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Recommended Citation

Frensch, K. M. & Cameron, G. (2003). Bridging or maintaining distance: a matched comparison of parent and service provider perceptions (pp. 1-23, Summary Report). Waterloo, ON: Wilfrid Laurier University, Partnerships for Children and Families Project.

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SUMMARY

Bridging or Maintaining Distance: A Matched Comparison of Parent and Service Provider Realities

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August 2003**

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Introduction

When service providers and parents engage with each other to improve family circumstances, do they have similar impressions of what is important and what is helpful? Our purpose in interviewing parents who have been involved in child protection services and their service providers was to understand how parents and service providers view each other, their interactions, and the services they are engaged in. We were also interested in the “official record”—the files that describe parents, children, their needs, and the services provided in response. A comparison of the perspectives of service providers, parents, and files highlights some of the barriers and assumptions at work when service providers and parents engage with each other to improve family functioning. Contrasting these three versions of events highlights how differences are bridged or maintained.

To begin our matched comparison of parent, file, and service provider realities we present a “case study” summarizing a parent’s perspective, the corresponding service provider’s perspective, as well as an excerpt taken from this particular parent’s file with the Children’s Aid Society. This offers a glimpse of the data that was used to form the basis for the report. It illustrates the nature of the information, the types of comparisons undertaken, as well as more generally to provide a sense of the three perspectives included.

Case Study: Angela and Leslie

Angela¹ is 25 years old with three children. At the time of our interview, she had been involved with the local Children’s Aid Society for six months and the status of her service involvement was still active. The following is an overview of Angela’s perspective using her own words.

¹ All names and details of living circumstances have been changed to protect the identities of research participants.

I am a single mother of three, two girls and a boy. I'm working part time and going to school for my human resources certificate. I love it there. My house is a madhouse. I've got to work at night, get a sitter for nights, got a sitter for the day. I have people coming constantly in and out of here. When I was 14 my mother tried to put me in a girl's home. I ran away, going back and forth between here and out east. My father was in jail most of my childhood. My first marriage, out east, was abusive. He beat me on a regular basis. Once even toward my son, Tyler. He was one and a half years old when my husband left. Tyler is a violent child because of the way he was raised, you know, with my first husband. Just after that, we had a fire. Tyler watched as our home burned to the ground. I am surprised as how much he remembers. Then I got involved with Tom and we had a daughter, Jenna. Tom and I didn't stay together, but he's always been in and out of my life. Jenna reminds me of me to a "t" when I was a child. She is a whiner. After the fire, we lived in a hotel, with my grandma, and some really gross apartments. We are now in a great neighbourhood, close to my family. The neighbours don't like that I yell sometimes, too bad. My second husband treated me and my kids real good, but right after we married it fell apart. He started getting depressed, he started to get suicidal, he'd go out and not come home for four days, the drugs issue. I'll never regret being married, but it's over. Now that I've got Chaz, my new boyfriend, it's slowing down. I was screaming a lot at the kids. I was tired, alone, I was frustrated with everything. I was giving up. It was really bad when he first arrived. Tyler just tested him. But I trust Chaz 100 percent. Children's aid became involved during my first marriage. My ex called on me claiming I was an unfit mother. CAS has been in and out of my life ever since. When I was pregnant with Jenna, they told me I wasn't ready, I don't need a second child! I've been involved in different services—counselling, education program for young single moms. Tyler was going to [children's mental health centre] for a few hours each week. There was a health nurse that would come in. I dropped her though. She called children's aid one time that I locked my kids in the room two hours a day and didn't check on them. I got one worker from CAS and the conflicts are unbelievable. I find her too nagging. Leslie is really conniving. She walked in like she was queen of the world. I'm very mean to her. I give her the same attitude she gives me. These workers need to realize that we do what we can. They come out with these ten minute appointments and run in and run out. Get to know the person, that's what they need to do.

