for child welfare (McKenzie et al., 2007).

In the 1990s, the province of Nova Scotia amended its legislation to focus on prevention work in child protection. However, five years later, it was found that this did not materialize due to the lack of staff and resources (McKenzie et al., 2007). The authors go on to say that child welfare in Nova Scotia is very court-focused. A survey conducted in 2002 in Nova Scotia found that 90 percent of a social worker's time was spent entering notes into the system as they are told that it would be a liability issue to not do so (McKenzie et al., 2007).

McKenzie et al. (2007) mentions a review done after the Canadian Association of Social Workers voiced concerns around child welfare policy and practice. This review found the current child welfare system was "in need of substantial reform" (p. 225). The authors paraphrase a comment made by Barter (2005): "if we as a country had been asked to design child welfare services in such a way as to alienate clients, frustrate staff, and anger the public, we could not have done a better job than the present system" (McKenzie et al., p. 225).

### **Child Protection Outside of Canada**

Australia, like Canada, has a large Aboriginal population and a similar history around the treatment of the Aboriginal population in child welfare. Canada and Australia are examples of liberal welfare state regimes (Esping-Andersen, 1990). Canada and Australia are also similar in that they both place child welfare in the hands of the provinces or states/territories. In Australia, each state and territory is responsible for its own child welfare legislation (Nygren, Hyvonen, & Khoo, 2009). Australia, like British Columbia, has incorporated differential response into practice (Hetherington, 1999). As mentioned in the introduction, FDR is seen as the differential response that is used in British Columbia.

### **United Nations Convention on the Rights of the Child**

The United Nations (UN) Convention on the Rights of the Child is worth mentioning because all but two countries have signed it. Simply put, it is an international treaty that sets minimum standards for the civil, political, economic, social and cultural rights of children. (UNICEF Canada, 2013). Canada ratified the convention in December 1991 (UNICEF Canada, 2013). The UN Convention on the Rights of the Child also shapes child rights in British Columbia. “The *Conventions on the Rights of the Child* was adapted by the General Assembly of the United Nations in 1989, and has since been ratified by Canada and endorsed by the Government of British Columbia” (MCFD, Strong, Safe and Supported, 2008, p. 9).

### **Strengths-based Practice**

As mentioned previously in this thesis, MCFD literature emphasizes the importance of strengths-based practice; FDR is seen to be a form of this practice. There is very little

literature written specifically on FDR; therefore this literature review will focus on strengths-based practice.

Leung, Cheung, and Stevenson (1994) discuss the importance of strengths-based practice and assert that child protection workers should not just assess risk to children but also “should be trained in family assessment and service planning.” They note six values that strength perspective social work should be guided by. The six values are:

- (1) children should grow up within their own families, (2) people can change,
- (3) clients can be regarded as colleagues, (4) instilling hope is a significant part of a child protection social worker's job, (5) people can do their best when empowered,
- and (6) child protection social workers need support. (p. 709)

The authors go on to identify five components of a strengths-based approach:

- (1) developing positive attitudes towards clients, (2) focusing on family strengths but not problems, (3) encouraging clients to engage in effective behaviours,
- (4) challenging clients to appreciate their own ethnic and cultural backgrounds, and
- (5) encouraging clients to locate their resources. (p. 710)

Finally, Leung, Cheung, and Stevenson (1994) state that it is the role of caseworker to look for the clients' strengths and connect the family with outside resources to support them in becoming self-sufficient.

Gockel, Russell, and Harris (2008) found that “parents identify that workers in effective programs used specific relational skills to recreate a nurturing family environment that fostered parent engagement and change throughout the process of intervention” (p. 91). The relationship between the social worker and parent is recognized as an important aspect of practice (Chapman, Gibbons, Barth, McCrae, & National Survey of Child and Adolescent Well-Being [NSCAW] Research Group, 2003). In family preservation programs, the relationship between the family preservation worker and the families they work with is particularly important because the worker plays a part in determining whether the children

will be removed (Gockel et al., 2008). Numerous qualitative studies have found that the failure to connect with the worker can affect the family's outcome in a negative way (Boyd, 1999; Kapp & Propp, 2002; Verge, 2005). Gockel et al. (2008) found that there is a lack of research on how the worker-client relationship affects family preservation programs, and concluded intervention research has focused on effective practice rather than relationships.

Research has found that a program will be more successful based on the client engagement at the beginning (Cash & Berry, 2003; Gockel et al., 2008; Littell, 1997). "Family support and preservation programs that combine supports with counselling, case management, advocacy, and parenting education have become the preferred approach to intervening in child abuse and neglect" (Gockel et al., 2008, p. 93)

Hegar and Hunzeker (1988) state:

Clients do not become better parents by learning child care skills, as much as by redefining what they expect of themselves as parents and as people. Helping with this task of redefinition requires a high degree of professional skill, including the ability to convey belief in the individual's capacity to change. (p. 813)

Callahan and Lumb (1995) in their study found that "the role of workers in helping clients find their voice was a critical contribution" (p. 813).

There is not a lot of literature on FDR in BC. However, a study by Marshall et al. (2010) "examines the efficacy of a family differential response program to lower rates of (1) re-entry into child protection services and (2) child removal" (p. 57). This research was conducted by compiling data over a period of 20 months from one of MCFD's regions in BC. The authors compared the FDR response to the investigation response at the intake level. This study found that fewer children in the FDR group were removed than in the investigation group (Marshall et al., 2010). This study also suggested FDR supports the child welfare system in BC in pairing the family with the type of intervention best suited for the

family and their individual needs (Marshall et al., 2010). The overall finding of the study suggests FDR is succeeding in meeting its primary goals (Marshall et al., 2010).

From this literature, one can conclude the relationship between the child protection worker and parents is very important and will affect the outcome for the family. It is important for child protection social workers to build on the positive, encourage a positive relationship, and practice strengths-based social work.

### **Home Builders Program**

The Home Builders Program was an MCFD family preservation program run in Prince George from 1993–1998 (Loiselle, 2003). The Home Builders program fell under the intensive family preservation services model, which has some similarities to FDR. The focus of this program was a short term intensive service lasting four to six weeks, with a minimum of four hours of face to face client time each week (Pecora, Fraser, & Haapala, 1992). In Prince George, the Home Builders program was established to prevent children entering foster care (Loiselle, 2003). This program was stopped in 1998 as MCFD was looking into a new initiative that worked with families with children already in care, as opposed to Home Builders, which worked with children at risk of being brought into care (Loiselle, 2003). In many ways Home Builders mirrored what MCFD was attempting to accomplish with the Family Development Response team and differential response.

### **Parents' Perception of Child Protection Intervention**

A review of literature around parents' perception of child protection intervention finds that intervention can be intimidating and unpleasant for clients. But there are ideas of what the child protection worker can do to lessen the negativity of the experience.

A study conducted by Dumbrill (2006) interviewed 18 parents in Ontario and British Columbia concerning their experience with child protection intervention. All participants were aware of the power imbalance between themselves and the child protection worker and believed the child protection social worker could use that power, over them or as a form of support. Parents in this study identified three different ways to respond to intervention: fighting, playing the game, and working collaboratively with services. The study found that social workers have power "to be a central variable that shapes parents' perceptions and reactions to child welfare interventions" (p. 35). Dumbrill's study highlighted some of the positive experiences between the worker and client. Positive experiences noted included the words of encouragement from social workers, which was seen as quite powerful, as they were coming from a professional with power. Another positive experience was when a social worker contacted schools, landlords, healthcare workers, and other professionals; the clients saw the social worker as their ally (Dumbrill, 2006).

The relationship the child protection worker builds with the client is very important in obtaining information needed to support the family. The client/worker relationship is important and can be seen as similar to that of a therapeutic relationship. Horvath (2000) states that:

At least three aspects of the good therapeutic relationship have been added to the foundational concepts inherited from psychoanalysis and client-centered theories: the importance of clients positioning themselves as active, collaborative partners, the value of clients' active endorsement of the activities, and the critical nature of the early phase of therapy from the perspective of relationship development. (p. 172)

Although these points are listed in relation to the therapeutic relationship, I would argue that the same could be said for the child protection worker/client relationship. Horvath (2000) emphasizes the importance of the alliance between the client and worker. The quality

of the alliance is a predictor of the therapy outcome (Horvath, 2000). If the same can be said for child protection, it is very important that the child protection worker spend time on the relationship and alliance with the client in hopes of the outcome being successful.

Dale (2004) conducted a study of the experiences of parents and child protection intervention. Sixty-six percent of the participants felt very frustrated, as they had asked for help prior to the commencement of a child protection investigation. They either had not received help or the help offered was viewed by the parent as inadequate. Another area of frustration for the participants in this study was when they did not agree with the conclusion or assessment reached by the child protection worker. Participants were frustrated with the time it took for the assessment to be completed. Dale (2004) did however note that two of the participants who had negative experiences with the process were still able to identify positive qualities of the social worker, and that the worker had made a difference to them even if the process was not a positive one. Dale concluded by noting that helpful child protection workers were described by the participants as "being friendly, interested, concerned and very keen to help in collaborative ways" (p. 153).

Hughes, Chau, and Poff (2011) studied mothers who had experienced intimate partner violence, and their experience with the child protection system. The mothers interviewed expressed frustration with the child protection worker telling them that they had to leave the relationship or the children would be removed. Hughes et al. (2011) noted that the mothers wanted the worker to understand that their stories and situations were unique, and to offer them support to get out of the relationship. A suggested example of this was offering the mother placement, with the children, outside of the home, so that they could all get out of the abusive relationship, rather than just the children being removed. Hughes et al. (2011)

suggest that child protection workers need to focus less on the mother leaving an abusive partner, but be more “be prepared to listen to women’s unique situations, offer validation of their experiences, and provide ongoing support and concrete assistance to ensure that family situations become safe and remain safe” (p. 1088).

Hardy and Darlington (2008) identified two effective characteristics of child protection workers: (1) That the child protection worker follow through with what they said they would do, and (2) that the parents have their needs met especially during times of high stress or crisis. Hardy and Darlington (2008) identified five successful themes in their interviews with parents engaged in child protection and intensive family support services. The five themes listed are: “being participative and collaborative; being non-judgmental; having a goal-oriented focus and being clear about expectations; and providing ongoing services and follow-up” (p. 256). Dawson and Berry (2002) had similar findings, stating that the child protection worker should be “setting mutually satisfactory goals, providing services that clients find relevant and helpful, focusing on clients skills rather than insights, and spending sufficient time with clients to demonstrate skills and providing necessary resources” (p. 312). By engaging clients in these ways, along with a non-punitive manner, the worker is able to lower the need for removal due to parents’ non-compliance, as the client will be more willing to comply with the requirements of the child protection worker. A study by Maiter, Palmer, and Manji (2006) looked at what qualities the child protection social worker exhibited that had a positive and negative impact on the relationship between the child protection social worker and the client. The qualities that child protection social workers can exhibit that are appreciated by clients include: “caring, genuine, empathetic, exceptionally helpful, listening, non-judgmental and accepting” (Maiter et al., p. 175). At the



same time the qualities the child protection social worker can exhibit that have a negative effect on the relationship between the client and child protection social worker are:

judgmental, cold and uncaring, poor listeners, critical and insincere (Maiter et al., 2006).

Russell, Gockel, and Harris (2007) studied parents' perceptions of intensive intervention for child maltreatment. Russell et al. (2007) found that parents spoke positively about interventions that involved the worker modeling behaviours, rather than telling the parent what to do, and offering alternative methods without criticizing the parents' current parenting. Empowering the parent and working to make a connection with the parent were also identified, by the parents, as improving the overall experience (Russell et al., 2007). The authors state that parents' involvement in parenting programs helps to increase the client's parenting self-esteem during or after the child protection process.

Forrester, Kershaw, Moss, and Hughes (2008) studied child protection workers as they engaged with clients. Forrester et al. noted the empathetic child protection worker was the most successful. Parents talking with an empathetic social worker were less resistant and more likely to open up to the worker. Another aspect of these conversations was the need for the child protection worker to raise the concerns that need to be addressed. The more effective child protection workers raised the concerns, but still engaged in dialogue with the parents and did not focus on the concern (Forrester et al., 2008). The most successful child protection worker, according to Forrester et al., communicated the concern in an empathetic way, as this allowed the worker to continue to have a positive relationship with the parent.

Child protection workers have the job of engaging clients about aspects of their private life, which parents might not discuss with close friends, let alone a stranger. Forrester et al. (2008) state that the type of interviews the child protection workers have to do can be

more of a challenge to conduct than that of a counselling or therapist session. Waterhouse and McGhee (2009) note that child protection workers have to rely on the information from the parents about what goes on in the home without official observation. The child protection worker must do this while raising questions about the parents' ability to care for their child.

