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Family Talk: Parents and children Involved with the Child Welfare and Children's Mental Health Systems (FULL REPORT)

Marshall Fine

Wilfrid Laurier University, mfine@wlu.ca

Deena Mandell

Wilfrid Laurier University

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Partnerships for Children and Families Project

**Family talk: Parents and children
involved with the child welfare and
children's mental health systems**

M. Fine
D. Mandell

SOCIAL WORK



August 2003

**Document on Families and Family and Child Services (F&CS) and
Children's Mental Health (CMH)**

Marshall Fine & Deena Mandell

CURA Project

June 13, 2003

The Study

Families who had been previously involved with services by two Family & Children's Service agencies (F&CS) and two Children's Mental Health Centres (CMH) in southern Ontario were asked to participate in a qualitative study, the purpose of which was to explore the experiences the families had in these child welfare and children's mental health systems. This report is the outcome of a qualitative grounded theory approach, the objective of which was to understand the ideas and feelings that families conveyed to the researchers about their service experiences.

The Families

Fifteen families were included in the initial interviews. Within the F&CS agencies, eight mothers, four fathers and three children participated in the study. Five of the families had service from Agency A and three families had service from Agency B (Table 1).

Upon completion of the first round of analysis, three of the families were re-interviewed for clarification or elaboration of aspects of the original transcripts and to check on their perception of our preliminary coding ideas at the time.

Table 1 - Family Figures – F&CS

Participants	Agency A	Agency B
Mothers	5	3
Fathers	2	2
Children	2	1

Seven families were included in the initial interviews related to the CMH Centres. Of these, five mothers, three fathers and eight children from Agency C participated in the study (Table 2). Two of these families were re-interviewed upon completion of the first round of analysis for purposes of clarification, elaboration and responses to our preliminary analysis. The two remaining CMH families participated in the research from Agency D (Table 3). Two mothers, two fathers and three children were interviewed, and one consented to the follow-up interview. One of the Agency C families talked about their prior experiences at Agency D and these comments were included in the Agency D data.

Table 2 - Family Figures CMH

Agency	Agency C	Agency D
Mothers	5	2
Fathers	3	2
Children	8	3

The Grounded Theory Method

In order to make the research process transparent and to give the reader an opportunity to assess the methodology, we outline the approach used to interpret (analyse) the family interviews. Research assistants hired by the Community and University Research Alliance conducted the initial interviews. The initial broad questions asked of all families in the interviews were:

- q What do the research participants want agencies to know about the service that was provided to them?
- q How did the agency help?
- q What changed as a result of the service?
- q What were the characteristics of the workers participants most liked and most disliked?

After all interviews from all agencies were recorded and transcribed, the researchers began a process called *open coding*. In open coding, names are assigned to any group of words (phrases, sentences, paragraphs or groupings of these) in the transcripts that convey some relevance to our initial questions. Insofar as possible, coding utilized participants' own words in order to avoid distortion of their meanings. Where this was not possible or advisable, we sought a term that we thought most closely matched the participants' concept. We coded one interview at a time, adding new codes as they emerged. This process resulted in hundreds of independent codes.

Once all interviews were coded, we began the process of grouping similar codes within and across transcripts, creating categories that represent themes in the data. This process was repeated until the number of codes was reduced and codes were categorized meaningfully.

We often went back to the original quotes to ensure that the initial meanings were not lost in this process. Another way to keep a check on the fit between the participants' expressions and the researchers' interpretations is to consult with the initial family participants in order to see if our evolving ideas

reflect what they were saying. For this reason, the families were asked to read their transcripts and talk to us again about their transcripts and our developing interpretations. Three families were willing to do so.

The techniques of *bracketing* and *memoing* were also used to support the validity of our interpretations. Bracketing is a process whereby the researchers consciously set aside their own ideas of the phenomena being examined – in this instance, any preconceived ideas or value judgments of Family and Children’s Service agencies, Children’s Mental Health Centres and of the families that are serviced by them. When we became conscious of our own assumptions and impressions and wondered whether they might be biasing our perceptions of clients’ comments, written memos articulated and recorded these thoughts. These memos were then included in the interpretive process.

In the final stage of this process, we began to look more expansively at what the data were saying to us. This stage is more interpretive, as relationships among the various categories are sought and examined and as themes emerge, a deeper understanding of the participants’ meanings is developed. At the same time, it is crucial that the interpretation remain well grounded in the participants’ own language and meanings; we therefore rely heavily on excerpts from the transcripts in reporting our findings.

The Findings

This report reflects our interpretation and understanding of what participant families conveyed in their interviews. Given the different nature and focus of F&CS and CMH services, we have chosen to report on these services

separately. We combined the F&CS findings given the similar mandates of these agencies, and we report separately the findings of each CMH service for reasons given below. At the end of the report, however, we will synthesize what we think are important similarities among the participant families' reports of their service experiences across both types of services.

F&CS

It is important to place the results of Family and Children's Services in an appropriate context. These agencies deliver mandated services oriented primarily towards child protection. As a result, they are frequently experienced as intrusive and unwanted rather than as coming to the rescue. It would therefore be surprising to hear glowing stories about the services provided by child and family services. Even so, positive things do happen and the family participants in this study are able to identify and appreciate them, as noted in this participant's response.

M¹⁴¹: It's been rough. It's been depressing. It's been exasperating. But it's also been exciting, and it's also been thrilling, and for all of the ups, down, peaks, valleys, backs, forths, moments of clouded confusion -- when all is said and done, my involvement with Children's Aid for me, was a positive experience, and not one that I regret.

¹ Please note throughout that the letter M at the beginning of a quote represents a mother as speaker, F represents a father, C represents a child and Q represents a question or response from the interviewer. The numbers following these letters indicate our file numbers and are included in order to help readers distinguish among individual speakers.

Like the other participants interviewed, this individual is able to discriminate between positive and negative experiences with F&CS, and the latter do not rule out appreciation of the former.

Table 2 highlights the overall experience families had while working with these agencies. It is interesting to note that most of the families did find some positive aspects in the service (seven out of eight families).

Table 2 - The F&CS Experience

Service had some positive aspects	7/8
Mainly Positive Experience	3/8
Generally not helpful	3/8
More Help needed	5/8

Two key organizing themes emerged from our data. It is around these themes that the report itself is organized. First, we find that participants' descriptions of what transpired and the way in which they experienced it are imbued with a sense of having been criminalized at each stage of the service process. Our participants' perceptions are that while many child protection workers intend to assess risk, what they actually do is make assumptions about risk and fault. When this happens, participants experienced it as a process that constructs them as bad parents (or "bad guys") and the process becomes a criminalizing one. We attempt to demonstrate and explain the dynamics of how this unfolds, based on our analysis of the data.