Angela's third Children's Aid Society service provider, Leslie, is 46 years old with five children of her own. At the time of the interview, Leslie had been employed 14 months by the local agency. Using Leslie's own words, the following is an overview of Leslie's perspective on Angela, her living circumstances, and service involvement.

Angela has three children, six, four, and three years old. They are dirty most of the times. They do not listen to their mom. They were unkept and I would have liked for her to simply given them a haircut. Tyler, he's not doing very well in school. He missed 42 days of schooling last year. I haven't seen any significant behavioural or mental symptoms. Whatever difficulties he may have in the past was more related to his situation. She relied on different babysitters. I have evidence that she used unapproved and inappropriate babysitters in the past. There was some indication that they were drug users. Angela's now living in a quiet and questionable neighbourhood. She's renting part of the house, I assume. She makes complaints about the living conditions, broken windows, her inability to keep the place for some reason. She had a history of fraudulent behaviour. There were some indications that she was using her money on herself not her children. Given her resourcefulness and her cognitive ability I would expect her to do better. I do strongly suspect there are neglect issues. I've never seen her playing with them, talking with them in direct conversation. Angela is in a more stable relationship with this fellow, Chaz. I have seen him doing things for Tyler. I've seen him washing the dishes and babysitting. Angela is upgrading her education. But her lack of acknowledgement of any protection concerns, it makes it difficult for us to work on anything. There are things I don't know and at times they're trying to pull the wool over my eyes. I got somewhat intimidated by her loudness and herself being a big person. It wasn't a very pleasant experience. I don't think we have a working relationship. I had comprised a few protection concerns, sanitary, and lack of medical, and the children being neglected socially and when I confronted her for the first time she got upset, swore at me and asked me to leave.

The third perspective is information contained in the agency file about Angela and her situation. In this case, the file perspective is represented by an actual summary of the details of a referral from a professional already involved with Angela that was taken over the phone by an agency employee called an intake screener.

Phone call from [nurse], Family Health. Has concerns with a family she has been working with since March of '98. Family in and out of crisis. Dad, bio dad of youngest child only, has depression—not compliant with therapy. Left Saturday night not taking meds. Mom sounding depressed, not motivated to meet kids' needs—putting them to bed at 7 p.m. Oldest child has behaviour problems—exposed to domestic violence by bio dad. Both parents immature—made few changes in parenting—no empathy for the children. Mom does talk negatively about the children in their presence. Yelling not hitting, expectations too high. Dad left the home with a knife on Saturday—some indication he was having sex with teenage girls—mom confronted him and he left. Domestic violence not been an issue in the past. Mom controls most things. He is very much a child. No milk in the home right now—no plans to get any 'til Friday.

Talking about buying a new T.V. while no milk for the children. Has counselor from [counseling agency] who visited last night and told her she needed to leave husband—mom upset by this. Mom says dad lived on streets most of his life—figures he is there. Tyler also abused by father—men in and out of life.

In our comparative analysis of individual triads of matched parent, service provider, and file information, there are several interpretive dimensions along which we examine and comment on the information gathered. At a basic level, what does each party's description of circumstance and experiences consist of? Here, our goal is to examine important incidents, level of detail, and the scope and time frame for the focus of each perspective. In the example case, Leslie is able to identify some of Angela's significant events, such as her positive relationship with Chaz and her reliance on a number of babysitters, but there are clear gaps in the information Leslie provides. Leslie does not identify Angela's struggles as an adolescent or her residential instability over the years, which suggests a narrow focus on the present timeframe.

In our analysis, we also consider how each party explains or understands circumstances or events. For example, as a point of congruence, both Angela and Leslie understand the origins of Tyler's behavioural difficulties as a product of the parenting environment. Angela says, "Tyler is a violent child because of the way he was raised..." Leslie's comments are similar: "I haven't seen any significant behavioural or mental symptoms. Whatever difficulties [Tyler] may have in the past was more related to his situation." The file referral also implies Tyler's behavioural problems are a result of being "exposed to domestic violence by bio[logical] dad". Each party's explanations and interpretations of events include reasons for behaviours and outcomes, evidence for judgments and explanations, and perhaps more hidden, the values and principles on which interpretations are made. As a simple illustration, Leslie values the clean appearance of children, perhaps as an indicator of good health and attentive parenting, and critically states that Angela's

children were “dirty most of the times” and she “would have liked for her to simply given them a haircut”.