De Boer and Coady (2007) and Buckley, Carr, and Whelan (2011) discuss the importance of child protection social workers calling clients back in a timely matter and arriving for appointments on time as important in relationship building with clients. Buckley et al. (2011) noted "the frequency with which failure of social worker to respond to messages and requests was reported was not only strong evidence of its regular occurrence, but also suggestive of an organizational culture that placed a low importance on basic courtesy" (p. 106). Buckley et al. (2011) point out the client's perception that if they did not respond to the social worker calls in timely fashion they would be disciplined and not allowed to 'get away' with it. De Boer and Coady's (2007) research found that clients viewed responding to calls and arriving on time as a way to build trust and to show the client respect.

### **Challenges Facing Child Protection Workers' Relationships with Parents**

There are many techniques a child protection worker can use to improve relationships with their client, in a manner that serves to positively impact the parent engaging in services. However, there are some factors that are out of the control of child protection workers. Howe (2010) notes that "in spite of much lip service paid to the values of a good relationship, modern policy and practice, spurred on by its own fears and anxieties, continue to drive parents and professionals further apart" (p. 332). Stanley (2010) states that the "evidence that high levels of regulations produce improved practice or better outcomes in child

protection is currently lacking, although it is apparent that they contribute to high levels of defensiveness and blame” (p. 304). Howe (2010) goes on to discuss how a child’s death often results in an inquiry, which results in more policies and procedures that must be followed. According to Howe, this does not bode well for the client/worker relationship. “Practitioners who are under pressure to follow rules and procedures and lay down ever denser audit trails are more likely to be experienced by parents as impersonal” (p. 339).

While Howe lists the disadvantages of policy, he does recognize what is referred to as the ‘core conditions’ of a helpful relationship. The three core conditions are “warmth, empathy and genuineness” (2010, p. 333). Gladstone, Dumbrill, Leslie, Koster, Young, and Ismaila (2012) found that the level of stress child protection workers experience affects their ability to engage with clients. This study found that the more engaged the child protection social worker is, the more engaged the client is. Gladstone et al. (2012) found a “negative correlation between workers’ stress and worker engagement: the less their stress, the greater their engagement” (p. 117).

An interesting article by Davies (2011) highlights the author’s own experiences as a parent in a child protection investigation, from her location as a middle class, educated mother whose own father had taught social work as a profession. Davies (2011) noted that, even though the child protection worker was professional, fair, open, respectful, reliable, and an effective worker, the author still felt she suffered during the process. The child protection investigation process is a stressful and frightening process regardless of how hard the social worker works on the relationship and how well he or she does his or her job. Davies stated that she believes the suffering might have been lessened, not eliminated, if the process was different and suggested that “practitioners might be more consciously reflexive about

balancing power with compassion" (p. 208). Davies concluded that, although suffering could have been lessened, it would be somewhat impossible to eliminate.

### **Service Providers' Perceptions of Child Protection Workers**

Service providers work closely with child protection workers on a daily basis. They are often employed by agencies contracted out by MCFD to work with families involved with MCFD who are in need of services. Service providers also work for Aboriginal agencies who work specifically with Aboriginal clients involved with MCFD. Not a lot of information could be found in relation to service provider's perception of child welfare workers and the work they do. One article out of the Midwestern United States focused more on the overall relationship between the contracted agencies and the governmental organization and noted funding and payment to be an area of dispute. However, the relationships between the service agencies and the child welfare agencies were generally positive (Barton, Foloran, Busch, & Hostetter, 2006).

A study by Rycraft and Dettlaft (2009) reviewed the findings of focus groups of community members, which included service providers, around barriers to working in collaboration with child welfare services. These barriers included:

1) the communities' perception of the child welfare agency as unhelpful; 2) a lack of outreach to the community by the child welfare agency; 3) caseworkers who are unfamiliar with the community and existing community resources and 4) a lack of collaboration between the child welfare agency and the community agencies.  
(p. 474–474)

Recommendations for working through these barriers (Rycraft & Dettlaft, 2009) include the child welfare agency having a greater presence in the community, a greater knowledge of the community and the services available, and a strong focus on collaboration with the services providers and agencies in the community.

Spath, Werrbach, and Pine (2008) conducted a study of service providers in a reunification program who worked with the state child welfare agency. The child welfare agency staff members were also included in this study. The four themes identified in this study were: a need for strong communication; leadership; successful teaming and other supports; and resources. Strong communication between the child welfare worker and the reunification worker ensured both were 'on the same page.' This allowed both parties to know if reunification for the family was feasible and what needed to be done to get there. Strong leadership in the process was needed but the leader needed a willingness to listen, to be open to suggestions and even to constructive criticism. The above two factors contribute to successful teaming which was important to collaboration and success (Spath et al., 2008).

According to Spath et al. (2008), supports and resources include:

A commitment to building and maintaining relationships at all levels with the partner agency; providing new staff orientation and ongoing training, including cross-agency educational programs where feasible; hiring and training program managers who have the appropriate leadership and clinical skills; scheduling regular time for case conferences; providing staff adequate time to participate in the collaboration; and as needed, caseload reduction to do the work. (p. 502)

Spath et al. (2008) concluded by highlighting the importance of service providers and child welfare agencies working together in an integrated way that values positive relationships and shares resources.

### **Northern and Rural Child Protection Practice**

Prince George is located in Northern British Columbia. "Northern Canada can be seen as an enormous hinterland resting above a narrow southern heartland, a vast wilderness area that stretches the conventional rural characteristics of low population density beyond relevance" (Zapf, 1993, p. 695). Northern social work is often viewed as remote with many

similarities to rural and remote social work. Schmidt and Klein (2004) note “the north is often associated with limitations and includes characteristics like remoteness, isolation, lack of services, and personal hardship as compared to urban environments” (p. 235). Zielewski and Macomber (2007) highlight similar points around practicing child protection in rural areas: Geographic barriers, lack of services, resources, transportation as well as confidentiality issues are all issues facing rural child protection workers.

Any social worker who has worked in both urban and rural settings knows that there are differences in practice, especially with services available to clients. Prince George services many communities that could be considered rural. Landsman (2002) observed that “most scholars argue that environmental or cultural factors produce differences in the perception and practices of rural and non-rural social workers” (p. 792). Defining what constitutes a rural community also has challenges as there are many different ideas as to what constitutes rural. Belanger, Price-Mayo, and Espinosa (2007) state “rural is often defined in research and practice as communities with fewer than 2,500 people” (p. 2), while Landsman says that rurality is defined by “size, urbanization, and proximity to metropolitan area” (p. 803).

Practicing social work from a generalist perspective is commonly seen as the best fit for rural and remote communities. Collier (2006) states that generalist practice is the best fit for rural social work because “the generalist invents holistic ways to solve problems through refusal to be bound by disciplines or narrow job specifications” (p. 42–43). Schmidt and Klein (2004) note in their research that northern and remote social workers see their generalist practice as a key factor in working in rural communities. Generalist practice gives the social worker the opportunity to respond to many of the community's needs, as often they

are one of only a handful of practitioners in the community. A social worker who wants to specialize is a better fit for a larger urban community with more services available and a stronger need for specialization. Landsman (2002) states that rural agencies should recruit social workers who have an interest in practicing generalist social work.

Belanger et al. (2007) identified three themes in their study of rural child protection practice as they relate to safety. The three noted themes are: "(1) timeliness of investigations, (2) repeat maltreatment, and (3) services to the family to protect children in their homes and prevent removal" (p. 7). The travel required by the social worker to investigate concerns added to the timeliness of the investigations. Travel was also often required from clients to access the services needed to prevent their child or children from being removed. Lack of services was noted as a large issue faced by rural child protection workers when trying to provide permanency for children. Belanger et al. (2007) state that:

The lack of services, including independent living, support for foster care and post-adoption services, and transportation availability and cost were said to impact the ability to create local foster placements, to provide for visits, and ultimately to increase permanency. (p. 8)

Other challenges noted in the Belanger et al. (2007) study affecting rural child protection workers were the provision of transportation to services and the related costs, access to foster parents in the community, support for foster parents, and services for parents whose child has been removed or is about to be removed. Belanger et al. (2007) concluded:

Child protection practice in rural communities needs to be adjusted to the multiple demands and appropriately organized to allow workers with fewer resources and greater distances to meet the increased demands, either by decreasing rural caseloads size or increasing support. (p. 16)

A child protection worker providing services to a rural community has to be flexible. Collier (2006) states that demanding a strict office schedule for counselling and protection

services does not work for farming communities or Aboriginal villages. Therefore the rural social worker has to adapt to the community.

Landsman (2002) looked at rural child protection practice in relation to the organization and clients served by the organization. What this study found was that there were some similarities between urban and rural child protection practice. "Direct service workers are concerned about job security, promotional opportunities, and personal safety, although these variables are not related to rurality or size" (p. 813). The author noted that child protection workers in small rural agencies found their workplace to be more agreeable than large urban child protection agencies. Rural practitioners enjoy greater autonomy, with increased decision-making authority, more support from their agency, availability of professional growth as well as less demanding workloads, high job satisfaction, and a desire to stay with their organization (Landsman, 2002). Landsman noted the lack of services available in rural child protection settings and suggests that the managers have to understand the unmet needs in the community, use the services available efficiently, and engage in a "long term community planning process to effect change, including making policy changes to ensure more support for resources in rural areas" (p. 813).

Being ethically and culturally appropriate is an important issue in practicing child protection in rural and remote communities. Roeder (2009) observed that "ethical decision making in child protection cannot be emphasized enough given the vulnerable nature of children and families in need of services" (p. 424). Roeder found child protection workers in remote areas took professional responsibility for "many of their ethically-challenged activities, communicated intent of wanting to be more ethical, and did not identify others as being responsible, did not scapegoat and did not place blame" (p. 421). This raises the



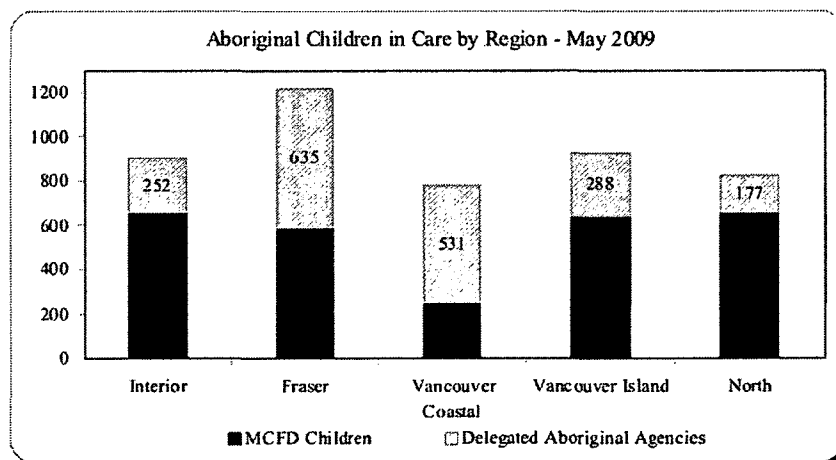
question of whether rural child protection workers feel they have more control over their practice, as well as more decision-making power, with more support from their organization than workers in urban areas (Roeder, 2009).

### **Contributing Factors in Child Welfare**

Bellefeuille and Hemingway (2005) state that “the overwhelming majority of children involved with the child welfare system come from families living in poverty or in marginal economic circumstances” (p. 494). Callahan and Lumb (1995) support this conclusion: “half of the children in care come from single-parent families despite the fact that single parents constitute about 13% of the families in Canada” (p. 801). Campbell (1991), in his thesis concerning child welfare in BC, noted that single mothers who had child welfare intervention were less educated, had less income, and were at a higher rate of being on social assistance than two-parent families. Edin and Lein (1997) found that poverty can affect parents by draining energy and lowering their sense of control. Russell, Harris, and Gockel (2008) conclude by stating “social policies and economic systems in wealthy North American society have generated conditions wherein many families struggle to obtain adequate food, shelter, and other basic needs of daily living” (p. 84). Russell et al. (2008) also stated that one out of six children in Canada live in poverty, and that the poverty rate in BC is as high as 24 percent. The positives, noted by Russell et al. (2008), of child protection intervention for families living in poverty, include: “increased assistance in providing adequate care for children through provisions of subsidized child care, referral to parenting programs, assistance in securing subsidized housing, and assistance with transportation costs” (p. 85). However, the negatives include the fear of having children removed or being labelled as a neglectful or abusive parent.