The second key theme is that despite the nature and structure of the child protection investigation process itself, different workers can intensify or ameliorate the sense of being criminalized (Table 3). We explore the nature of those differences -- from the perspective of the families who participated in our

study -- how they operate in the interaction between worker and family, and how they influence the child protection process.

Feeling Criminalized

Below, we compare a neutral delineation of the child protection process with the way in which it emerged from our data.

Table 3 - The F&CS Experience – Two Perspectives

<u>Risk Focused</u>	<u>Criminalizing</u>
Report	Report/Accusation
Investigation	Investigation
Assessment	Judgment/Prejudgment
Intervention	Intervention/Coercion
Monitoring	Surveillance

In using the term “criminalized” we pick up on the participants’ perceptions that they feel as if they are prejudged and found guilty, rather than heard and understood. In addition, participants feel as if they have been left forever marked or labelled in their own communities as bad parents. This affects their relationships within their community and the way in which they feel and behave as parents. The overall sense of having been criminalized by their involvement with F&CS is captured in the two quotes below. Although no participant actually used the word “criminalizing” or “criminal,” we give examples of how this theme emerges in the interviews.

M113: And that’s no way to raise a child, being afraid that every time you raise your voice, every time you put them in a corner, every time you send them to their room somebody is going to report you, you know.

M33: You know, I'm even paranoid that if [Son] -- God forbid, he ever breaks a bone, -- um -- God forbid -- because I'm not going to want to take him to the hospital.

What are the some of the ways in which this “criminalizing” process – the process of becoming labelled or marked as a bad parent/person – evolves for the participants? Below, we go through the stages of the process, emphasizing those that were emphasized by the participants themselves. However, prior to describing the various stages of the process it is important to draw attention to an essential ingredient in determining the extent to which the criminalizing feeling comes into play for participants – the worker.

The Difference that Makes a Difference: The Worker's Attitude and Use of Power

Once the report has been made, how the family experiences the rest of the process has a great deal to do with the way in which the individual worker conducts him or herself in working with the family. This is very important, because however rigid and standardized the current Ontario child protection model may be, our participants are clearly saying that the process can be made more or less positive by the worker. This finding opens important possibilities for social work education, child welfare training and agency culture for fostering “the difference that makes a difference.”

We distilled many codes referring to worker behaviours and characteristics into the two categories that seem to be most salient to the crucial difference that workers can make to how participants felt about the process. These categories are *worker attitude* and *worker use of power*. While many different codes fit

within *attitude* and *use of power*, generally *attitude* represents the participants' view that the worker is either positive, accepting and open in her/his views and ways of seeing the family, or she/he is disparaging, distant and patronizing. *Use of power* represents participants' views of how judiciously the worker wields the positional power inherent in her/his role and whether or not the worker is prejudging of participants. The ways in which both attitude and use of power are perceived by participants appear to determine whether the process is experienced as *depersonalizing* or *humanizing*. A depersonalizing approach is one that leaves the family member feeling that he or she has been treated impersonally, with disdain, or objectified, distanced.

M74: And he treated us like we were the bad people and we were basically lowlifes.

A humanizing approach, on the other hand, is the concept we have used to name what participants described as being treated with respect, as if they were individuals with a point of view worthy of being heard and taken into account.

M40: she was always very open to hear what we had to say and was ready and available to listen and she never ever, ever passed judgement which I thought was so awesome.

When we looked at the specifics of the verbal and non-verbal communication participants identified as conveying these two contrasting attitudes, we identified elements which can be understood as *differential use of self*, rather than simply personal attributes or skills alone. Use of self generally

refers to the ways in which any human services worker's own values, beliefs, emotions, social skills, personality and social identity are brought into play in interactions with service recipients.

Use of power and attitude were often difficult to separate out in the analyses. For example, when a worker's attitude appears to be distancing or demeaning, an accompanying hint of power misuse may be inferred. The quote below is an example of attitude and power appearing to overlap in such a way.

M41: Well, no. I have the right to be treated as a decent human being. You have no right to come in here like Hitler, going, "Thou shalt do, and if you don't, you're going to be suffering major consequences." Sit down and talk to me as a human being. I'll work with you.

We have attempted as best we could to separate these notions out; however, there are necessarily areas of convergence.

Stage I: Report/Accusation

People can feel criminalized at the very outset by the fact that a report has been made by a third party or by the response of the agency to someone who self-reports. Participants' observations about the reporting phase focused on their feelings about the effects of anonymous mandatory reporting, instances where the reporter is known, and agency response to self-reporting. Anonymous reporting raised the issue of accountability: The callers are free to say whatever they wish without having to answer for it.

M40: I had somebody call the children's aid saying that I beat [my child] and make her do all the chores and they came and had to investigate some of that. I was furious. I was infuriated that somebody would say something like that.

F113: ... the Canadian service could learn from its American counterpart because you have the right to know your accuser and if, you know -- I think people would probably not make such stupid complaints if they knew their name was coming up as soon as the complaints were taken to the people.

When the individual making the report is known to the participant, there may be feelings of having been betrayed or maliciously accused.

M47: ... I was called to come and pick him up and when I picked him up I said in front of the teacher that I am pounding your ass when I get home. I am so angry at you, right. So, she picked up the phone right away and phoned Family and Children Services.

Even self-reporting can expose a parent to feeling accused, labelled or punished, depending on the response they get.

F107: But if you go to Children's Aid and say we need help – “No, no, you people are doing something wrong.”

Stage II: Investigation

Attitude: Depersonalizing vs. Humanizing

The investigation stage is crucial as it can set the tone for the rest of the process. As we illustrate below, the attitude of the worker at this stage can help

determine the degree of cooperation they might receive from family members.

Our participants made it clear that a worker can have a depersonalizing effect on them or a humanizing one and that their response to the worker is greatly affected by which worker attitude they encounter. The quote below gives an example of one way in which a worker was experienced as having a depersonalizing effect:

M41: "We think there's a concern here" -- and they come in. To automatically assume that I'm going to be belligerent, or negative, or what have you -- It's like -- Do not walk in with any preconceived conception of who we are. This attitude leads clients to feel less willing to cooperate.

In this quote we also find stated the concerning – though perhaps not surprising – possibility that workers may themselves produce some of the anger and resistance they encounter, when they approach family members in this way. Thus, any expectations of service recipient hostility would be realized.

Depersonalizing is also enacted when workers demonstrate a lack of interest in the lives of family members. It may be that interest in family members histories, needs and difficulties is considered outside the scope of child protection investigations - so that lack of interest is therefore not necessarily worker-generated distancing. The net effect, however, is that this lack of interest has the effect of depersonalizing the family member, which negates the possibility of understanding her or him.