Our analysis also includes interpretive dimensions specific to each party’s perceptions and assessments of agency service involvements and relationships. More specifically, perceptions and assessments of the relationship between parents and service providers include levels of satisfaction with the frequency and nature of contact, the presence of empathy and reciprocity or alternately power and authority, an understanding of each other’s roles and expectations, as well as the usefulness and meaningfulness of the relationship. In Angela and Leslie’s situation, their service relationship is described by both parties as adversarial and clearly encompasses a struggle for power by both women. In Angela’s description of Leslie, she says Leslie “walked in like she was queen of the world” and Angela’s response is to “give her the same attitude she gives me”. While Leslie acknowledges being “intimidated by [Angela’s] loudness”, she attempts to maintain a position of authority by “confronting her” with a list of protection concerns only to have Angela curse at her and ask her to leave.

Our comments specific to this case study are by no means exhaustive; rather, our intent is to demonstrate the nuanced comparison that is possible. Following an overview of the study methods, the remainder of this summary highlights some of the values, priorities, and emphases implicit in each of the three perspectives across the 15 matched comparisons. To conclude, we present a synthesis of these identified patterns and offer some implications for child welfare service provision.

The Study

This research was conducted under the umbrella of the Partnerships for Children and Families Project. The Project is a five-year (2000-2005) Community University Research

Alliance funded by the Social Sciences and Humanities Research Council of Canada. Our research focuses on understanding the lives and service experiences of families and children who are served by children's aid societies and children's mental health services in Southwestern Ontario, Canada. Our purpose is to foster improvements in existing child welfare and children's mental health policies, delivery systems, administration, and programming/interventions.

The study sample included 15 child welfare cases consisting of a parent interview, a service provider interview, and in seven cases, the corresponding file information was also included. The sample for this study was drawn from a larger sample of interviews conducted with parents who had been involved with the Children's Aid Society. Parents who consented to having researchers contact their child welfare worker and, subsequently, the cases in which researchers were able to interview the service provider with their consent were included in this study. Parents were also asked for consent to allow researchers to view and extract qualitative information from their case files at the Children's Aid Society. While all 15 parents consented to researchers viewing their files, qualitative file information was only available in seven cases. Qualitative file information included, but was not limited to, text excerpts found in the safety assessment, risk and/or comprehensive assessment, plan of service, or initial referral call or report, all of which are components of mandated child welfare recordings.

There are several cautions that are unique to this kind of comparative study. We must consider that these are three subjective perspectives of the same series of events and circumstances. Therefore, we approach these accounts as if we cannot know which version is "correct" and do not assign superiority to one perspective over another. Our purpose is not to determine the "truest" account of events; rather, our focus is on convergence among perspectives and improving relationships between parents and service providers.

Our critical analysis of both the child welfare system and service relationships between parents and workers is not to be misconstrued as an attack on the work carried out by service providers, or of service providers themselves. There are many children and families for whom Children's Aid has provided a beneficial service. We see this study as an opportunity for those working in child welfare and those creating the policy that drives child welfare practice to take a step back and reflect on some of the assumptions, expectations, and paradigms implicit in the nature of child welfare work with families.

Results & Discussion

1. Language and Presentation

Our detailed comparative analysis begins with an examination of the type and nature of the language used by parents, service providers, and contained within the case files. In a comparison of the three perspectives, certainly parents' accounts contain the most information and the most detail about their lives and service experiences. Parent's discussions encompass a broad scope of information and reflect the passage of time. Indeed, we get a sense of parents' life stories: childhood memories, marriages, the arrival of children, dissolutions of marriages, subsequent re-partnering, educational pursuits, and personal triumphs and challenges.