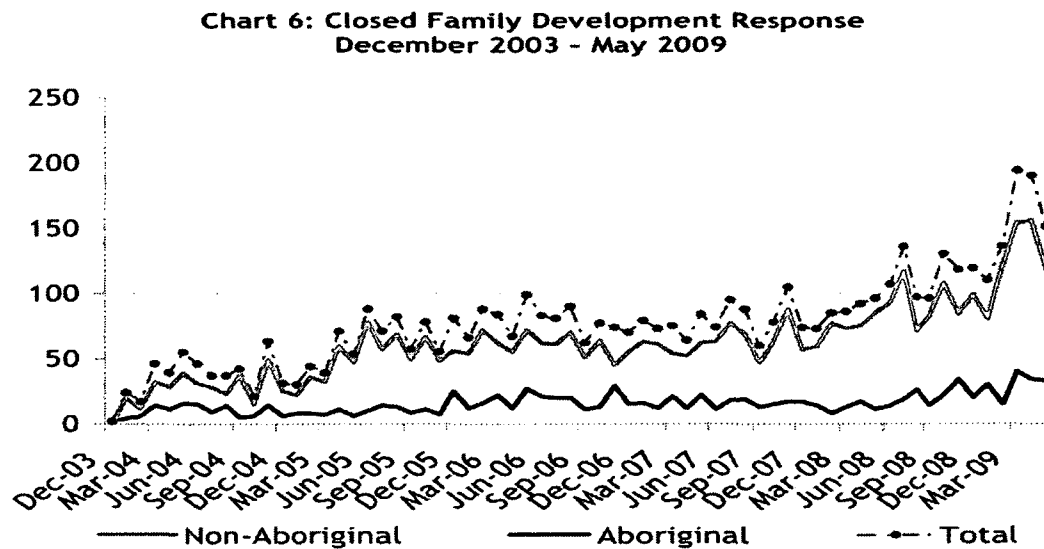
Child welfare in BC cannot be discussed without the Aboriginal population. As mentioned in the history of child welfare section of this chapter, residential schools had a negative effect on the current Aboriginal population. “Many of those who went through the schools were denied an opportunity to develop parenting skills” (Aboriginal Healing Foundation, 2002, p. 7). An MCFD Report titled *Aboriginal Children in Care*, prepared by the Research, Analysis, and Evaluation Branch (May 2009) states that, as of May 2009, 62 percent of the children in BC’s MCFD’s care are Aboriginal compared to 5 percent of non-Aboriginal children. In May 2009 there were 769 Aboriginal children in MCFD care in Northern British Columbia alone. (See Figure 6.) This is a staggering number considering that, according to Statistics Canada 2006 Census, the percentage of Aboriginal people living in BC was 4.8 percent. The report also found that, while the use of FDR was on the rise, it is used more with non-Aboriginal families than Aboriginal families. (See Figure 7.).

**Figure 6: Aboriginal Children in Care by Region — May 2009**



Source: Ministry of Children and Family Report (2009) *Aboriginal Children in Care*

**Figure 7: Closed Family Development Response**



Source: Ministry of Children and Family Report (2009) Aboriginal Children in Care

### Summary

Child welfare in British Columbia has gone through many changes and is in the process of further changes with the integration of Child and Family Support, Assessment, Planning, and Practice, or CAPP. Studies show that strengths-based practice can improve child protection social workers' odds of successful intervention, which MCFD currently emphasizes.

### **Chapter Three: Methodology**

#### **Introduction**

This research examines the experiences of service providers who have worked with family service (FS) and family development response (FDR) child protection social workers. Due to the exploratory nature of my research, I used a descriptive qualitative research design that included a thematic analysis.

#### **Qualitative Research**

I chose qualitative research as “qualitative research aims to produce rounded understandings on the basis of rich, contextual, and detailed data” (Mason, 2001, p. 4). Creswell (2007) describes qualitative research as “beginning with assumptions, a worldview, the possible use of a theoretical lens, and the study of research problems inquiring into the meaning individuals or groups ascribe to a social or human problem” (p. 37). Simply put, Sherman and Reid (1994) define qualitative research as producing descriptive data from the written or spoken words and from observed behaviours. This research is from the spoken words of services providers and how the group of service providers viewed their experience working with child protection social workers. Through this research they describe their experiences.

#### **Research Method and Design**

My research is exploratory and descriptive in nature, as I wanted to learn more about the experiences of service providers who have worked with an MCFD social worker in the hope of sharing the results of my study with child protection workers and MCFD management. Marshall and Rossman (2006) identify that the three main goals of

exploratory research are “to investigate a little understood phenomenon, to identify and discover important categories or meanings and to generate hypothesis for further research” (p. 69).

Descriptive research is defined by Neuman (2003) as “research in which one ‘paints a picture’ with words or numbers, presents a profile, outlines stages and classifies types”

(p. 553). This type of research is often used in policy-making decisions (Neuman, 2003).

The goals of descriptive research as identified by Neuman (2003) are:

(1) Provide a detailed, highly accurate picture, (2) locate new data that contradicts past data, (3) create a set of categories to classify types, (4) clarify a sequence of steps or stages, (5) document a casual process or mechanism, and (5) report on the background of context of situation. (p. 29)

In descriptive research the researcher should have a clearly defined subject which is accurately described by the research conducted (Neuman, 2003). For this research the subject is service providers and how they viewed working with both FDR and FS child protection social workers. As all the of participants interviewed had previously worked with both FDR and FS child protection social workers they had first hand experience of what this experience was like for them. The interview questions encouraged participants to expand on their experience working directly with the FDR and FS child protection social workers.

### **Sample Selection**

I interviewed nine participants; however, I only used the data of eight participants who worked with FS child protection social workers and FDR child protection social workers in their role as a service provider. The participant whose data was not used did not meet the criteria for the research; this was not realized until the interview had already begun as they had self-identified as meeting the criteria. I canvassed for participants who met my criteria

by sending out recruitment posters via email through the community directory and to different agencies in Prince George that were contracted by MCFD. The recruitment poster clearly outlined my criteria and invited interested service providers to contact me through my UNBC email address. I initially received 12 responses to my email. I sent my information letter and confidentiality agreement to these people. Of those, nine responded to my second email and agreed to be interviewed. All nine who responded were interviewed.

The participants met the following criteria:

1. They worked directly with families who had an open child protection file between 2007–2011.
2. They worked with both FDR child protection social workers and FS child protection social workers.
3. They worked as a service provider for a minimum of one year between 2007–2011.

The information letter sent to each participant provided an outline of the research process and the purpose of my research. I included a section acknowledging that, while I am currently employed by MCFD, I am approaching this research as a student in the Master of Social Work (MSW) program at the University of Northern British Columbia (UNBC). It was important to be transparent about where I was employed so participants could decide if they felt comfortable being interviewed by an MCFD employee. The letter further emphasized confidentiality and advised that their participation was completely voluntary and that they could withdraw at any time. In addition, participants were provided information on counselling services should they wish to access support. The participants were advised that a copy of my completed, final, and approved thesis would be made available to them. Participants were also advised they would be given an opportunity to review the transcribed

version of their interview before I started writing my research findings, as well as a draft copy of my thesis before my defence.

In addition to the information letter, I provided service providers with a copy of the confidentiality agreement. This agreement outlined the steps I would take to ensure their confidentiality. These steps included using a pseudonym of the participant's choice, ensuring that their employing agency and any identifying information was not noted in this research. In a continued effort to respect ethical research requirements, my work was stored in my home computer with password protection; as well, all raw data was stored in a locked cabinet in my advisor's office at the University. All audio-recordings and transcribed data will be destroyed one year after the completion of my thesis. The destruction of the raw data will be done by a professional bonded agency. This is done to ensure the raw data remains confidential.

It was very important for me to explain and emphasize confidentiality to the participants and the methods in place to ensure confidentiality, due to my dual role as an MCFD employee and MSW student. Once the service provider agreed to be interviewed, I made an appointment to meet with the service provider in a mutually agreeable location. None of the participants were interviewed in any buildings affiliated with MCFD. I also attempted to have each interview occur in a setting that offered privacy; however, I left the final choice of meeting place to the participant.

Prior to each interview I reviewed the consent forms with each participant and asked if they had any questions before signing. The participants were also provided a second copy of the information letter, signed by myself. After the interview each participant was

reminded that they would have the opportunity to review their transcript once it had been transcribed and that they would have an opportunity to review the thesis before I defended.

### **Data Collection**

Once the participants agreed to continue and provided a pseudonym, I interviewed them regarding their experiences with FS and FDR child protection social workers in relation to their role as a service provider. I asked each of the participants a series of open-ended questions in a semi-structured interview format. All nine participants answered the following questions:

1. How long did you work as a service provider?
2. What is your educational background?
3. How many families, on average, did you have on your caseload?
4. What kind of services did you and your agency provide?
5. How many different MCFD social workers do you think you have worked with in your time as a service provider?
6. Is your experience working with MCFD social worker a positive or negative one?
7. Have you worked with both family service social workers and family development response social workers?
8. Can you tell me the difference between a family service social worker and a family development response social worker?
9. Did you notice a difference in the interactions, between the family and the social worker, between the clients who had family service social worker and the clients who family development response social workers?
10. Can you describe any differences you noticed?
11. Why do you believe there was a difference and what if anything accounted for this difference?
12. Can you tell me about a positive experience between any of your clients and their family service social worker?
13. Can you tell me about a positive experience between any of your clients and their family development response social worker?
14. Can you tell me about any negative experience between any of your clients and their family development response social worker?



15. What do you think would have improved this relationship or experience for your client?
16. Can you tell me about any negative experiences between any of your clients and their family development response social worker?
17. What do you think would have improved this relationship or experience for your client?
18. Tell me about any positive experiences your clients had with their social worker. Can you tell me if their social worker was a family service social worker or family development response social worker?
19. Overall, what do you think child protection workers can do to make families' experiences with their social worker less negative or more positive?
20. Describe your overall experience with family service social workers from the perspective of you as a service provider?
21. Describe your overall experience with family development response social workers from the perspective of you as a service provider?
22. Are there any other stories from your experience with MCFD social workers that you would like to tell me about that social workers can learn from whether it is positive or negative?

Mayan (2009) states that semi-structured interviews occur when the researcher has a basic understanding of the phenomenon to construct questions around the topic without predicting the answers. Wengraf (2001) defines semi-structured interviews as being “designed to have a number of interviewer’ questions prepared in advance but such prepared questions are designed to be sufficiently open that the subsequent questions of the interviewer cannot be planned in advance but must be improvised in a careful and theorized way” (p. 5). As a novice researcher I chose to follow these 22 questions very closely. Other than asking the participants to expand on what they had just said I did not deviate from these 22 questions or ask follow up questions.

Of the nine participants interviewed, six had a strong understanding about the difference between FDR child protection social work and FS child protection social work and had worked closely with both types of child protection social workers. Two participants had

a general understanding and had worked mainly with FS child protection workers, but had worked at least twice with FDR child protection social workers. One participant did not have any understanding of FDR child protection and had thought FDR child protection social work meant first response or intake social work. I made the decision to not include this interview in my research findings; due to the participant not understanding the FDR roles, the interview did not provide details that reflected the research criteria. This participant did have experience working with FS social workers and had some valuable things to say in regards to child protection social work in general, but the majority of their experience as a service provider and with FS child protection social workers was in a different community and therefore not applicable to my research, which was focused on service provided to clients in Prince George.

All eight participants interviewed were female. Five of the participants had formally worked for an agency that was contracted by MCFD but were no longer working for that agency, although four of five were still working in the social services field. Two participants were working for agencies contracted out by MCFD at the time of the interviews. One individual worked for an agency not contracted out by MCFD, but regularly worked with clients who had MCFD social workers, and this person regularly interacted with their clients' MCFD social workers.

### **Data Analysis**

I used thematic analysis as the means of coding my research. "Thematic analysis is a method for identifying, analyzing and reporting patterns (themes) within data" (Braun & Clarke, 2006, p. 79). Simply put, "it is a process for encoding qualitative information" (Boyatzis, 1998, p. 4). Boyatzis (1998) highlights the benefits of using descriptive

methodologies with thematic analysis. Thematic analysis, within qualitative research is able to “develop themes and a code, use a check on consistency of judgment (i.e., reliability), do scoring and scaling, and then apply statistical analysis to the determination of validity of the themes or codes” (Boyatzis, 1998, p. 160).

There are some challenges concerning the use of thematic analysis. The first challenge, as identified by Boyatzis (1998), is the possibility of not getting any of the results you wanted, and the second challenge of searching for meaningful codes can extend the time spent on the research.

An inductive analysis was applied so that patterns could emerge from the data. Patton (2002) states “inductive design is to allow the important analysis dimensions to emerge from patterns found in the cases under study without presupposing in advance what the important dimensions will be” (p. 56). By using inductive analysis it allowed the themes to be data driven and supported an in-depth examination of the whole data. The participants had many things to say about their experience working with child protection social workers and by applying an inductive analysis I was able to identify a wide range of themes.