M132: They didn't understand the background because they didn't probe. They didn't try.

It is possible for a worker to set a very different, humanizing, tone for the investigative stage, which our participants indicated elicits a different kind of response from them.

M41: And, I'm more likely to be cooperative, from the beginning, if a worker comes in, like the second worker, and said, we've had this report come into our office. Now, there's been some concern, which is why I'm here. But I'd like to hear what, your part of the story. Where do you stand on this?

This participant goes on to describe the effect of this kind of approach on her own willingness to be forthcoming and cooperative.

Use of Power and Prejudgment

As noted previously, the way in which the worker uses power can also have a depersonalizing effect on the participants. The quote below illustrates one worker's use of her power in a way that left this father feeling intimidated and acutely aware of the worker being in a position to make life-altering decisions for him and his family.

F40: She just came in angry, closed the door and she looks at me, opens it halfway and then she comes over, sits down, throws herself into the chair, throws her paperwork on the table -- All this intimidation. And I'm thinking, this is not gonna go good.

It should be said that the worker referred to in this quote arrived having been told that this father was abusive of his wife. The worker herself may have felt fearful, as a female confronting a possibly abusive male face to face, and may have

intended to use her positional power to compensate in a self-protective way.

This particular father capitulated in his own mind, but described his own resistant behaviour as a result of his perception that the worker had abused her power.

M41: I've had a situation where a worker has come in with the assumption that what's been reported was concrete fact, and I'm guilty before I've been proven innocent. You know, like -- you're not innocent until you're proven guilty, you're guilty until you can prove you're innocent.

This quote also suggests how the participant, like others, links prejudgment with the process of being criminalized.

Stage III: Intervention/Coercion

The worker's attitude and use of power are also conveyed through the intervention phase, which some participants experienced as the coercive phase. Interventions were sometimes experienced quite positively, whether they were useful or not, and sometimes quite negatively. The best way we can categorize how participants described positive experiences of intervention is to say they were *strengthening*. Although *empowerment* is another possible way to think of it, because child welfare service recipients are, as a group, relatively disempowered, it seems inappropriate to use the concept of "empowerment" to talk about their experience. The negative way in which intervention was experienced – including coercion – was as *disempowering*.

Strengthening Experiences

Strengthening experiences included the following:

- n *Concrete help.* This included information about or referral to resources, educational information about child development, help setting parenting priorities and dealing with specific difficult child behaviours.
- n *Support provided.* The appreciation of support was expressed, among others, by this father, for whom support came as a surprise:

F52: Just being there, somebody to talk to or anything like that. I never realized you can just phone them up to chat to them or anything like that. They're there for that.

- n *Openness of Worker.* The positive feelings of participants and their willingness to reciprocate were greatly enhanced when they perceived workers as being honest and open.

M40: And she was very open and honest and we felt, that's why we felt that we could be open and honest with her.

- n *Worker was understanding and recognized need.* When workers assessed needs as well as risk, and reached out to help the family, participants told us they felt recognized and understood within their personal context.

M41: Umm, I felt helped because they didn't just look at the situation as there's a problem with the child, the child's at risk. I finally got the right kind of workers who sat back and said, this family needs help.

The family's lives and difficulties were rendered visible in this way and it opened up the possibility for meaningful help to be offered.

- n *Careful use of power.* The mother below offers an example of a worker's careful use of power:

M52: She never overstepped her bounds, never accused me of anything, always gave me the benefit of the doubt to -- to say what I had to say before an accusation was -- you know, before any judgement.

In this example, being non-judgmental was understood by the mother to be an expression of respectful boundaries, hence respectful use of the worker's power. As we saw above, when the worker has not prejudged, the family member can see this demonstrated through an openness to him or her, which turn is experienced as a careful use of power.

Disempowering and Depersonalizing Practices

Some workers left participants feeling *depersonalized* or *disempowered* through the way that they dealt with them. Of course, structural issues such as child welfare legislation itself, administrative policies and practices contribute to depersonalization and disempowerment. For example, one mother was concerned about a breach of confidentiality. In other forms of social work practice the breach she mentioned would constitute an unethical violation of confidentiality. Yet, under current F&CS legislation, the particular breach is condoned. Our focus here, however, will be on those elements -- structural or not -- that appear to be variable by the worker because that is what the participants identified. One form of depersonalization described by participants was distancing by the worker. In the quote below we can hear the extent to which the participant felt erased by the worker's attitude towards her.

Q113: What about the way the workers interact with you?

Is there anything that you would change or recommend?

M113: At least pretend they're interested.

In the following quote, the worker is characterized regarding attitude and power in a way that we have called *being on a mission*.

F40: She came out gangbusters, like she was gonna save the world in one minute and – uh-- that's all she had to do it in. And she attacked us.

The implications of *being on a mission* are complex and illuminating. The participant's perception is that the worker had constructed herself as a rescuer or good guy and has necessarily constructed a victim to rescue and a "bad guy" from whom to save the victim. The theme of feeling they had been constructed as bad guys or bad parents by the worker before the worker ever arrived made parents feel they had been erased as individuals, along with any good parent aspects of them.

The following quote serves to illustrate a number of other themes in our findings. It names a feeling of being dehumanized, being judged, criminalized, and disempowered. We use it here to clarify the connection the participant makes between those experiences and the worker's use of power.

F33: Well, what I'd like them to know is that people are human.

M33: Yeah.

F33: They make mistakes. And treat people as humans, not like somebody that broke the law and you're going to change the world. You know? That's - that's how some get on their high horse.

The following quote tells what happened when a mother reported to F&CS for alleged abuse became increasingly angry throughout the course of the

investigative interview. The mother perceived that the worker came into the home hostile and closed to anything she had to say. The mother responded in turn with hostility, and things escalated to the point where she told the worker to leave and the worker refused.

M41: "Well I can't leave because you're upset, you're gonna hurt your child."
I'm not upset at my child, I'm upset at *you*. *You're* the one who's upsetting me, *you're* the one who's causing this stress, *you're* the one who's making everything continue and escalate! Just leave. "Well I can't leave; you're child's at risk." My child is not at risk, *you* are! Leave!

The mother saw the worker as being so committed to her construction of the mother as a bad parent that she thought the worker could not recognize what was going on between the two of them. It illustrates the production of anger and belligerence in the family member by a worker whose perceived attitude and behaviours contributed to this mother's feeling of being pre-judged and depersonalized.

Stage IV: Surveillance

At the stage of continued monitoring, participants described a number of things that contributed to a sense of having been criminalized, in addition to the length of time that agency surveillance continued. The data suggest that these concerns, while real -- regardless of the way in which the process went -- are heightened when the process has been experienced as a criminalizing one.