Service providers' accounts contain less information than parents' discussions; however, the information that is present is generally congruent with parents, albeit with less detail. Service providers are able to identify many of the same issues that parents identify as important in their lives. There is, however, an emphasis on the present or current family situation in service providers' accounts. Service providers' accounts place greater emphasis on family functioning and the impacts it has on parents' capacity to care for their children. In other life domains, such as extended family, community involvement, or recreational pursuits, many

service providers struggled to recall information about families in these areas.

In our review of the language contained in the case files it was apparent that the files lack any of the same nuances we saw in parents' perspectives, and to a lesser degree in service providers' accounts. While the files generally contain less information and less detailed information about families than either parents' or service providers' accounts, in some cases the files presents contradictory information or information not mentioned by either parents or service providers. The information contained within the file is at best sparse: a series of standardized checklists and a short paragraph or two to accompany the numerical ratings generated from the checklists for a family. This raises some serious questions about the amount of information service providers are being asked to make decisions with, decisions that can have lasting impacts on children and families' lives such as apprehending a child. In addition, these files carry much weight in a legal arena acting as the "official record" of events.

2. Problem focused/Deficit Model

In all three perspectives, we note little meaningful or useful identification of parents' or families' strengths, such as familial supports, links to community resources, stable housing, or steady employment. In some service provider accounts, strengths are mentioned but the amount of attention or discussion they receive is minimal in comparison to the emphasis placed on problems and deficits.

Even smaller yet is the attention a family's or parent's strengths receives in the case file. The required case recordings and accompanying terminology are by design, risk-focused (e.g. "safety intervention plan", "risk assessment"). As such, strengths are generally included only as an absence of risk or with respect to their importance in reducing other risk factors. Where strengths *are* formally documented in the risk assessment, for example, the instructions are to

“explain how the strengths or lower risk elements [based on a numerical rating system where a 0 or 1 is considered a strength or low risk] reduce the impact of other risk elements to the children.” The documentation of “risk” in child welfare files further reinforces a problem-focus for service providers and for parents as well. The primary job of service providers is to “assess risk” and in that sense the required documentation drives their information gathering, what they talk about with parents, and the type of service plans they devise.

3. Issues of Mothering

In our matched comparisons, all 15 parents interviewed in this sample were mothers. In child welfare, mothers are repeatedly the focus of interventions, with particular emphasis being placed on addressing mothers’ unresolved personal issues, such as childhood trauma, alcoholism, or abusive relationships. Mothers’ own unresolved personal issues are frequently identified as “risk factors” in assessing parenting capacity. This amounts to great pressure on women as mothers to deal with their own “problems” while still being expected to manage their often stressful and chaotic daily lives.

Mothers are frequently held responsible and accountable for making improvements in family functioning. This is evidenced most strongly in the case files, particularly in the language used to document plans of service. For example, in a documented plan of service with ten stated objectives, six of these objectives solely identify the mother as the person most responsible to meet these objectives:

1. [Mother] is to reside apart from [violent husband].
2. [Mother] is to attend individual counseling...
3. [Mother] is to attend counseling to deal with issues of domestic violence...
4. [Mother] is to have psychological assessment...and is to follow through with treatment recommendations.
5. [Mother] is to take all medications prescribed.
6. [Mother] is to attend individual and/or group counseling for parenting...

4. Fathers As Stereotypes or Absentees

With a focus on mothers as targets of intervention and most responsible for improvements in family functioning, it is not surprising that there is little mention of fathers in all three perspectives. Several service providers state that they did not meet male partners involved or only spoke to them briefly on the telephone. There appears to be little expectation that male partners will be involved in agency services. When fathers or male partners *are* discussed, the dominant stereotypes associated with male partners in child welfare are present. Male partners may be regarded as a “risk factor”, “abuser”, “dead-beat dad”, or “non-compliant”. Fathers or male partners may be advised to attend anger management counseling, reside separately from the children, or agree to a supervision order. There appears to be a limited range of service options available in child welfare for addressing issues specific to male partners.