## **Method**

After interviewing the participants I decided to transcribe the interviews myself instead of hiring someone to transcribe the interviews as I had previously planned. Braun and Clarke (2006) state “the time spent in transcription is not wasted, as it informs the early stages of analysis, and you will develop a far more thorough understanding of your data having transcribed it” (p. 88). I found the transcribing process to be very useful. Transcribing the data assisted me in hearing comments I did not hear the first time and gave me increased exposure to the words of the participants.

As a novice researcher, I followed Braun and Clarke's (2006) six steps closely when coding my data. The first step was to familiarize myself with the data. To do this, I listened to the interviews and transcribed them verbatim. After the initial transcription process, for accuracy, I reviewed the data a second time by listening to the interviews while reading the transcript of the interviews. This helped me to get a general sense of the codes that were emerging as I was becoming more familiar with the interviews.

The second step is generating initial codes. Saldana (2009) states that within the first cycle of coding the researcher can be looking for one word, sentences, paragraphs, or entire pages. Coding is the process between the data collection and data analysis (Saldana, 2009). I used open coding, also known as initial coding, as the first step of coding this research. Open coding refers to reading through the transcripts looking for words, sentences, and paragraphs that related to the research question and analyzing and comparing those words, sentences, and paragraphs for similarities and differences (Strauss & Corbin, 1998). The first time I read through the interviews, I identified emerging codes and from there began to acknowledge the themes within the data. Codes are points within the data that are interesting to the researcher but also give all data equal attention (Braun & Clarke, 2006). It is from these codes that themes started to emerge. I noted similarities in what the participants were saying and attempted to notice and identify patterns. Initially, what I observed from the data was a number of positive and negative comments in regard to the service experience working with child protection social workers. This step allowed me to get a general idea of what the themes that were emerging might be and caused me to think about what patterns I was seeing.

The third step was searching for themes. This step involved sorting the identified codes into possible themes and seeing which codes were similar and could fall under the same theme. To do this, I used different colours to identify the themes that emerged from data. When I could not decide which theme a quote best matched, I highlighted it in both colours, showing that it could fit in either theme. Initially, I found eight different themes. The eight themes included communication, phone calls, relationships, personality, providing services, client contact, prevention work, FDR specific positive, FDR specific negative, FS specific positive, FS specific negative, and systems.

The fourth step was reviewing the themes. In this step I refined my themes by identifying which themes did not have enough data to support them. This step involved careful examination of the data and which theme was the best fit. I looked at the eight different themes to see if any had some similarities, and looking at the quotes highlighted in two colours. I took the eight different themes and wrote them on post-it notes and stuck them to my wall. While having a visual view of the eight proposed themes I was able to merge themes together that I realized had similarities. Next, I re-read the interviews to see if the highlighted comments would fit into the identified themes. I was able to combine communication and phone calls into one theme that I named communication. I narrowed FDR specific and FS specific themes, to program specific strengths and weakness, with two sub themes of FDR and FS. In addition, I combined client contact and providing services into one theme called supports and services. Finally, I added personality to the relationship theme. By doing this I was able to narrow the analysis down to five themes: program-specific strengths and weaknesses; communication; relationships; support and services; and systems.

The fifth step was defining and naming the themes, which involved identifying the purpose of each theme and what each theme captured. For each theme I wrote an analysis of the theme, including examples from the participant transcripts connected to each theme. It is at this point in the thematic analysis that I was able to clearly define each theme and add examples.

The sixth and final step of thematic analysis was producing the report. Simply put, this is when I wrote the analysis of my findings in a report form and identified the themes with examples from the data. Through following Braun and Clarke's (2006) six steps to thematic analysis, I was able to identify what themes emerged from the data, and produce a report clearly outlining those themes in a reader-friendly fashion.

### **Methodological Integrity**

Neuman (2003) states that "validity suggests truthfulness and refers to the match between a construct, or the way a researcher conceptualizes the idea in a conceptual definition, and a measure" (p. 179). Morrow (2005) believes that within qualitative research the gathered data as well as the analytic process that is used by researchers in qualitative research is grounded in subjectivity. Morrow states all research is contingent to researcher bias. Due to this subjectivity and bias, the need to address researcher bias and truth-value are paramount for my research process. For the purposes of this research, I used member checking and reflexivity.

**Member Checking.** Member validation or member checking as defined by Neuman (2003) is when "a researcher takes field results back to members, who judge their adequacy" (p. 389). As mentioned, I offered each of the research participants the opportunity to review the transcribed interviews. None of the participants accepted the offer to review their

transcript. Once I had identified themes I contacted each of the participants to allow them to review the themes I had identified from the transcripts. Each was given the opportunity to review the themes and offer feedback. Six of the eight participants responded to my email. One service provider wanted to ensure communication timelines; how quickly social workers returned calls was included under 'communication.' The other five participants did not provide any feedback other than to say it looked good to them.

**Reflexivity.** Reflexivity is when the researcher is aware of their biases, values, and experience and what this brings to their research (Creswell, 2007). I kept a self-reflection journal to write my beliefs, personal reactions, feelings, and assumptions that arose for me during this research process. This process helped me to be more aware of how my background in child protection influenced my process as a novice researcher.

I conducted the interviews while working in my new position as a regional practice analyst on the Quality Assurance team in Northern BC; however, I had only been out of front line protection work for a few months and still viewed myself as a child protection social worker aware of the challenges of front line child protection social work. My background in FDR child protection social work and FS child protection social work gave me biases that I had to be aware of and continuously work through.

Through my job as a child protection social worker I had previously met all eight of the research participants before. Previous contact with the research participants ranged from phone calls, to attending Integrated Case Management meetings together and to face to face meetings with the service provider to discuss how best to support our mutual clients. One of the challenges I noted in my self-reflection journal was that, during the course of the interviews, I had to make a conscious effort to stay quiet and allow participants to answer the

questions without my extra 'help.' I found this to be a challenge when the participants said things that I agreed with and wanted to engage in discussion. I had to remind myself that this was an interview and not a conversation; the point was to hear what the participant had to say. I refrained from offering personal opinions and worked to nod and acknowledge what was said. When the interviews were over, I added this information to my self-reflection journal. Within the journal I also discussed topics that I thought would come up but did not.

It was in my reflection journal that I worked through some of the challenges I saw for child protection worker in implementing some of the recommendations and all the challenges that are faced by child protection workers working in the current system. Writing from my journal and personal experiences, are reflected in Chapter 5. Engaging in this process helped me to recall my thoughts immediately after the interviews which I was then able to incorporate into my final chapter. It was through this journal that I was able to work through the challenges I faced as a child protection social worker and the struggles I faced shifting from being a FDR child protection social worker to a FS child protection social worker.



## **Chapter Four: Research Findings**

### **Introduction**

Nine participants were interviewed for this research with the purpose of hearing their experiences working with FS child protection social workers and FDR child protection social workers in Prince George. Of those nine people interviewed, eight interviews were included in the findings. The participants' comments included stories about their professional experience and their opinions on how to enhance practice here in Prince George. This chapter will review the research findings, which will be supported by excerpts from the interview transcripts.

### **Demographic Questions**

To ensure confidentiality, the names of the participants have been changed to pseudonyms that they chose. As well, the agency they work for will not be identified. This was done to ensure the confidentiality of the participant and of the child protection social worker. The participants were asked a series of five questions to get a feel for their location and experience.

The participants' years of practice ranged from three to 27 years. The number of social workers that the participants had worked with ranged from 12 to over 100, with the average around 20 different social workers. Their caseloads ranged from 10 to 40, with the majority working with an average of 10.

**Figure 8: Demographic Questions 1, 3, 5, and 6**

	How long did you work as a participant?	How many families, on average, did you have on your caseload?	How many different MCFD social workers do you think you have worked with in your time as a participant?	Is your experience working with MCFD social worker a positive or negative one?
Kylee	5	10	20	Overall positive
Betty	6	12	15	Overall positive
Joanne	12	9-14	12	Most part positive
Lynn	27	15-20	Over 100	Both positive and negative
Jay	12-15	30	Upwards of 20	6 or 7 out of 10 positive
Louise	20	20-45	Over 100	I honestly could not and cannot land one way or another with that to me it was very personal, it was very based on the relationship you had with the individual. Some of them were absolutely awful and some of them were absolutely wonderful.
Kathleen	3	10-12	20	Positive
Sam	5	10	20	Overall positive

Five of the participants worked for agencies that provided parenting and support and three worked for agencies that provided mental health services. Two of the participants held master level degrees, three have bachelor level degrees, and three have two-year diploma certificates. As mentioned in the methodology chapter, six participants had a strong understanding of FDR and FS social work, and experience working with both types of child

protection social workers. Two participants had an understanding of FS child protection social workers and FDR child protection social work, but not as much experience working with FDR child protection social workers.

### **Themes**

On the first reading I identified eight different themes, which included communication, phone calls, relationships, personality, providing services, client contact, prevention work, FDR- specific positive, FDR-specific negative, FS-specific positive, FS-specific negative, and systems. During the course of the second and third reading I narrowed the themes down to program-specific strengths and weaknesses, communication, relationships, support and services, systems.

### **Program-specific Strengths and Weaknesses**

The participants interviewed had both positive and negative things to say about their interactions with FDR child protection social workers and FS child protection social workers.

**Family Development Response.** All eight of the participants had something positive to say about the FDR program. The positive comments focused on the FDR child protection social worker being seen as a support by the family, staying in contact with the family, having more time with the clients, returning phone calls in a timely manner, attending integrated case management meetings, and being able to take the time to build that relationship.

Seven of the participants interviewed discussed what kind of support the FDR child protection social workers offered families. The examples illustrate the amount of time FDR

social workers were able to spend with clients and how the FDR child protection social workers focused on relationship building and prevention work, instead of crisis intervention.

One participant talked about what she heard from clients about the FDR program.

I would hear lots of just being supportive being there to answer to return their calls not having to wait you know a week or to the end of next Friday for the social worker to call back... I would hear that from the clients that was a positive. Also knowing that they were there for support. That if they needed diapers or formula or whatever for their children and getting them hooked up with hampers for Christmas time.

The participants gave examples of the FDR child protection social workers performing more preventative work. Three examples of this from three different participants are: "They (FDR) would see them (clients) more because they wanted to put in more services they wanted to help the family so that it didn't become a crisis situation."

The second participant echoed this sentiment stating: "I am not sure if they (FDR) had less clients but they seemed to more often actively engage with them (families) doing more of the preventative stuff and so strength-based right that's what I think is good."

Another participant talked about how the FDR program was less antagonistic of a program.

FDR is definitely a more positive interaction and a more positive relationship. The clients may not be happy with having the intervention but definitely not nearly as antagonistic and as negative as after something has become a crisis and become reportable.

Three participants talked about the relationship between the client and the FDR child protection social worker. One stated:

A lot of people who had a FDR worker, they usually knew who their social worker was sometimes were in contact weekly if not more often with them and had clearer goals and understanding of what the progress was or what the situation was.

Another participant elaborated on this by saying:

FDR team had more time to be able to spend with them so they didn't just like want to know their name they wanted to get to know the person and seem to really like make it a positive experience and they had the time to um get to know them and figure out what would work and wouldn't work for them instead of just trying to have a one-step strategy.

Another stated:

With the FDR team I saw the social worker as more hands on they interacted with the families more. Their caseloads were smaller at the times... they were trying to keep the families together and they basically did as much as they could do.

One of the participants, when asked about positive experiences with the FDR program, talked about the availability of the FDR child protection social workers:

Availability, the FDR social worker I will say this for that group was always available. Always a rapid response to phone calls or e-mails, certainly within the week for sure. Um always willing to involve themselves in ICMs (integrated case management meetings) um much bigger level of trust was able to be developed between them. There was a reduction of dependency in my work with the individuals because it was broader, there were more people involved and there was a lot more community involvement then there would be with protection social workers and the support of being able to meet treatment goals miles higher.

Six of the participants interviewed told stories specific to individual FDR child protection workers and the work they did with a specific client. I have chosen two of the least identifying stories to use as examples. The first example is of an FDR child protection worker taking the time and understanding the client's needs.

A positive story with FDR was a family that needed like the extra help and the extra attention with their infant and the social worker was able to um print out for them how much formula they should give them and was able to arrange for the formula to be given to them gradually because they wouldn't know how long it should last and it just seemed like little things like that that they could understand the challenges of the family and were able to take time out of their day and match that so that the family could succeed.

The second story outlines the kind words and extra time the FDR social worker gave the family.