These included:

n *The long life of the record;*

M33: Because like I said in my situation, if someone is to phone and say, well, could you do a check on her? -- Even though my file is closed, I may -- I think that when it says it's closed, it's closed, rip it up, throw it out, goodbye -- not keep somebody on a computer that isn't going through this anymore and shouldn't have to be put through it anymore because like I said people do change.

n *Constraints on family life and parenting in response to having become the object of others' scrutiny (community as well as agency);*

M33: You know, that was in the contract, okay? And it was basically like -- we felt like pretty soon we're not going to be able to smoke cigarettes, we're not going to be able to go to the bathroom, we're not -- you know? And I'm just saying that, I mean -- Work with the people, don't -- you know.

n *A sense of vulnerability, fear and worry;*

M113: And that's no way to raise a child, being afraid that every time you raise your voice, every time you put them in a corner, every time you send them to their room somebody is going to report you, you know. Like the other day at the mall she disappeared and I was afraid to yell for her because I was afraid that that person around the counter who had my name and everything, I was afraid she would call Children's Aid if I yelled at [my Daughter], you know. And I'm afraid of things like that and that's ridiculous. You should never be afraid to discipline your child.

n *And in the end...*

Some participants did not end up commenting on issues of surveillance. While they did not necessarily have a smooth process, they ended up feeling positive about the process in general – they felt humanized and they were able to see positive change in the lives.

M52: ... and in the end of it, she's always the first one and only - the only person ever that's looked at me and said I can see that your love is unconditional for your kids. You know, I can see that you're strong enough to get through it

C44: It was good.

M41: Two-way communication. That's what I found to be most beneficial. Honest communication and openness were met with honest communication and openness -- work got done. Changes were made, life got better.

Implications of F&CS findings for future research

Given the mandate of Family and Children's Services, it is unlikely that many families, particularly if they are involuntary, would welcome intervention. The threat is too great and the power vested in the social worker is too immense. However, it would appear from our participant families that the worker's ability to use power carefully and justly and to use him or herself in a way that conveys a caring and humanizing attitude goes a long way in making room for families to be

more open to the service. We are not so naïve as to believe that the job of a social worker in F&CS is easy. In fact, we believe it may be one of the most difficult jobs a social worker can hold. It is easy to understand how a social worker could “burn out” after dealing with such intense situations for a long time, particularly given the nature of the work and the political and legal atmosphere currently surrounding child protection. We find ourselves, therefore, with several questions in relation to the workers experienced positively by family member research participants. Who are these workers? Are they new? Are they seasoned? What enables them to maintain these positive stances with families? Are they able to do this with all families? If not, what makes the difference? Do some workers have mainly positive relationships? Do some workers have mainly negative relationships? What are the personal and professional characteristics of a worker who is able to have mainly positive relationships? Are there family characteristics that make it easier for a worker to be positive and humanizing? The questions could go on. By focusing on these questions in the future, we believe that much more could be learned that could benefit families, workers and the overall system.

Children’s Mental Health

The Findings

We have chosen to report on the two CMH agencies separately for two reasons. First, the independent coding for each agency yielded quite different information; combining the two reports would dilute the elements uniquely related to Agency C, in particular. Second, there were only two families in agency D,

while Agency C's information was collected from five participant families. Two family interviews do not yield any sense of pattern. The report on Agency D, therefore, has been limited to the basic elements of these interviews, staying quite close to the initial questions asked of participants. Agency C will be reported first, followed by information from Agency D.

Agency C - Restoration of the Family

All the families' experienced positive change, and only one father saw the experience as somewhat more negative than positive. A very striking theme in the data was that for all but one of the families, the help they received was experienced as restorative. The emphasis on restoration in our report is meant to highlight that these families did not just feel helped – they felt rescued, transformed, made whole or normal again. The quotes from a mother in one family and a child in another convey the impact of this experience.

M58: We can move forward rather than spinning and we're no longer an out of control family.

C84: I'm trusted a lot more. I have a better relationship – umhm -- with everybody in the family, especially [my Brother].

Below is one of many quotes we found that suggest parents felt helped to be good parents, without any threat of being diminished or supplanted in that role.

F123: That's the essence of what we're doing with [Agency C].

With their help, we can still be there for him. On our own we couldn't.

Nested Families

A very consistent theme about what the family's experience was that made it so powerful and so positive was the overall approach to helping the family seems to be the provision of an enfolding, supportive family around the struggling family. We have adopted the metaphor of *nested families* (picture Russian nesting dolls) to capture this phenomenon.

M128: [T]hey're very good, very caring. All of them. Umhm -- they were very family...like a family unit.

The nested families effect is from the way in which the agency acts as good parents to the parents and to the child, as well as to the family as an entire unit.

Parents to the Parents

Being *parents to the parents* is reflected in the way participants talked about experiencing the agency and individual workers as:

- caring
- supportive
- rational
- reliable
- providing a sense of safety

Overall, this provided a sense of steadiness and solidity, investment in the family accompanied by good boundaries.

Caring in combination with rational, steady support is evident in the following quote:

M58: They had like a huge, huge heart but they weren't going to let their emotions sidetrack them, because we had enough emotions to sidetrack ourselves.

In the following quote, the whole family agrees about the reliability of the service.

M48: They did exactly what they said they were going to do.

C84: And more.

F84: Yeah. They came up to all our expectations. Really. They didn't let us down.

The father speaking in the next quote identifies a sense of safety, of not being alone anymore with the family's difficulties.

F74: Like, I felt more safe. I felt like there was people -- was someone out there to help us if we're in our dire need which it got to that point. And it was it was just amazing how supportive [the psychiatrist] was, you know?

Aside from the actual support, caring, reliability, nurturance and safety that were provided, we speculate that good role modelling was part of this process, although none of the participants actually identified this.

Parents to the Child

Children in the study also identified the comforting experience of agency personnel as good parents.

C58: [Worker #4] was like a second father to me. He was one of the staff when I was in custody at [Agency C] and I just -- I loved him. He -- he was awesome.

Another child offered a different example of the family within a family theme. In that instance, however, it was a sibling rather than a parent. The child described a worker who was disliked by many of the children for being too bossy and intrusive. The child goes on to say that the other workers also disliked this worker because she was bossy to them. The sense of identification with the other staff has overtones of a large family of siblings all fed up with one of their sisters. It is also interesting to note that the child's mother was able to offer the child a positive way of understanding the "bossiness."

M128: It's 'cause she was learning.

The main ways in which the function of effective parenting for the children was described were:

- Insight
- Coping Strategies
- Physical Restraint
- Consistency
- Went beyond duty

The father speaking in the next quote explains how insight and coping strategies gained in the treatment program helped his son.