5. An Unawareness of Structural Inequalities

Of approximately the 100 interviews conducted with parents involved with child welfare services as part of the overall Partnerships Project research, only a handful of families could be described as other than “working poor” or “low income families”. Many child welfare service providers work with disadvantaged families on a daily basis; and, the presence of structural inequalities are often regarded as the established norm for these families². “Structural inequalities” include, but are not limited to, poverty, living in disadvantaged and dangerous neighbourhoods, limited affordable and adequate housing, limited access to resources such as transportation and education, limited opportunities and choices, and oppressive employment realities.

² For a detailed discussion of child welfare service providers’ reactions to structural inequalities among child welfare recipients please refer to Cameron, G. & Hoy, S. (2003). Stories of mothers and child welfare. Waterloo, ON: Partnerships for Children and Families Project, Wilfrid Laurier University.

These systemic issues are common enough among the child welfare service population but rarely are they the focus of service intervention. In our examination of the required paperwork for the completion of a “safety assessment” and a “comprehensive assessment” there were few items that pertained to a family’s financial well-being: “Caregiver has not, or is unable, to meet the child/children’s immediate needs for food, clothing, shelter, and/or medical care.”; “The child/children’s physical living conditions are hazardous and may cause serious harm to the child/children”. These items are designed to assess the impacts of inadequate resources or hazardous living conditions on child safety specifically.

In combination, the focus on parenting deficiencies, mothers’ accountability, and the minimization of fathers’ involvement leads to some questions about how service providers and parents engage in service relationships and the perceived appropriateness and efficacy of services. The next section highlights findings from parents and service providers’ assessments of child welfare services, as well as some of the patterns of engagement that serve to either bridge or maintain the distance between parents and service providers.

Perceptions of Service Involvement

One of the features unique to this study is the opportunity to examine not only parents’ perceptions of child welfare services³, but to view them in conjunction with service providers’ perceptions. In addition, including the case files allows us to comment on how the delivery of services and service relationships are documented.

³ For a summary of parents’ assessments of child protective services using data from the Partnerships Project, please refer to Maiter, S., Palmer, S. & Manji, S. (2003). Invisible lives: A qualitative investigation of 61 parents receiving child protective services. Waterloo, ON: Partnerships for Children and Families Project, Wilfrid Laurier University.

1. Assessment of Agency Involvement

Given the intrusive nature of child welfare work, we might expect that parents would be overly critical of their agency involvement and that the congruency between parent and service provider perspectives would be at best minimal. While parents were generally critical of the delivery and adequacy of child protective services, service providers were equally as critical of the way in which they provide services and the limits to the types of services that they can provide under the current child welfare mandate.

The practice of transferring a family's file across multiple specialized workers throughout the stages of an ongoing child protection case is identified as an area of dissatisfaction by both parents and service providers. Parents express frustration with having to tell "their story" over and over every time there is a new service provider. For service providers, the frequent transferring of cases is associated with feelings of not ever really getting to know a family in the little time that they work together.

Another common concern identified by both parents and service providers is the potential negative impact of using intrusive interventions early on in service involvement. The use of early intrusive interventions is described as an impediment to establishing effective service relationships, as well as inducing trauma and fear among parents. Intrusive interventions characteristic of the initial investigation of a family may include unannounced home visits, the accompaniment of police upon the initial visit, immediate apprehension of children, and searching through a family's home, including kitchen cupboards and the refrigerator.

Parents and service providers' reported satisfaction with the *type* of services delivered appears to be varied. Parents report an appreciation for concrete services such as referrals, links to other services such as counselling, and subsidies:

[Worker #2] was absolutely wonderful when it came to vouchers or cribs. [...] It was resources kind of thing. I just needed to know where things were and how to get around. [...] How do I get to a food bank if I need it? [...] When me and my husband broke off and I needed counselling, where do I go? (Parent 23)

While service providers acknowledge the usefulness of such tangible services, they report frustration with not being able to address what they perceive to be “root causes” for family or individual dysfunction.