I saw many social workers with the FDR team just when we would all have our meetings together with the families they remembered certain aspects of the family

they had very kind and loving words towards the families they interacted with the children on a positive level. If the families were having difficulties and were frustrated the social worker in particular that I am thinking of she would always just down and try to work with the family no matter how long it took. I saw her cancel another meeting so she could stay with one family and work through their crisis.

Four of the participants who worked directly with the FDR program on a regular basis talked about the Christmas hampers that the FDR program organized for their clients and how this was a positive thing that the FDR child protection social workers did for clients.

My first year, I started in October and I got a call in early December by the FDR program. One of the program members called and asked if I would help them deliver Christmas hampers to our families and I thought ok they will have a couple of hampers and that will be nice and he was packing out big hampers and cards and all kinds of stuff and we loaded up the vehicle and yeah I just thought that was something their program I believe was the only program that had done that. Very personable and he and I went together delivered the hampers together and it happened again the following year and so very very personal.

Two participants mentioned a women's wellness event that was organized in conjunction with FDR child protection social workers and another agency in town; an example of this was given by one participant:

The FDR program had started a women's wellness group with (another agency) jointly and it always had good turnout, positive feedback from the ladies and the kids that had gone and a lot of thought had gone into it to make it a positive experience for them.

Three of the participants echoed disappointment that the FDR program was no longer in existence. An example of this is when one participant was asked if there was anything else she wanted to add before I turned off the recorder: "That it is very sad that there is no longer an FDR program and I think that the clients are the ones who are suffering."

All the participants were asked about negative experiences with FDR child protection social workers. Louise, who has worked for around 20 years, with over 100 child protection

social workers, summed it up by saying, "again I wish I could be more critical but I can't cause if it had your guys (FDR) name on it, it was awesome."

Another participant stated:

Most people liked their worker. And also able to get a hold of them and usually felt supported and usually thought of them not only as a social worker but as a support person so I didn't ever hear anything too negative.

Three participants were able to relate negative stories about the client and the FDR social worker but when asked what would have improved that relationship for the client, three of the participants stated that there was nothing the FDR social worker could have done to change it. An example of this was: "Just one that I can think actually was just that the parents, the family was not compliant and didn't want to work with the FDR program."

Researcher: What do you think would have improved this relationship or experience for your client?

I think if the client was able to actually sit down and see that the FDR was actually there to help them and the youth instead of trying to change their family I think that the social worker did as much as she could, the family just didn't want any part of it.

Another participant offered the comment which follows. Although this participant was critical of the action of the FDR child protection social worker, the participant offered no solution other than changing the social worker.

I can only think of one specific to that and I think there was, it was a personality like the client the parents in particular perceived different they just had a negative perception and they would interpret behaviour as the reason for something like "well did you hear the way she said" that and that means this and there was a lot of assumption in that so um and it was attempted to be addressed in a meeting with myself the S/W and the clients and there wasn't any resolution and I would think part of it is personality as there was a real rift at the end of it. It was really quite shocking, as I didn't expect that from the professional so that was kind of surprising.

Researcher: What do you think would have improved this relationship or experience for your client?

You know, I often thought if they just got a different social worker but on the other hand I am not sure that would have solved it you know because I do believe the family had preconceived notions and they had their own history so they were from my own perspective maybe skewed a little bit based on that so I don't know that they could be open to anybody who worked for the ministry based on their history.

One participant did express concerns that the FDR child protection social workers kept files open with their agency longer than they needed to be.

A different perception from the social worker may be on where or you know sometimes the FDR social worker has a vision in their heads where they want the family to be before they are prepared to close but the family may not be ready to get there yet but they have done the best that they can in the time that they have had so I feel sometimes pulling out my service is better for the family you know if the social worker keeps an eye on them and I can always go back in later but keeping us there it almost feels like a crutch sometimes.

A final negative comment from a participant was about a slow response to phone calls: "...the most negative thing I have ever heard said is just that they didn't get their call returned quick enough or whatever. Other than that you know nothing as far as the actual relationship or service delivery piece."

**Family Service.** The participants were asked to identify positive and negative experiences in relation to their experience working with FS child protection social workers. The negative experiences focused around lack of communication, slow response time to phone calls, and lack of relationship with the clients.

Five of the participants identified that FS child protection social workers were not able to spend as much time with clients as FDR child protection social workers. The examples of this from the research include one participant who stated:

FS social workers would see them less because they just have so many of their caseloads I think, bigger caseloads they maybe they didn't there is just so much crisis all the time you know so I don't know maybe that is why.



Another participant talked about how the FS child protection social worker offered fewer services. This participant stated: "From my personal view FS social workers provided less of a service to their families they were there to kind of monitor the families and give advice when needed but they weren't really as hands on."

One comment was in relation to how crisis driven FS child protection social workers are and how that contributes to lack of follow through with families.

Family Services social workers definitely I think lack contact (with clients) so I think looking in that it's lots more crisis driven so for instance an FS social worker is there when there is a crisis is on top of it and then backs off and has to move onto another crisis so I don't think that the follow-up or the follow-through for the families.

One participant discussed the frustration the clients felt with FS child protection social workers. The example given was:

A lot of the people who just had an FS worker would tell me they never heard from their social worker and would hardly ever hear from their social worker and they didn't know what they were supposed to be doing they didn't know who their social worker was because it got switched so many times um way more frustration

Another participant agreed with a frustration of working with FS child protection social workers and also noted how the system played into that. "My overall experience, I would have to say right from the get go, was frustrating. Not necessarily because of the individual people but because of the system."

One participant echoed the lack of communication between herself and FS child protection social workers. More examples of this lack of communication are found under the communication theme an example specific to this participant's experience with FS child protection social workers is:

My interactions with them would be frustrating so I could understand how the clients would be frustrated because um a lot of times I would try to email them and I wouldn't get a response I would try to phone them and I wouldn't get a response and it would be days of me trying to have to get a hold of them just to try to do something

positive for the client and I couldn't even get a hold of the social worker and then I would get a line e-mail back so I just felt um frustrated with rushed and not a lot of their time to be able to access the situation and make the best decisions.

While another worker discussed the lack of time the FS child protection social workers had to meet with them. This participant said that: "The FS social workers they were usually quick meetings they were to the point they needed to kind of get as much information they could in a shorter amount of time." Similar to this comment was a participant who was describing their relationship with FS child protection workers and how it impacted their ability to provide the appropriate services to the client.

Very matter of fact I would say, for us I think as provider I need to have more background information and understanding of family dynamics and maybe what's happened in past. Getting that input from the social worker as to what direction they want us to be or help the family with cause I know there have been times when I have phoned and asked what are we doing here? What's happening? What are you looking for us to do and I may not get a call back or just not enough family history I think to fully help them.

The participants were asked to identify positive experiences working with FS child protection social workers. The positive stories around FS programs seemed to focus on individual stories of specific workers going 'above and beyond.' One told the story of an FS child protection worker who bent over backwards to help a family.

(FS Social worker) was one who bent over backwards with a young women I was working with in the past two years and I don't know how she did it I don't know how she twisted it and turned it but she did. This was a file that should have been picked up by community living (Community Living BC — CLBC). This child was below 70 IQ and should never have been sitting with (social worker) but the dance and CLBC's refusal to pick her up ended up with (social worker) continuing to keep the file when she really had technically every right to close it and she didn't and she worked very hard and she worked like the FDR program did. She worked with the Dad she worked with the family she worked with the grandparents she attended ICM's she returned my phone calls it was wonderful.

Another FS-specific story was about a FS child protection worker who went above and beyond to connect with a family.

One that keeps coming up is, this is with a family that had extensive removal back to home removal back to home that kind of thing and they had numerous social workers but one social worker in particular seemed from my perspective to take a little more time and whether it was her schedule had a little more availability, I can't say for sure what it was she took a lot of time with the one who happened to be my client the oldest child and that showed a level of caring I think that made a real difference because prior to that there was a real bitter and a lot of intense anger directed at the Ministry. Part of that was the kind of games the parents played too you know intervene there. But this one particular social worker I had seen her do that with everybody so I think it was more of style and that made a significant improvement in the client. She just kind of I think she just came to see the Ministry in a little bit of a different light even for a short time and that is helpful.

Another participant gave an example of how, when the family got a new FS child protection social worker, it changed, from a negative experience to a positive experience for the family.

Ok so a family, there was a family dispute and the RCMP were called and a social worker was called in and the father um who was very upset at the time and was being removed from the home had an altercation with the social worker that arrived on the scene within probably two days they had sent a new social worker to work with him and she just took it and anyways by the end of our file he was thanking both the social worker and our office for the help over the year we were involved and it just absolutely turned around from something very very negative by switching workers.

One participant gave two positive examples of two different FS child protection social workers meeting the clients' needs. In both of these situations, the participant gave specific examples of the workers listening to the client, learning the circumstances, and offering a solution that the client really appreciated. Due to the specific nature of these stories, and to ensure confidentiality, the full quotes are not being included. However, the participant summed up by saying: "was nice to see the social worker come together and root for the teenager in this case."

Another participant gave an example of an FS child protection worker making an effort to connect with a youth:

The positive experience when I was working at (Youth Service in Prince George) the FS social worker did come check in on the child, she just dropped in randomly just to see if the youth was there would take them out and do things with them and try to reunite the families so that was a positive.

Three of the participants had positive things to say when asked about their overall perspective of working with FS child protection social workers. One participant stated: "it was pretty good overall I never had any I never had any negative experiences I have been lucky to have that."

A second example of this is a participant stated:

Most of the time, like I would say a good 95 percent of the time the social worker worked hand in hand with me. There wasn't a whole lot of I'm the social worker, you're the service provider you know I am better than you. It's been a very positive experience for me and mostly we all worked hand and hand as a team.

Finally one participant stated:

I mean there were numerous individual front line social workers whether they were resource workers or FS workers or protection workers who I had great relationships with and great regard for, there were several I did not. Numerous versus several.

## **Communication**

Communication came up over and over in interviews. This theme encompasses social workers' response time in returning phone calls, the ability of the participant to get in touch with the child protection social worker, how often the child protection social worker talked with the participant or with the clients, and the child protection social worker staying connected to the participant and client.

Within this theme, child protection workers not returning phone calls in a timely matter came up numerous times by six of the participants interviewed. One of the participants talked about how clients would scheme to get hold of their child protection worker who was not calling them back.

I know people would say that they tried and they would leave messages for weeks and their social worker would never ever phone them back. And so they came up with plans so people would tell them well don't tell them what you are calling about and maybe they will call you faster and different things... and they would start scheming to just even get a hold of them for a return call.

Two other participants discussed waiting over a month for a return phone call even after leaving numerous messages. One example of this from the research:

There would literally be times when you couldn't get someone to return your phone call where you literally after a month chase the supervisor and then you know it's going to be a war but you have no choices left.

Another participant talked about the lack of communication between the child protection worker and her as a participant and with the clients.

I would experience myself is that the lack of phone calls or the return on the telephone tagging and the changes that would happen and I experienced it as a participant more often than the clients did but I know the clients did to where they weren't even aware that their social worker had changed right but the lack of communication and major events would happen such as my client went AWOL and I wasn't informed of it and just stuff like that.

One participant talked about a lack of communication, but also gave examples of two social workers who showed very good communication.

I have had the general experience with both types and there is some really good and really poor you know lack of return phone calls, lack of communication, not showing up for ICMs. That actually happened often. I was shocked at first and then I guess I just got used to it which was unfortunate because you know um but then on the other side there is two social workers in particular that I was amazed at that always always phoned always initiated communication double checking and if they had to change they would communicate that to you instead of just now showing up for whatever and even though I balance it a lot.

One participant stated that the level of communication had a direct effect on the relationship between her and the child protection worker, and she highlighted the importance of child protection workers letting the people involved with the family know if they are going to be unavailable.

The better the experience coincided or correlated directly with the communication and if you were going to be gone from the office to leave that on your voicemail or have somebody pass that message on because I have experiences where I have been trying to get a hold of the S/W and into the second month they have not returned the call and I have gone to my supervisor and said what do I do and so they are like we will do one more try and it was just by fluke I found out this individual had been seconded to a different community and wasn't in town but who was covering the caseload. That kind of stuff from my perspective as a participant that is so crucial because I know you guys are busy but we are busy as well. So it's kind of like in terms of respect, professional respect and organization.

Another participant echoed this same sentiment around communicating to clients when the child protection worker is going to be away and the importance of the front desk person answering the phone calls.

Again I think it comes back to communication and I think even I would say with reception when you phone reception and how that first phone call starts for them. Leaving a message, having it returned and if they are not going to be there or they are not able to return the call then somebody or somehow somebody gets back to family because I don't think a lot of them would or I know a lot of them don't feel comfortable leaving long messages and there are times when it is crisis so.