F84: They gave [the Child] coping strategies. They helped him understand how his behaviour would push other people away and how he could change that behaviour.

In the following quote, the child talks about the experience of being physically restrained. This is a method that has engendered its share of controversy even among workers, especially when they feel it is used gratuitously or inappropriately. The implication in this quote is that restraint was used in a way that made it possible for the child to experience it as supportive and “for his own good” rather than punitive or abusive. We also note that such a physical, essentially intimate, form of interaction would typically not be tolerated outside the family, and in today’s world would be seen as particularly invasive.

C84: Well, I basically -- like my mom said, I just needed somebody to rough me up a little bit and say, like listen up! This is the way the world works. You’re going to have to deal with it...

In describing how the team provided consistency, the mother below is also explaining how they are able to provide a kind of Super-Parenting that parents – perhaps any parents by themselves could not. Here and in other instances, we found that parents did not seem to feel threatened by the staff’s ability to provide more effective parenting. They had been able to understand it as something the program and trained staff makes possible without feeling that they had been in any way diminished or undermined as parents.

M58: But one thing that they gave [Daughter], that at the time we couldn't, was consistency. It wasn't always the same person, but if one person couldn't handle her situation then someone came over to -- to take over.

It is always impressive when children are able to register and appreciate that adults are doing a great deal for them.

C84: Well, I liked all the staff members, but [Worker] – [Worker] and a lot of the others just stood out because they really went beyond the limits of what they were allowed to do.

Specific things mentioned by one of the parents as being beyond the call of duty were taking a child out for a meal or a treat, even when that worker was no longer assigned to that particular child.

Collaborative Approach

We now come to the final major theme for this report. Part of being good parents to the family was an approach that we have called *collaborative*. The quote below illustrates how it worked at the one-on-one level of worker and child, but it was manifest in every level of the agency, from administration to programs to family therapists. We think this highly collaborative approach throughout the agency is one of the main reasons parents do not feel threatened by the staff. It seems that the parents are always made to feel that they are still the parents, and that they are important to the child and to the agency.

C128: They didn't direct you. They asked you, you know what I mean? And they didn't -- you know -- try to conflict, you know? That would piss off the kids. They -- you know -- do it nicely.

This collaborative approach was demonstrated in several important ways of dealing with the families:

- Involved families in many aspects of program
- Respectful of parents
- Accommodating

Collaboration with families appears to have been a systemic feature of the families' involvement with Agency C. According to our participants, workers and therapists did not take over; they provided opportunities, options, guidance and support. They inducted family members into programming and in dealing with resources in the community. The ways in which parents described the staff as allies and supports to them – even as surrogates at times – without threatening their role as parents, seem to be testimony to the successfulness of this collaborative approach. It is clearly part of a strengths-based approach, in which the family's strengths are utilized and supported, and it is a well integrated and implemented paradigm.

Involved Family

In the first quote below, it is apparent that the staff not only encouraged nuclear family members to work together, they also welcomed extended family member involvement,

M128: They really encouraged -- like, anything that they were doing, they encouraged the whole family to be there. Um...when they'd have, like, family night, they encouraged your family. But, he could also have his aunts -- anybody close to him -- to go.

F84: Yeah. They did work with all of us -- which we appreciated.

Respectful of Parents

The ideas that emerge from the following two quotes emphasize that the parents were considered partners with the agency and that the approach the staff took was respectful, caring and not intimidating.

F123: Well I think we're very included. We're kind of partners.

M58: So un-intimidating. They're so - but like they're so caring yet very professional.

Accommodating

We noted that families thought that they were respected and considered partners to the extent that staff accommodated, as much as possible, to the needs of the family.

F84: She would either, try and reschedule her day so that she could meet with us at a time that suited us or she would have somebody else come and talk to us.

More of a Good Thing

What criticism we did find in the interviews with participants tended to be about wanting more of the help they felt Agency C could offer. Specifically, participants wished for:

- Longer stay for the child in residence
- More intensive psychological assessment and counselling
- Extension of the age range served
- More access to beneficial programs (e.g. Day camp)

In addition – and in a different vein -- one family felt there was too much emphasis on the family and not enough intensive focus on the child.

F74: Well, there should be a lot more action, a lot more focus on [Child] instead of focus on the people -- on the parents, whatever.

The reader can see from the following quote that while the family noticed that progress was being made, they felt there should have been more contact with the psychologist and the stay should have been longer.

F74: I wish that ... I wish that if ... if the program was longer they could have got through to him more (Right, okay) and again, I'll come and say it again, the access of psychologist.

Q74: Umhm, yeah. So that kind of ... it sounds like it just reinforced?

F74: Yeah.

Q74: I mean ...

M74: Yeah, because they broke the shell. They broke the shell and then said, you know, “Your time is up.”

The father below makes a structural point that would appear problematic for many in the children’s mental health system. Service stops when a child turns 16 years old. This does not always coincide with the specific developmental needs of the child and family.

F84: Well, there was a point when we wished that they had some sort of service for kids who are 16 and over because when ... when [Son] came out of [Agency C] and was integrating into the normal school, we felt that we were like we were a little afraid that we were just sort of being cut loose and left to float.

Implications of Agency C findings for future research

It is clear that the service provided by Agency C was very much appreciated by family members. They saw themselves as members in a network of relationships experienced as “family”.

From the perspective of the researchers, it would be interesting to know more specifically how Agency C manages to hold such esteem in the eyes of families. Is it the policies, the administration, the staff who are hired, the philosophy? We believe it may be a combination. We also wonder about families who might not have enjoyed such a meaningful relationship with Agency C. Does this happen, and if so, what makes the difference between families who are enthusiastically appreciative of the service and those who are not?

Our findings indicate that something very powerful happened for the participants in this study, so we will leave the last words to them.

M74: I think that they are awesome people. They're really helpful, extremely helpful people.

C58: They do everything in their power there to help you.

Anything. That's what I liked about being at like [Agency C], not just in their program but everybody there is awesome.

M84: But [Agency C] was absolutely fabulous. [Agency C] was just fabulous.

Agency D - Competence

This report reflects our interpretation and distillation into key themes of what the two participant families from Agency D told us. We developed four primary categories: helpful experiences, unhelpful experiences, changes as a result of service, and program structure. Overall, the sense we have from the interviews is that the two families saw Agency D as highly competent in the delivery of service. This can be seen in the categories of helpful experiences, changes as a result of service, and aspects of the program structure. Along with the view that the agency and its services were competent, the families also identified elements that they were not pleased about. These emerged primarily in the categories of Unhelpful Experiences and Program Structure.