I hoped that sometime down the line, [parent] would seek out other forms of counselling [...] It would really affect her parenting and...and her choice in partners. (Service Provider 4)

Service providers also discuss the potential impact of intrusive measures on working relationships and service delivery. In an effort to build more positive relationships with parents, a few service providers talk about avoiding approaches that could be perceived as overbearing:

I mean you're trying to develop a relationship with these people that they're going to trust you and that they're going to feel that they're able to speak to you about anything. So if you're throwing up barriers off the bat, anything, in your body language, your voice, I don't think you should do it. (Service Provider 13)

Service providers also acknowledge the challenge of getting to know the parents that they work with, as they are faced with the reality of heavy workloads (high caseloads and extensive paperwork requirements) and the unfeasibility of visiting with parents on a more regular basis. Over 60% of service providers, surveyed as part of our examination of service providers' experiences as employees in child welfare, report spending more than half of their time documenting their work with families⁴. Consequently, service providers have little time remaining to spend with the families they work with (sometimes up to 25-30 families). One worker warns of the dangers in adhering to “a military model of ‘name it’, ‘respond’, and ‘move

⁴ Harvey, C., Mandell, D., Stalker, C. & Frensch, K. (2003). A Workplace Study of Four Southern-Ontario Children's Aid Societies. Waterloo, ON: Partnerships for Children and Families Project, Wilfrid Laurier University.

on””. At least a third of workers talk about wanting the opportunity to gain a fuller understanding of the parents they work with:

Sometimes you get families and you’d love to know after you’re done with them, but it’s not realistic. You don’t have the time. (Service Provider 13)

Parents also identify this same gap in service delivery, often commenting on the infrequent and short visits made by their service provider:

I haven't really talked to [service provider] much lately. It kinda varies ‘cause she hasn't been here I'd say maybe...I'd say more than three months. It might even be six months. And when she does come she kinda just updates, or sees if anything is new. But if nothing, she's here maybe ten minutes and she's gone for another three months. (Parent 3)

The most compelling need identified by both parents and service providers was the need to establish better connections between parents and service providers. The mutual desire to establish more meaningful connections is an area of common ground that holds potential for shaping the way in which parents and service providers engage with one another.

2. Patterns of Engagement

Patterns of engagement, in this context, refer to the ways in which parents and service providers act toward each other within the service relationship. These ways of engaging with one another are influenced by the attitudes, ideas, and assumptions each party makes of the other and of the service situation.

Parents’ Patterns

Parents seem to express a limited understanding of why the agency is involved beyond the reasons for a specific referral (such as the school called CAS after seeing bruises on a child’s arm) and many parents, at some point in their involvement with CAS, express the sentiment that

they “just want CAS to go away”. Parents talk about complying with the demands of CAS in hopes that it will expedite the agency’s departure.

Some service providers also identify parents’ desires to have the agency close the file:

...they wanted us out of their lives, as soon as they could get us out. [...] ...they agreed to work with us [...] using a service plan, rather than a court order [...] I think they would do anything just to get us out of their lives... (Service Provider 4)

Patterns of engagement common to parents in their involvement with Children’s Aid appear to be driven, in part, by their fear of the agency, not knowing what to expect when the agency becomes involved, and the desire to see Children’s Aid leave their lives. This has the potential to set up barriers between parents and service providers, even before they actually meet.

Service Providers’ Patterns

Service providers are limited by the finite number of services that they can offer families. Options that service providers have to work with are predominately geared toward addressing protection issues. As such, service providers often prescribe families a standardized service “package”. This “one size fits all” model may limit the ways in which parents and service providers interact, as well as potentially restrict the conceptualization of service plans that are perceived to be individualized, creative, or negotiated.