The participants discussed how the lack of communication can cause the clients stress. An example of this is, one participant, when asked what could improve the experience for the clients, stated:

Well, just being able to connect and maybe knowing what was going on cause I think sometimes it's just a quick phone call to ease their mind or to let them know this can't happen or this can happen but it's the frustration of not getting a hold of them. Just a little courtesy to get in touch with someone.

This same participant discussed the need for child protection social workers to take the extra time on the phone with the client and to not always appear rushed when talking to clients.

Three of the participants identified communication as a very important aspect of the relationship between themselves and the child protection social worker. The three examples

of this from the interviews are: "Communication." "Contact and communication absolutely" and, "definitely the more positive were the ones that had consistencies to communication."

The third participant stated:

I think communication. I absolutely cause I think we kind of go in there you know maybe we are enabling them or we are doing other things when in fact if we had more information we could work on that.

One participant wants to see a nationwide campaign to have child protection change to be seen in a more positive light. The example she gave was:

I would really like to see a whole nation-wide campaign, I want it to start on the top, because the image of the work needs to change to make it less stigmatized for people and the idea that if they put out a call that they are going to get called back that they are not going to get forgotten and that's a huge one and just taking the time just to meet like I know a lot of clients didn't get what they should have gotten like the social worker meeting with them on a regular basis and I am talking about the ones in care right. I had a client who came from out of town and hadn't met any social worker in three months. And couldn't even tell me who the S/W was and when I phoned the S/W that placed him in this local resource she thought that it had already been handed over. Communication people.

### **Supports and Services**

Supports and services include the services that the child protection social worker provided the client, the child protection social worker contact with the client, and how the child protection social worker made the client feel. All of the participants interviewed discussed the need for the child protection worker to offer support and service to the client.

One participant found that, in her experience, it was the social worker attending real life events that made the biggest difference to the client.

I think the most positive experience that clients have had with their S/W are not necessarily related to the meetings over the client's case or family interventions or whatever its when the s/w attend real life events or are there for real life events with them. Whether it is the birth of a child like going with them when they have their baby or being available to go with them or get them to the hospital or stuff like that. Or attending a baby shower or a graduation I mean you know I have seen social workers show up for clients' graduations outside of their office time. And that's a

hugely positive experience and that is something that the client will remember 20 years from now.

Another participant talked about her experience with a child protection social worker who really took time with the family to help them understand the political aspect.

(FDR Child protection social worker) was absolutely amazing as well particularly again another young man who should have been with CYSN (Child and Youth Special Needs) and sort of was but they had (a CYSN worker) not much happened and um and this kid ended up in care and all over the place and again (FDR child protection social worker) was there helping, supporting, bending over backwards, he even gently went through the political things that you are not supposed to do and got money for this parent that nobody else was able to get. Again the needs of the family.

Integrated Case Management meetings (ICMs) involve the family, the child protection social worker, and the participants involved with the family. One participant talked about the importance of ICMs, and an experience with a child protection social worker who did not see the value in them.

The contact social workers who did not believe in ICMs, who did not want to attend them, and saw no value in them at all they didn't want to have discussions they didn't see themselves as having a role in the treatment plan in any way shape or form.

One participant told two stories of the work of the FDR child protection workers for clients which included the supports and services the clients were offered. An example of one of these stories is:

One in particular, again she wasn't very happy about MCFD involvement um it's been over two years and with support, incredible support from the FDR social worker she has, she and the family have just come home from treatment and are on the mend and doing very very well.

Researcher: What sort of stuff did the social worker do to make it a positive?

I would say responding right away definitely that is a big one, responding to crisis and a big one for her in particular was no there wasn't a whole lot of blame so ah how do I explain that. She earned their trust. So yes mom and dad had made a lot of mistakes and a lot had happened but she pushed past that, worked on the future stuff and got the kids involved with supports services and counselling and supported her and the kids through court and um yeah it was incredible.



## **Relationship**

Another theme that came up was relationship. This theme included the need for the child protection social worker to build relationships with clients, and also how the personality of the child protection social worker affects this relationship. Building a therapeutic relationship and how to build that therapeutic relationship was described by one participant:

Well, like I said before too building that therapeutic alliance where you are not it's just rapport building in the beginning it's not just sitting down saying this is what's got to be done and got to do it now let's move on and see you in a months you know it's really spending time to build that relationship so that they can come to you or um yeah so that they can come to you in times of need or something and not saying that all don't have that but I think that in my experience that is where it all starts is having that relationship.

Another participant continued with this by talking about the child protection worker taking the time to really learn the client's story.

I would just say just try to have smaller caseloads and develop an intimate relationship with the families and don't just see it for the circumstance of why they are working with MCFD but get to know the families as a whole because there is a bigger story behind what is going on.

Relationship also involved the social workers personality. One participant stated:

It doesn't necessarily boil down to if you are an FDR or FS social worker, some of boils down to personal characteristics and the job and suitability to match to the client and the family and the worker and I have seen things turn around from starting out as that antagonistic adversarial relationship to becoming a more open and supportive relationship and that all usually resolves around how skilled the worker is in communication and relationship and developing rapport.

This participant went on to say:

One is about that personal suitability people who have, you know, the service workers who are very punishing, very judgmental whether they teach social workers to be non-judgmental or not there are judgmental social workers so you know that judgementalness, that shaming, punishing behavioural stuff that sometimes happens in those relationships there is that group of things that happens.

Another participant felt it boiled down to relationships.

It boils down to that relationship that communication right I think just taking the time. I have seen experiences where S/W will come into the room and take a real authoritarian or authoritative position and it really sets the tone you know and sometimes that could be needed you know but not in the context that I say it. So and then I have seen other come in and they have that presence that is automatically calming but just by virtue they are asking for feedback they are not telling the client it is this and this. They are going to say this is my role and how will your needs fit in there and what can we do to help you. What do you need? That's a much different approach and I didn't see that as often as I think it could have happened.

One participant, when asked about positive experiences, talked about the perseverance of the social worker to build relationships with clients.

The same thing just seeing the resistance in the family and seeing the turn around when I guess there was an openness and the perseverance of the social worker I mean that is something positive and I didn't witness that in all the social workers that I have seen but in some of these cases it's just that perseverance that presence but not intrusive presence that eventually leads to co-operation. Maybe that's not a good way of saying it but that's... in the end there is a shift for everybody.

The relationship that is built between the child protection social worker and the participant was seen as important to one participant, who stated:

To me, highly dependent on the relationship I had built with that person. Um and I believe very strongly it shouldn't have to be that way it should be based on so it was very mixed. There was people I dreaded if I was given a client and I saw who the social worker was and I would go there were a couple where I said I have no relationship with this person someone else needs to take this because it won't be doing the kid any good.

Another participant talked about the need for the child protection social worker to be transparent and honest and how this can affect the relationship with the client.

So there so those things and people, our clients as much as they have chaotic lives dysfunctional lives or whatever their survival skills and senses are tuned enough to know and they most of them have had enough engagements with the system to know when either the person is a real person or the system is providing a real service and so I think that is where the negativity, the biggest most destructive pieces come in is when we are giving lip services and professing to be transparent and we are not and our clients know it and you have a non relationship or you have a relationship that is based on falsehoods.

## Systems

Many of the participants interviewed recognized that the system, policy, and procedures affect the amount of work that the child protection worker can do. This included large caseloads, switching of workers, standards that have to be followed that do not fit for every family, and political issues.

Four of the participants talked about how busy social workers are and how this affects their ability as a child protection social worker to do their job. The first example of this is a participant who stated:

Accessibility is huge. I think our clients find a lot of people overwhelmed and inaccessible due to the high caseloads and stuff and I think you cannot build rapport with our given clients unless you are accessible.

Another participant talked about the need for social worker to have more time:

No I would feel my overall perspective is more negative and I have to remind myself that there is positive but I think I come from the perspective that heavy workload and the frustration and exhaustion of it all. I would just like to see social workers have more time available.

A third example of this is a participant who stated: "But I always felt like so much of it wasn't their fault the system that was just overwhelming." This participant went on to say:

I think we need to provide more supports to the Child Protection workers to be honest like I say I will repeat it again, smaller caseloads reduce the amount of turn over um I heard we were reverting back to that plan where the social worker stayed with the client. I don't know if that actually happened or not but I think that would be important contact I mean the amount of kids that I saw who have gone through a social worker that they never ever saw any of them. But they were just given a name, here is your social worker now call if you need.

Some of the participants saw a need for the system to change and become more client-centred. One example of this is:

Well, I think the system being more invested in true development and cultural appropriateness as well. I really feel that that piece is missing even though we have in this community we have CSFS and we have other Aboriginal agencies involved

and trying to fill their piece. I still really feel that it is that disconnect and a mishmash of stuff that clients still feel their needs are not being met in that department.

Another critique of the system is the constant state of change that MCFD seems to be going through. One example of this is a participant who stated:

Constant changes. Just seemed like every time there was a change of government and even within that government there were major shifts for this particular ministry and that to me is chaotic and I don't think that you can do service when you are in chaos.

Another participant told a story of a specific client and the destruction that change had on her:

I mean I will never forget her, she died at 22. (child protection social worker) was her social worker and it was way back way back in the days where you were the social worker, you followed that child regardless of where or what process they were in and uh this young women loved (her social worker) absolutely loved her and then because she moved into a different system and um the laws policies had changed she had to give (social worker) up and that was the beginning of the end for her and uh so again that's not that was a wonderful relationship destroyed by policy directive.

Two participants talked about the need for additional training for child protection social workers. One participant felt social workers needed more communication training, while another participant stated:

I am just would like to see government make some significant changes cause yeah I think there is individual social workers that can benefit from additional training learning a bit more about client-centred kind of approaches because I happen to think they work better than chasing a policy down but I think the government has set up an impossible system.

Two more participants talked about the frustration with getting different answers from different social workers. One example of this is a participant who stated:

The policies themselves don't seem to be family centred or as family-centred as they could be should be. Um I don't know whether it is the supervisors but it appears that depending on who the supervisor is or what team it is how they interpret a policy can be quite different from one team to another and so there needs to be more kind of consistency I guess. Sometimes I just sort of felt like throwing the whole thing out and starting from scratch.

Another participant had the same frustration but recognized that she does not have all the information that the child protection social worker has access to.

It's like person by person. Somebody does it this way then the next time it's like well that is not what we did last time and you are dealing with a whole different social worker so that for me as a participant kind of you know I stand there blinking sometimes thinking why are we doing this with this person and this didn't happen with this person but I also realize I don't have access to all the files that Ministry social workers have access to either.

### **Summary**

The identified themes outline the strengths and weakness of the child protection system in Prince George as seen from the perspective of the participants. The participants have highlighted a need for increased communication on behalf of the child protection social workers, the need for child protection social workers to take the time to build relationships with the clients and offer supports and services based on client needs, and a need for change in the system to accommodate the child protection social worker to accomplish these needs.

## **Chapter Five: Discussion**

This research identified a number of challenges in the child protection system in Prince George from the perspective of the services providers. In addition, a number of strengths were also identified through positive stories that were shared during the interview process. In this chapter, I will review the findings of this research, how my own personal experience impacted my research, the limitations of the study, my recommendations for practice, my reflections, and my recommendations for future research.

### **Research Findings**

The service providers interviewed had both positive and negative comments to report regarding Family Service (FS) child protection social workers and Family Development Response (FDR) child protection social workers. It is important to begin with noting that the majority of the service providers interviewed stated that their overall view of child protection social workers was positive.

As identified in Chapter Four, the major themes from the interviews were: program-specific strengths and weakness; communication; relationship; services and supports; and systems. The findings in this research will provide information that may assist child protection workers to improve their relationship with service providers and, in turn, better serve their clients. The findings may also provide information that the Ministry of Children and Family Development (MCFD) can use to attempt to alter child protection in a way that improves the services received by the children and families involved in the system.

### **Personal Experience**

I worked as an FDR child protection social worker in Prince George for four years before my role changed to an FS child protection social worker. I enjoyed my time as an FDR child protection social worker as I believed in the work I was doing. I found the transition to an FS child protection social worker to be a difficult one; it eventually led to me looking for a job outside of front line protection, which I was fortunate to obtain. In my reflection journal I wrote of my challenges transitioning from an FDR child protection social worker to an FS child protection social worker;

When I switched from FDR to FS it was a hard transition for many reasons, but one was that clients did not understand that this switch had happened and that I had a new supervisor and was getting a steadily larger caseload. My clients expected the same type of service from me as before, and I could not give them that. It changed things with some clients and with other clients, it just was not possible. I was stretching myself thin trying to keep up with what I could do before even though I had at least 10 more families on my caseload.