Helpful Experiences

Professional competence

In articulating what they had found helpful in their experience with Agency D, the families emphasized the high degree of competence and professionalism they had encountered. These valued qualities were identified in the level of workers' understanding, therapeutic skills, knowledge, and what we understand as a highly collaborative approach to working with families. Parents also spoke of what they saw as personal qualities or characteristics that made workers helpful. We understand these to reflect workers' *professional use of self*, which is more complex than simple personal attributes alone and is related to professional competence as much as to pleasant personality. We were struck by the degree to which participants were aware of specific, discrete skills and capacities in the workers, and the extent to which they recognized the contribution of these to productive work with the family.

Intuitive understanding

It is difficult to know whether the workers talked about below were actually operating on intuition – as the speakers suggest -- or whether the families have construed integrated knowledge and experience as intuition. In either event, it is interesting that the parents value what they perceive as intuitive knowing.

M92: And tremendous experience with kids and families and is able to on a real...like you say gut [level].

F92: ...until we met [Worker] at Agency D and she was the first

person we felt had the real gift for kids. For understanding kids and for uh -- She was sensitive to them and it wasn't something that she just studied. It was something that she had a good gut about.

The value this family places on "gut" level knowing -- as distinct from learned information -- suggests they perceive a level of integration between technical knowledge and personal ways of being that is meaningful to them.

Therapeutic skills

In the quotes below, a mother talks about the worker's skill in working with the marital relationship and her/his ability to keep the work focused on the "big picture."

M92: yeah. She was really good on our marriage, on encouraging [Husband] and I as a married couple. She was excellent with that.

M92: And other people, like [Husband] said, would -- Do we deal with the hot issue of the moment. Well that hot issue would be dealt with and it would suddenly be another hot issue and that first issue would get dropped and another hot issue and there wasn't the continuity that if something got dropped for now that it was gone back to and followed through on. Where [Counsellor] seemed to have the big picture.

The identification of the counsellor's ability to steer a steady course despite the father's tendency to get lost in current "hot issues" suggests that the family was aware of a crucial element that the counselling process offered. The

capacity to see beyond day-to-day crises and worries in order to tackle broader issues is one that many families in distress lack, or are unable to mobilize in the face of multiple problems. Interestingly, the mother notes that a previous counsellor did not have this ability and tended to lose sight of the “big picture” along with the family members.

Parents particularly appreciated workers who demonstrated a high level of skill in combination with a collaborative, non-hierarchical approach. The parent below describes a worker who is able to use her professional skill in managing family sessions in a way that was respectful and allowed the family members a sense of control.

F92: She never seemed to have her own agenda, even though you could tell she was shepherding the direction of where the family counselling stuff was going. You got the feeling that she was shepherding it but she would drop at the moment if there was something else of importance and to me.

Genuineness, honesty, and a sense of humour in a skilled worker also contributed to a positive working relationship with the family. The particular nature of the worker’s skill below is an ability to identify and work with the individuals’ strengths, and is experienced by the participants as empowering.

M92: she said, “You’ve been around the block more than once, you know how this counselling business works. You tell me what you want and where you want to go, and I’ll help you get there”. And [husband] was really a visual person, so it was always a joke between us. “Get the flowcharts out”. She was able to joke with us

and build with our strength and give the information back to us. I like printed material, so she would copy articles for me. For [husband], she would write flowcharts and timelines.

Good Communicators

Other elements of a valued worker were the executive skills of maintaining responsive and informative communication.

M74: ... it's a lifesaver because he's always there, like there's always some way to contact him and if you get his answering machine, he's back to you within five, ten minutes. (Really) Yeah. (Okay) Where it's not that way with other agencies. (Umhm) It was just it was a lifesaver having him, it really was.

M121: Having the meetings, letting us know how things are going there. Us being able to tell her how we feel and what's going on when he's here.

Interestingly, the family which appreciated the worker's collaborative, gently "shepherding" style also valued her willingness to be direct and directive at times, offering the benefits of her knowledge and experience in a way they could accept.

F92: We need someone who can give us valuable advice, to point us in the right direction, who can give us honest advice, who we can be honest with. To say listen, this is how I react, this is how I feel, and she would say well, doing this is good, but you really shouldn't do that, because that's going to get you nowhere,

because of this.

Use of self

Sometimes, the family all on their own valued those elements we consider to be “use of self.” In the segments below, friendliness, genuineness, respect, trustworthiness and a non-hierarchical stance, ability to earn the family’s trust, good listening and extending oneself stand alone.

F92: Someone that’s real, someone that’s not way up here and I’ve got all the answers, but someone who’s down here and like -- “Okay, I’ve had a crappy day today, let’s just take a breather and go on from here.”

F92: When [counsellor] came in to meet us for the very first time, there was a respect that she gave us, but it wasn’t just lip service

M121: Us being able to tell her how we feel and what’s going on when she’s here.

C92: he’s more the person that’s open and is -- can be sarcastic and can listen to people who he doesn’t want to listen to, but he can listen to them and just make them feel confident.

M74: So, [worker #1] was very good with helping with that and then coming and (Umhm) he would come and he always call and he

came to the house to talk for hours with us to help us out.

Support for parents

Participants spoke about how workers were helpful by being supportive in various ways. One is by sharing information, which – as we saw above – helps families feel involved and in control. Another is guidance in negotiating the agency system and its personnel.

M121: Um, how to go about dealing with all of them.

The theme of support also includes subthemes of being validated as good parents, either by not being blamed for the child's problems, or having their commitment to their children recognized, and feeling the worker is an ally.

Validation

The kind of validation parents mentioned most was that they were not seen as bad parents.

M92: A lot was being blamed on me and it was good to hear someone say, "You know what? You do have issues, and I want to work on them, but [Son] also has issues, and they're not your fault."

M92: But I think um, it was helpful to say, "Yes, you've got issues, yes, you've had a rotten childhood and that affects you, and the better you learn to cope with who you are and the better you function, the better your children function." Rather than "You did this and that happened to your child." And also saying you know what? Your kid's got a rotten package. You know, genetics just

dealt him a real lousy blow and you didn't choose genetics." So that was another one of their things to identify. What is the child's issue, what is the family's issue? And do it in a non-blaming way, but in an empowering way. "The better you function, the better chance your child has to function."

It is important that these parents were able to accept identification of their own "issues" when they perceived they were not being judged to be 'bad' parents. In the quote below, there is also an implication that being recognized as a fundamentally committed (i.e. 'good') parent is very affirming.

Q92: So what did [Worker] seem to really understand then?

M92: That we were highly committed people who had given up everything for the sake of our family. That we have really given up everything. Our marriage and our children would be successful and that we would not quit until our children were successful.

F121: They seemed understanding when you'd say, "There's four of them [children] and it just gets to be a big handful." [Worker] seems to understand it.