The service providers interviewed for this research consistently spoke about child protection social workers not calling them back. In my four years as an FDR child protection social worker, I had a personal goal where I would attempt to return all my messages by the end of the day. Some days were harder than others, but I was usually able to achieve my goal. I tried to sustain this goal when I transitioned to an FS child protection social worker; however, there were days when I was unable to return messages that same day, due to time commitments and my substantially larger and more demanding caseload. This being said, I was never in a situation where a week went by without calling a client back.

My experience was that it took time to build a relationship with clients, to have them trust me. While I worked with the FDR program I would take the client grocery shopping or to Wal-Mart or Costco on payday. This was very simple for me to do. I had the use of a government vehicle with car seats and lots of space. This time gave me a chance to connect with the clients and get to know them in a less intimidating manner, where no crisis was involved. What I found was the clients appreciate this as Wal-Mart in Prince George is not easily accessible and groceries are very heavy when you have to travel by bus. Prince George also experiences very cold winters, making simple tasks like grocery shopping without a car very challenging. During these trips, I could talk to clients about how things were going at home, and with their children and/or spouses, depending on why MCFD was involved with the family. I found this to be a less threatening way of communicating with clients, who I knew were very aware of the power imbalance in our relationship. On more than one occasion, I was telephoned by an RCMP officer who informed me that my clients had given the RCMP officer my card and said to call me. Many of the clients saw me as a support and not a threat. I believe it was the little things, like taking the time to drive them to the grocery store, and getting to know the families, that led to the clients seeing me in this light. When I became an FS child protection worker, I no longer had the same amount of time to do this as I did when I had an FDR caseload. I was going from one crisis to the next, or dealing with court papers and attending court which took priority over everything else. The amount of time that a child protection social worker has to spend on court documents and in court is extremely demanding and time-consuming. I had no concept of this prior to becoming an FS child protection social worker. This had a large impact on the amount of time I could spend with the families on my caseload.



My overall experience with the child protection system is that child protection social workers are good people and hard workers who are caught in a system with unrealistic expectations. Child protection workers are challenged with the task of trying to build strong relationships with clients while managing caseloads of 30-plus families as well as guardianship responsibilities for children in care. Child protection social workers are also expected to manage crisis, document all interactions, complete referrals, have good communication with service providers, attend integrated case management meetings and home visits, fill out assessments, prepare court documents and attend court, as well as keep up to date and educated on all the policies, protocols, and standards.

Since completing my interviews I have been asked by numerous child protection workers about the results of my research. When I explain the need for improved communication and relationship building they are not surprised. I had one colleague say, "I wish we had time for that, but we are just so busy." I cannot disagree with her. MCFD has changed its mandate and implemented FDR as the preferred coding for child protection reports. However, I do not believe child protection social workers have been provided with the time needed to build these relationships. In fact, with the implications of the new computer management system, more work has been put on child protection social workers, with minimal extra supports.

Overall, I was not surprised by the experience of the participants I interviewed and the stories they told. Throughout the interviews I found myself wanting to agree with what they had to say or to add my own similar experiences. I have been in a position where I have left a voicemail for a fellow child protection worker and not received a call back. I have listened to clients' stories of previous child protection workers they felt did not support them

or take the time to learn their unique story. I have also had experiences where if able to do it over again I would handle the situation differently, whether it was with a client or with a service provider.

I believe the findings suggest that each child protection social worker has some level of choice around how much of a focus they put on communication and relationship building. The findings show that the service providers had both positive and negative experiences with both FDR child protection social workers and FS child protection social workers. This shows that each worker has some opportunity, regardless how limited due to caseload issues, to make choices about what their practice priorities are. The amount of focus on communication and relationship building is limited by caseload emergencies and time. The government is often looking for different ways to save money. In my six years with MCFD I have seen different tactics used to save money. As of September 2012, MCFD was in a hiring freeze where no new employees could be hired without the prior approval of MCFD Deputy Minister and approval from the Deputy Minister to the Premier. This hiring freeze means increased caseloads which often result in more caseload emergencies and more paperwork being required.

A child protection social worker can make a choice to book an appointment to take a client out grocery shopping or to spend the morning returning the week's phone calls. However, a caseload emergency often forces the child protection social worker to cancel all pre-arranged appointments or plans to deal with the emergency. A child protection social worker also has the choice to not book relationship-building appointments with clients or engage in activities that build relationships. Although relationship building is widely recognized and encouraged with MCFD as useful in the child protection worker's

relationship with the parent and children, it is not required. A child protection worker's day can be easily filled with their many responsibilities and requirements of the job without doing any relationship building. Contact with a family can be limited to home visits to assess the children's safety or to deal with emergencies. The challenges of the large caseloads and the list of responsibilities mentioned above will continue to impact the child protection social worker's ability to provide good communication and relationship building. However, the child protection social worker still has the ability to make some choices around how large a focus they make communication and relationship building in their practice.

Caseload size, which ties into the amount of time the child protection workers have to spend directly with clients, is a systems issue. This came up numerous times in the interviews where service providers recognized how busy child protection workers are and how this affects their ability to connect with clients or provide more than crisis management services.

Another challenge noted by the service providers that I have also seen and experienced in my six years with MCFD is constant change. I was fortunate enough to work for four years with the same team leader and the same three co-workers while the fourth and fifth social work position in my office changed hands many times. I have seen MCFD move from having one intake team to having two intake teams to back to having one intake team as well as other staff shifts. With each shift, clients are affected as their social worker may move to a different position leaving them to have a different social worker than they are used to. MCFD seems to be trying to find the model that is most effective for providing the best level of service to clients but this change impacts the clients and the workers and makes it a challenge to offer consistent services to clients.

As mentioned in Chapter One, 2012 was a year of considerable change within MCFD. The computer system and the practice standards were replaced as well as the assessment tools. It is my opinion that this change has impacted the clients. Child protection social workers have had to learn this new computer system, assessments and practice standards which cut into the time they have to spend with clients.

Child protection social workers face many challenges. This may lead some of my findings to be met with resistance from child protection social workers, who will state that, until the system changes, they will not be able to change their practice. I appreciate these concerns and the challenges faced by child protection social workers. However, I challenge child protection social workers to review my recommendations and attempt to incorporate these into their own practice without waiting for the system to change.

### **Challenges and Limitations of the Study**

Prior to beginning this research, I was aware that working for the Ministry of Children and Family Development would reveal some challenges. These challenges may have included service providers telling me what they thought I wanted to hear. Although I know that I was approaching my research as an MSW student, I had to make this clear to the research participants, as they may have had trouble separating my role as a student from my employment at MCFD. To lessen the limitation in this research, I explained confidentiality and emphasized that I was conducting this research as an MSW student and for my MSW thesis, not for MCFD.

My former role as a child protection social worker did provide some advantages. One advantage was that I am familiar with how the MCFD system works; I am very familiar with how the FDR team in Prince George operates. My year as an FS child protection social

worker helped me to become familiar with how a family service team operates. I also have experience working on different intake teams across northern British Columbia and in Prince George, which provided me firsthand experience of the intake process.

I have identified three limitations. First, the participants who were interviewed for this research were canvassed by a community-wide email to which they responded. They were informed that I would be conducting the interviews myself, and that I was employed by MCFD. Participants were not required to answer any of the questions and could end the interview at any time. The one limitation that came out of this sampling technique, as mentioned in the methodology chapter, is that, of the service providers who responded, none were from an Aboriginal organization. This is a large limitation as Aboriginal children are over-represented in the child protection system in British Columbia. The 2006 Canada census found that Aboriginal children made up 8 percent of BC populations (Statistics Canada, 2006 Census) while a 2009 MCFD service plan stated that 52 percent of children in MCFD care in 2007–2008 were Aboriginal.

Secondly, two of the participants were currently employed by agencies that receive funding from MCFD and may have had reservations answering questions that might be viewed as critical of child protection social workers, or MCFD. To minimize such a possibility, I emphasized that all information would be kept confidential. I ensured that I have not used their real names or even pseudonyms when using direct quotes to further reduce the risk of them being identified to others employed by MCFD.

The third limitation was the fact that some participants worked directly with me when I was an FDR child protection social worker. I believe, as I conducted the interviews, this helped to remind them of stories which they might not have thought of otherwise. I also felt

that since I work for MCFD the service providers might have felt a bit self-conscious about telling negative stories about my co-workers and, most especially, me. Although the service providers did not indicate to me that this was the case I can only assume that it is possible that they might have felt this way.

My final sample size of eight participants is not a limitation. As Mayan (2008) points out, the purpose of qualitative sampling "is to understand the phenomenon of interest in-depth" (p. 61). This cannot be accomplished in a large sample size. The point of my research was to get a snapshot of service providers' experiences with MCFD social workers from each of the two identified teams.

### **Recommendations for Practice**

**Child Protection Social Workers.** This research identified a number of areas for improvement, but also a number of strengths. The service providers interviewed identified a number of strengths of the FDR program and positive experiences with specific FS child protection social workers.

Service providers reported open communication with child protection social workers as an important part in their role as a support to the family. Attendance at integrated case management meetings was considered to be a way the child protection social worker could have open communication with both service providers and the families.

A common complaint was the time it took child protection social workers to return phone calls. According to the service providers interviewed, the simple act of returning a telephone call shows respect, which can go a long way to working as a team. Returning telephone calls from a client can show the client that the child protection social worker is open and willing to engage in communication with them. Child protection social workers

should also be aware of how they would view a client who did not return their calls as this is something mentioned by Buckley et al. (2011). According to these authors, clients feel they could not 'get away' with not calling child protection social workers back, whereas child protection social workers may not return calls in a timely matter but experience no consequences.

Supports and services for service providers did not mean simply hooking the family up with support services and supervising from the sidelines, but rather the child protection social worker should be part of the supports and services team. This is another area where planning and attending integrated case management meetings can be helpful, not just in times of crisis. By having such meetings, the child protection social worker can communicate directly with the family about what is going well or not, and be part of the planning for success. This is also an opportunity to discuss how things are going between the family and the service provider and offer suggestions to build on the services.

Relationship building was an area the service providers identified as a strength of the FDR program, and of certain FS child protection social workers. Service providers noted that FDR child protection social workers had positive interactions with families and had a strengths-based approach to social work. De Boer and Cody (2007) noted that, from their research, the attitude and actions that led to a good relationship between the client and the child welfare worker are when the worker utilizes "soft, mindful, judicious use of power and humanistic attitude and style that stretches traditional professional ways of being" (p. 35).

Tips on relationship building from the service providers interviewed for this research included taking time to get to know the families and their unique situations and challenges, and not just being involved when a crisis occurs. Extra time may not always be possible to

work on building that relationship, in which case the use of words of encouragement and a strengths-based approach during the short meetings can improve and develop a relationship. Dumbrill (2006) states "for parents who experience themselves as powerless and their workers powerful, small words of encouragement by workers took on enormous proportions" (p. 31).

The child protection worker and the team leader should also be aware that there are times when a particular child protection worker is not the right fit for a family. In these situations, when all other avenues have been tried, the child protection worker and team leader may need to consider, in consultation with the client and the service providers, switching child protection workers.

**The Child Welfare System.** Recommendations in this research were not just directed at what child protection workers can do to change their practice, but also at the system they work in. The service providers interviewed identified that constant change has a negative impact on clients. As 2012 was a year of many changes in MCFD, it is foreseeable that service providers and clients may become further frustrated and confused with the current system. As change is inevitable in a large organization, more training is required to help the child protection workers better serve their clients. This training may include education concerning new service standards and the new ICM computer system.

Another recommendation is to reinstate the FDR program, which allowed social workers to have smaller caseloads, more time to engage in communication and to build relationships with the families that MCFD services, and service providers. This change may not need to involve the reinstatement of the FDR program, but rather a system that is focused



more on relationship building and support, rather than a crisis-based system where the child protection social workers move from crisis to crisis, with little time for anything more.

### **Researcher Reflection**

Prince George, British Columbia, is located within the North region of MCFD. It is a service hub for many surrounding communities. While those who grew up in and around Prince George may not view it as northern and remote, individuals raised in larger urban centres like Vancouver may view Prince George as northern, remote and, at times, isolated. Within the child protection system in Prince George, there are children and families who have relocated from outlying areas to Prince George, in order to access services. Parents also relocate to Prince George if their children are removed and placed in foster homes and group homes in Prince George. This can occur when the parents' home community does not have resources the children require. In these cases, it is not uncommon to see the parent relocate to Prince George to be closer to their children, to access child protection services in Prince George. It is for these reasons that the literature reviewed included articles pertaining to child protection practice in northern and remote communities.

I began this research as a novice research and did not have a strong background in qualitative research. Now that I have completed my research I would have considered facilitating my interview questions in a more free flowing fashion instead of strictly sticking to the questions prepared ahead of time. I would allow myself to ask follow up questions when needed and adapt the interview questions as I went along. In future research, I will continue to engage in qualitative research as I enjoyed hearing the stories the service providers told me and value the spoken word which I feel gives insight into a lived experience.

The interviews with the service providers and the stories they shared, gave me ideas for future research in other topics. One topic area that comes to mind from the interviews, that is of interest to me, is research around foster parents experiences working with MCFD social workers and some of the challenges they face. Moreover, what foster parents see as services needed for families and children. Facilitating the participant interviews showed me how much research, interests me. Prior to beginning my research I was struggling to come up with a topic, whereas, now I can think of several topics that would interest me. I can see how as a qualitative researcher you get ideas for new research from those that you interview and what you read in the literature review process. This research has opened my eyes to how endless research possibilities are.

One aspect of this research that surprised me was the fact that financial support was not mentioned many times by the service providers as a way of improving services to clients. By financial support, I am referring to bus passes, money for groceries, or other financial needs. Going into this research I assumed that service providers would identify an increased need for more financial support for clients. This was not the case. Although bus passes, formula, and grocery money were mentioned as things the clients appreciated from their child protection social workers, the service providers did not identify this as a major concern, or a way to improve the relationship, or meet the clients' needs.

Another aspect of this research that was interesting to me was how many positives stories I was told by the service providers. Going into this research I knew it would be important to hear the positive stories to learn what was working in practice so that the research could reflect information that could build on the positive. The interview questions

were specifically written to capture positive and negative experiences, and I was glad that each of the services providers were able to provide an example of a positive experience.

In reviewing my reflection journal, a comment that stuck out the most for me was the service provider who related a story of clients engaging in various schemes in an attempt to have the worker call them back, including having service providers call the child protection social worker in an attempt to have contact with the child protection social worker. There is a power imbalance between clients and child protection social workers; it is very difficult for child protection social workers to understand unless they are involved in the system as a client. Dumbrill (2006) found in his study that all the participants regarded "child welfare services as far more powerful than themselves, a power they believed could be used over them in coercive and penalizing manner or with them as a form of support" (p. 30). It is important that child protection social workers use their power in the form of support and advocacy. For example, the service provider noted that a timely call back or an extra five minutes on the telephone could reduce the client's stress and help to build a strong relationship.

While I do not think all recommendations are possible without changes to the system, I strongly believe that each child protection social worker has the ability to alter their practice to be more strengths-based and less arbitrary. The service providers told stories of FS child protection social workers doing exceptional child protection within a system viewed by some of the interviewees as flawed. These stories demonstrate that child protection social workers have an ability to have an impact within the current system if they are aware of and build upon tools that work. Simple techniques, such as the choice of words, or a commitment to

return calls, and to attend and plan integrated case management meetings, can make a world of difference. These are changes that every child protection social worker can make.

My personal experience with MCFD is that there are many good social workers with a genuinely strong commitment to providing positive services and supports to the families on their caseload. These social workers want to keep children out of care and with their families, and recognize the importance of children being with family. Each child protection social worker should be recognized for the important work they provide to our community. The service providers interviewed recognized the challenging job faced by child protection social workers.

### **Recommendations for Future Research**

No service providers from any of the Aboriginal agencies in Prince George contacted me to be part of this research. Future research might include interviewing service providers from Aboriginal agencies in Prince George so that their experiences and stories could be considered. Service providers from the Aboriginal agencies might provide different insight into how child protection social workers may better serve Aboriginal clients. Many Aboriginal agencies in British Columbia and the north are working towards C6 delegation, which, according to MCFD, is the delegation process required under the CFCSA for:

Receiving, assessing and, as required investigating reports of child abuse and neglect;  
Deciding the most appropriate course of action if a child is deemed in need of protection;  
Where necessary, removing the child and placing the child in care; and  
Obtaining court orders to taking other measures to ensure the ongoing safety and well-being of the child.  
([www.mfc.gov.bc.ca/about\\_us/aboriginal/delegated/delegation\\_process.htm](http://www.mfc.gov.bc.ca/about_us/aboriginal/delegated/delegation_process.htm))

The voice of Aboriginal agency service providers would be invaluable to assist in improving services for Aboriginal clients receiving child protection services from MCFD.

Future research on this topic could also involve interviewing clients who either have received or are receiving services from an MCFD child protection social worker, to document and review their views of working with child protection social workers and what workers can do to improve their practice. Hearing from the clients directly would enhance this research as the voices of those directly affected by the system can sometimes be the most powerful but the least heard. I would recommend this research be conducted by someone who is not employed by MCFD, to lessen the power indifference.

## **Conclusion**

This thesis has outlined the service providers perspectives of child protection practice in Prince George, my personal experience as an FDR child protection social worker and an FS child protection social worker, possible changes child protection social workers can make in their practice, and changes the child welfare system can implement to help provide improved services for clients.

This study identified the fact that child protection social workers can make simple changes to their practice, which can improve child protection practice in Prince George. The research also highlights the need for a change in the child protection system to allow child protection social workers to devote more time to communication, relationship building, and service provision. I chose this topic because I am passionate about child protection and learning about how the child welfare system and child protection social workers can continue to improve services to children and families.

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## **Appendix A: Information Letter**

UNIVERSITY OF NORTHERN BRITISH COLUMBIA

Researcher: Jennifer Scott, BSW

Thesis Supervisor: Joanna Pierce, MSW

Thesis Title: A Comparative Analysis of MCFD Social Work Practice in Prince George, BC

Dear Participant,

Hello, my name is Jennifer Scott. I am a Master's of Social Work student at the University of Northern British Columbia (UNBC) in Prince George, BC. For my Master's thesis I am conducting a series of interviews with parents who previously had an open file with the Ministry of Children and Family Development (MCFD). This study is being conducted for my Master's thesis and has the approval of UNBC's ethics committee. If there are any concerns please feel free to contact the Office of Research at [reb@unbc.ca](mailto:reb@unbc.ca) or 250.960.6735. The purpose of the interviews is to compare parents experience working with MCFD family service social workers and MCFD family development response social workers. With the goal of improving the services MCFD in Prince George offers its families.

Respondents have been chosen based on previously having an open file with MCFD in Prince George, BC. Respondents have also been selected based on their history with MCFD and their similarities with other parents being interviewed.

Each interview will take approximately 30 minutes to one hour. The interviews will occur in a location that the participant and myself both agree on. Although I currently am employed by MCFD I am conducting my research in my role as a Master's student and not in my role as a MCFD social worker.

I am hoping to conduct 8–10 separate interviews to compare parent's experiences working with their MCFD social worker.

All audio-recordings will be stored in a locked cabinet in my supervisor's (Joanna Pierce) office at the faculty of school of social work until the completion of the research. All audio-recordings and raw data will be destroyed one year after the completion of my thesis. The destruction of the raw data will be done by a professional bonded agency. Myself (Jennifer

Scott), my thesis supervisor (Joanna Pierce) and a hired transcriber will be the only ones with access to the audio recordings. The Ministry of Children and Family Development will have access to the completed thesis, which will not contain any names or identifying comments. If you chose to participate you will be provided with a completed copy of the thesis. You will also be provided with an opportunity to review the transcribed interview once the transcription is completed.

The interview is entirely voluntary and there will be no negative repercussions if you choose to not participate. In addition, you may withdraw at any time throughout the process and all data relating to your participation will be removed.

I will be seeking written consent from you. The consent forms will outline the purpose of the study and your rights as a participant, if you choose to participate. The consent forms will also remind you that these interviews are voluntary and that you may withdraw from the interview at any time before or during the interview process.

The following services are available should you wish to access counselling supports or someone to talk to:

- UNBC Community Care Centre (Ryan James) 250-960-6457
- Prince George Native Friendship Centre 250-564-3568
- Brazonni and Associates 250-614-2261 (referral can be made through Carrier Sekani Family Services 250-562-3591)
- Walmsley and Associates 250-564-1000

If you have any questions feel free to contact myself, Jennifer Scott at 250-640-3959.

My thesis supervisor at the University of Northern British Columbia is Joanna Pierce and she can be reached at 250-960-6521.

Please feel free to contact any of the above people with any questions or concerns you have in regards to this research.

Thank you,

Jennifer Scott, MSW Candidate

## **Appendix B: Participants Consent Form**

Researcher: Jennifer Scott

University of Northern British Columbia

Participants Consent Form

I \_\_\_\_\_ agree to participate in this research study conducted by Jennifer Scott who is a Master's of Social Work student at the University of Northern British Columbia (UNBC).

I am also aware that Ms. Scott is currently employed by the Ministry of Children and Family Development (MCFD). This research is being conducted by Ms. Scott in her role as a UNBC Master's student and NOT in her role as a MCFD social worker.

The purpose of this research is to compare parents experience working with either a MCFD family service social worker or a MCFD family development response social worker. Data will be gathered through audio-recorded interviews that will last between 30 minutes to 1 hour. All audio-recordings will be stored in a locked file cabinet. All audio-recordings will be destroyed immediately after the completion of the thesis. I understand that Ms. Scott, her thesis supervisor and a hired transcriber will be the only ones with access to the audio recordings. The Ministry of Children and Family Development will have access to the completed thesis, which will not contain any names or identifying comments.

I understand that all information, including the respondents' names, will be treated with the strictest of confidence. I understand that although the comments made by myself will be kept confidential by the researchers there are certain things that the researchers are required by law to report to the RCMP or Ministry of Children and Family Services. As dictated by Section 14 of the Child, Family and Community Act states:

- We are responsible to report any situation in which a child is being, or is at risk for being physically, sexually, or mentally abused, to the RCMP or Ministry of Children and Family Services.
- Any admittance of abuse whether it is to a child or adult will be reported to the RCMP or Ministry of Children and Family Services.

I further understand that participating in this research is voluntary and this initial agreement

does not obligate me in any way, and I can withdraw from the study at any time without any negative repercussions.

If you have any questions or concerns about this study, please contact the UNBC Office of Research at reb@unbc.ca or 250.960.6735.

PARTICIPANT'S NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_



### **Appendix C: Recruitment Poster**

## **Research Participants Recruitment in Social Services Field**

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Have you worked for a service provider that provided services to families involved with Ministry of Children and Family Development (MCFD) in Prince George, BC?

Have you worked with MCFD social workers in your job?

Have you worked directly with families who have had a MCFD social worker?

Have you worked with Family Development Response and Family Service protection workers?

Did you work in this line of work for at least one year between 2007-2011?

Do you want your voice heard with the goal of strengthening how MCFD social workers practice here in Prince George?

If you meet these criteria then you are invited to participate in a research study entitled "Family Development Response Social Work and Family Service Social Work: From the Service Provider's Perspective". This research is being conducted by Jennifer Scott, Master of Social Work Candidate, University of Northern British Columbia, for the purpose of her Master's thesis.

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If interested, please contact Jennifer Scott at [jscott@unbc.ca](mailto:jscott@unbc.ca)

### **Appendix D: Interview Questions**

1. How long did you work as a service provider?
2. What is your educational background?
3. How many families, on average, did you have on your caseload?
4. What kind of services did you and your agency provide?
5. How many different MCFD social workers do you think you have worked with in your time as a service provider?
6. Is your experience working with MCFD social worker a positive or negative one?
7. Have you worked with both family service social workers and family development response social workers?
8. Can you tell me the difference between a family service social worker and a family development response social worker?
9. Did you notice a difference in the interactions, between the family and the social worker, between the clients who had family service social worker and the clients who family development response social workers?
10. Can you describe any differences you noticed?
11. Why do you believe there was a difference and what if anything accounted for this difference?
12. Can you tell me about a positive experience between any of your clients and their family service social worker?
13. Can you tell me about a positive experience between any of your clients and their family development response social worker?
14. Can you tell me about any negative experience between any of your clients and their family service social worker?
15. What do you think would have improved this relationship or experience for your client?
16. Can you tell me about any negative experiences between any of you clients and their family development response social worker?
17. What do you think would have improved this relationship or experience for your client?

18. Tell me about any positive experiences your clients had with their social worker.  
Can you tell me if their social worker was a family service social worker or family development response social worker?
19. Overall, what do you think child protection workers can do to make families experiences with their social worker less negative or more positive?
20. Describe your overall experience with family service social workers from the perspective of you as a service provider?
21. Describe your overall experience with family development response social workers from the perspective as you as a service provider?
22. Are there any other stories from your experience with MCFD social workers that you would like to tell me about that social workers could learn from, whether it is positive or negative?