Sometimes, parents simply needed to have their own perceptions of reality validated.

M92: And essentially, we needed someone to say "No, it isn't normal." Because it wasn't.

Worker as ally

F92: For me it was big knowing that somebody was on our side.

Unhelpful Experiences

This area included aspects of the experience that were considered negative – insofar as they were unhelpful. The unhelpful category emerged from two areas of discussion with participants: workers they had liked least, and what the agency ought to know about their experience. In talking about workers they had not liked, families essentially described behaviours and qualities that negatively affected the family's therapeutic involvement. These included clinical skills that were perceived as inadequate, the perception of being invalidated as parents, having unrealistic parenting expectations placed upon them, and relational skills that were experienced as failing to fully engage with the family and/or to misuse the power inherent in the therapist's role.

Inadequate Clinical Skills

One skill-related issue identified by a participant was a particular worker's inability to manage the family issues well. Note that this worker is contrasted with another worker – referred to above – who was found to be very different on this dimension.

M92: And other people, like [husband] said, "Would -- Do we deal with the hot issue of the moment?" Well that hot issue would be dealt with and it would suddenly be another hot issue and that first issue would get dropped and another hot issue and there wasn't the continuity that if something got dropped for now that it was gone

back to and followed through on. Where [Worker] seemed to have the big picture.

Technical/formulaic

Other parents said that an emphasis on formulaic parenting techniques was either not applicable or not helpful.

M92: we got several with stuff like “five easy steps to parenthood bliss”. And we’d go through their five easy steps, and nothing would match the whole time and I’d look at them and say, I’ve done everything you said, why are we still miserable?

M92: but the thing with [Worker] was a lot of the people we worked with were teaching us techniques. Parenting techniques. How to do this with a child or how to say that. The star charts, the consistency, a lot of techniques. And [Worker] seemed more to show us, when you do this, this is what they see. Or because of who you are, and how you live, you do things a certain way and this is the natural response to that.

In most of the issues that follow, we can read a lack of the experience of empowerment – or even of experiencing disempowerment -- resulting from the therapist’s behaviours or ways of being.

Invalidation as parents

Invalidation as parents was experienced through the perception that workers did not accept their perspectives on the problems and that agency

expectations regarding parenting were unrealistic for the family's circumstances.

F121: I don't know what I would want them to know. It's what I would like them to believe what we're trying to tell them.

F121: They've been a big help, but on the other hand, it's back to my saying that you still get the feeling that they don't believe you when you give them the other side of the picture.

The importance of being believed is connected to being understood.

F121: They would just get to see the other half of the picture, then they could say "Gee, we understand why you're here for help now."

The workers' doubt is experienced as a lack of acceptance of the parents' perceptions and knowledge, which is not communicated directly by the workers. The parents feel positioned defensively by this perception of not having their judgments and perceptions accepted.

M121: I get the impression of "We don't believe a damn word you're saying" although they sit there and say "We believe you 100%."

F121: They've been a big help, but on the other hand, it's back to my saying that you still get the feeling that they don't believe you when you give them the other side of the picture.

One wonders whether parents have trouble trusting workers who say one thing but transmit a contradictory message of

dismissal.

Unreasonable Expectations

In the quote below, the parents complain that workers had unreasonable expectations of them. This seems tied to a perception that the worker did not grasp the parents' assessment of the constraints they faced and therefore did not appreciate their limitations.

F121: I don't know for sure why I get that impression, but I do get it.

One thing they do keep enforcing for lack of a better word is [son] needs a lot of one on one. And we keep telling him, I've got four kids, I can't say three of you get lost. We just don't have six hours a day to spend one on one with him, yet they keep enforcing it.

Inadequate Relational Skills

The perception that a worker did not relate successfully to the family seems to be about "use of self" in the worker rather than skill *per se*. In one instance the worker was apparently not warm or genuine, and in the other, the worker appears to have disempowered the parents by adopting a hierarchical expert stance.

F92: So I don't know whether I'm just sensitive to the sell, but when people aren't being fully honest or just themselves, you don't really feel that that's somebody that's working with you.

M92: But I really didn't feel the effort to connect to us. And um, it was kind of, "Well I'm here if you want anything." I didn't feel that

the real reaching out.

Changes as a Result of Service

In identifying what had changed as a result of involvement with Agency D, parents identified changes for themselves as parents as well as for the specific child and for the family as a whole.

Changes for parents

These changes included insight into oneself and one's role as a parent, supportive relationship with a professional resource, having a better sense of direction (goals) regarding the family, and acquisition of new skills – communication in particular -- to better manage family issues.

M121: We have that connection there now, so...anything that ever pops up and I need help with, I'm going to call her.

M92: I can't think of what it was with [Worker], but the thing right now, like it started a whole new process in me where I can look at how I respond and why, and how that connects the kids and locks them into a response.

M121: I think we've been helped to a certain extent.

F121: [We were] pointed in the right direction.

M92: [Husband] and I can give each other a look now and know what the other is thinking. We didn't have that before. So clear communication between us makes us more effective as parents and makes us move in the same direction.

C92: We can actually talk to each other and interact instead of screaming and yelling at each other. We couldn't back then.

M92: Oh yes. Our family was running better. We were able to talk to each other about things more. Um, we had learned the difference between reacting by emotion and reacting by relationship. You know, to keep the relationship, the roles clear, and to work and live together. Making the relationship work rather than just dealing with emotion. Um, that was really helpful. We learned, like [husband] said -- We learned many ways of helping for dealing and managing with [son1] for success.

Benefits for the Child

Positive benefits for the child included increased self-esteem, improved social behaviour and improved school performance.

M121: ... basically to make him feel better about himself too, instead of being depressed about himself.

M121: I think they've been a big help. [Son] is doing better, he's a lot better compared to before. He's got more self-esteem, he's more structured, he does know manners, he just chooses not to use them all the time.

C92: Um, temper fits. Yep. I'd get really angry and stomp around and push people and everything.

Q92: So how did that change?

C92: I'm not doing it anymore.

M92: He's up in his grades now, he's not as far behind as he was before.

Structural Aspects of the Program

In talking about what they would wish the agency to know, participants referred to a number of structural aspects of the program which had some effect – either positive or negative -- on the family's or child's experience. These range from essential elements of the program design itself, i.e. the residential facility, to staffing patterns, location, classroom set-up, and administrative details.

The concerns about having the child return home after the residential program are essentially about perceiving that gains made will inevitably be lost or diminished outside of the treatment facility.

M121: I think it was good. The only problem that we're going to find when it comes out is that we're not going to be able to structure him enough and not have that one on one attention.

M92: But the environment is not equal. You're taking a child that may thrive in a sheltered environment and putting him into a large, loud, busy classroom. Well you're changing all the conditions under which he succeeded. Saying there you go, you've done well, go on and succeed, but all parameters have changed. So the assumption that if a child does well here and should do well there doesn't fly for me because you're changing all the parameters, so how can the equation be equal.

Parents and children talked about wishing there had been even more help,

through an extended program and a different shift structure. The desire for a longer program may also be connected to the concern that coming home will undo some of the gains.

C92: I could have stayed longer.

CB92: Everything wasn't up, like final. There was race cars, like one's accelerating isn't big, but their top speed is big. Well, like everything was level, but it wasn't top. I could have stayed there for a couple more months and got them all top.

F121: Like I realise there's a waiting list and a lot of kids that want in there, but on the other hand I think they try to push the kids through too fast.

F121: Well, I think they get about 30 percent into the right direction and then you're back on your own, and I don't know what their supposed success rate is, but I can't see that it's real high because there's probably more kids that come out that go backwards than continue to go on forward.

In addition to wanting more time for the child in the program, the participant below felt that the staff working shift structure created a lack of continuity that makes it hard for staff to get to know the children well enough.

F121: but they're not on shift...it's not the proper way of saying it, they're not on shift long enough to see the kids. They do their eight or nine hour shift, then, it's a shift change. But that kid might not

see the girl that was on day shift for three or five days, maybe two weeks before she comes back, because they have so many different places.

Home visits were mentioned as being important for helping the family to develop a relationship with the worker and for the worker to understand what goes on in the family.

M74: Well, it's just it was more comfortable because (worker #1) was here, we see him a lot more. Like you couldn't see the people at Agency D as much as maybe you wanted to because they are they are busy and it's understandable. But it was more like personal because he was coming into your home so it was comfortable and there wasn't, like, when you would go into Agency D you had to stay an hour and you pretty much had to do and say what you had to do in that hour.

M74: You're in your own environment. It's more relaxing instead of having to go somewhere, sit on a couch or a chair. It was just uncomfortable. We had to do it so often that it was nice for someone to come here for a change.

The parent below, however, felt that home visits are not long enough. This is likely related to the perception that the parents' descriptions of the problems in the family are not easily discerned on a brief visit, leading to the problem of "not being believed."

F121: If there were in the home, let's say. I know the first thing they say is we're understaffed, we can't do it. But for a worker to come and say, Thursday I'm coming and spending the whole day with you, my full nine-hour day is in your house, before that nine hours is up, they would actually see what these kids are like. Any kid can sit and behave for a half hour at a time.

The location of the agency presented both advantages and disadvantages.

M92: But the hard thing for parents is getting to meetings. It takes a long time to come get me, drive to [Agency D] for an hour meeting and drive me back to work.

While the location of this agency may make it difficult for some families to attend meetings, the same participant below thought it was helpful for the child in the residence.

M92: One of the real benefits of this agency is their location. As far as the kids are concerned, they're out of their normal environment.

The classroom setup was also noted as a positive structural aspect of the Agency.

C92: The way the classroom was set up was good because we had the best kids as far as kids are concerned and we supported each other. So if one was feeling down, the rest would feel down, so we'd be with each other in hard places. Our teachers, my teacher and my child care youth worker, he was helpful and Mr. [name] was

really nice.

Concluding remarks for Agency D

Overall, the families in Agency D appeared to see the service they received as competent and helpful. They were also able to articulate aspects of the service that they were less satisfied with. Their ability to discriminate among helpful and unhelpful elements tends to validate both the criticisms and the praise. We emphasize again, however, that we interviewed only two families in Agency D and included some comments from a third family. We have done what we can to present their views accurately; however, given their small number, we cannot develop theoretical concepts to capture the salient themes in their experience. What they offer us is an insider view of how service may be experienced by some. The greater our understanding of individual families' experiences, from their own perspectives, the more insight can be had into the various ways that program structure and operation, staff complement, and clinical practices may affect families.

Concluding Remarks on the Overall Report

The preceding report has outlined the findings of a qualitative investigation related to the experiences of families who have had services by a F&CS agency or a CMH centre. Given the dissimilarities in the mandates of the two service systems, we feel it is inadvisable to make specific comparisons. We would expect, as noted in some of the findings, that the initial responses by families to the two different services can be quite different. F&CS services are typically not welcome, particularly when the family has been reported by a third party. These

services can often be seen as an intrusion. On the other hand, CMH services are often viewed as highly welcome relief to families who have dealt with very difficult problems related to child mental health over a long period of time, without much respite. Therefore, in many instances, it is likely that the social worker in F&CS has a large mountain to climb in terms of engaging families in working with the service. Social workers with CMH services are perhaps closer to the top of the mountain in the eyes of the families to begin with, but may have further to fall if the service relationship is not seen as acceptable to families.

One common thread in our findings is that regardless of the system, the individual worker is key in determining how the service will proceed and how helpful it will be seen to be by the family. Our family interviews suggest that the individual worker is able in some circumstances to mediate the system, which -- particularly for F&CS -- can reduce the perceived threat for families and increase the promise of fairness and even assistance. The researchers also understand that there may be extreme circumstances when softening the approach is not advisable or possible. Our findings suggest that how the worker deals with issues of power and uses him or herself in the exercise of mandated authority plays a central role in his or her effectiveness. Therefore, the more able the worker is to work collaboratively with the family – to help them feel respected, important, and included in the decision-making process, the more likely it is that service will be accepted and helpful. Workers who were seen by families as using more of a power-over approach garnered less cooperation, which sometimes led to escalating hostility, and to a deterioration of the worker-family

relationship and as such, to a less positive experience with the service.

The way in which a worker uses him or herself seems to be important to family members. Families who tended to see workers as “real” human beings who are willing to share aspects of themselves, are flexible and genuine, care about and listen to families, go an extra step, and who viewed family members as human beings doing their best under difficult circumstances, were more likely to want to cooperate in the service delivery.

We are not suggesting that service delivery is as simple as a good worker, nor are we suggesting -- given the sample size -- that the findings of our research are representative of anything more than of the families themselves. We are also aware that a great deal goes into service delivery from a number of levels. What we are suggesting is that the worker appears to be a key feature in the delivery system. This is consistent with existing research on the therapeutic relationship; therefore, pending further research, support for workers to provide the kinds of relationship described in this study should be considered potentially highly beneficial for such service organizations.

SOCIAL WORK



Partnerships for Children and Families Project

Wilfrid Laurier University
Waterloo, Ontario, Canada, N2L 3C5

Email: partnerships@wlu.ca

Local: (519) 884-0710 ext.3636

Toll Free: 1-866-239-1558

Fax: (519) 888-9732