With a limited range of options available to service providers for helping families, child welfare is rarely thought of as a negotiated service between service providers and parents. In a system where the intended recipients of service (i.e. parents) have little say in decision making processes, such as which services they receive, the potential is there for adversarial relationships to develop. Service providers articulate the expectation that they will face a certain level of “resistance” from the parents with whom they work:

We are confronting them, the clients and they're confronting us in all aspects. In every single meeting they do have to confront us. (Service Provider 23)

When parents refuse services or are perceived as non-cooperative, parents may be blamed for allowing a situation to continue or escalate:

...the family was highly uncooperative and very verbally abusive with the intake worker. That's the reason why a court order was sought. (Service Provider 24)

Despite service providers' awareness of the ability of parents to resist prescribed interventions, there appears to be an expectation that parents will eventually comply with the service plan. When parents resist service involvement, the process of obtaining compliance may move into the legal arena. Coupled with parents' desire to have the agency "go away" and parents' fear and limited understanding of the agency's purposes and expectations, these patterns of engagement create the potential for conflict-laden interactions between parents and service providers. Beginning to expose some of these negative patterns may provide the groundwork for challenging some of the ways parents and service providers engage with one another.

Part III: Frames of Reference

It can be said that both parents and service providers view each other with a particular "frame of reference". These frames of reference are comprised of overt and hidden considerations for each party, which we refer to here as "foreground" and "background" considerations respectively. Our purpose in presenting "frames of reference" is primarily as an organizational tool: a way to understand how some of the concepts discussed earlier fit together to create a lens through which parents and service providers view each other, their interactions, and service involvement. Considerations found in the foreground are conscious ways of thinking that are frequently accessed to "frame", or understand, behaviours (of self or others), events, and

circumstances. The foreground influences what parents and service providers pay attention to and how they understand things.

Attitudes, beliefs, or ways of thinking that are not readily acknowledged, or in some instances not even known to parents and service providers in their interactions with one another, make up our proposed “background” to this structure. While background items may be hidden from parents’ and service providers’ awareness, they can still influence the ways in which each party thinks and behaves. Table 1.1 presents an overview of the elements that we perceive to make up the foreground and background of the frames of reference both parents and service providers have of one another, as well as of the child welfare services in which they are engaged. As we move down the list of considerations in each of the four quadrants, the items become more hidden in the dialogue of parents and service providers, until we reach the most obscure elements which rarely surface at all.

Table 1.1 An Overview of Parent and Service Provider Frames of Reference		
	<i>Foreground</i>	<i>Background</i>
<i>Parents</i>	<ul style="list-style-type: none"> § Daily living stress § Personal struggles and pursuits § Getting rid of CAS § Conflict, problem-focus 	<ul style="list-style-type: none"> § Need for genuine connections with service providers § Impact of parenting environment on children § Identification of strengths § Structural inequalities
<i>Service Providers</i>	<ul style="list-style-type: none"> § Child protection and safety § Unresolved personal issues of mothers § Conflict, problem-focus, dysfunction § Parental accountability and responsibility § Parents’ compliance with agency 	<ul style="list-style-type: none"> § Need for genuine connections with parents § Daily stress of parents § Identification of strengths § Structural inequalities § The right to judge

Foreground-Parents

For many parents in this sample, the struggles of daily life are central to their discussions. Parents talk of their challenges in raising children, maintaining relationships, the realities of oppressive employment situations, and securing adequate housing. Parents readily discuss their own personal struggles, pursuits, and triumphs such as returning to school or leaving an abusive partner.

Many parents in this study share the tendency to “frame” situations with a problem-focus, particularly in their descriptions of children. Parents focus on medical and developmental conditions, negative behaviours, and factors of influence that are external to parenting, such as the nature of a child or a particular disorder when explaining problems with children. Parents clearly articulate their need for help in dealing with “problem” children. Equally as apparent is parents’ frustration in securing services that they perceive to be helpful.

Many parents describe their tumultuous relationship with the Children’s Aid Society. Often citing traumatic first encounters, inflexible services, and infrequent contact with service providers, parents express the sentiment that they just want the agency to “go away”. Parents do not only share criticisms of the delivery system, however, many are able to offer suggestions for providing more responsive services to families. Most notably, parents identify the need for parents and service providers to establish more genuine and honest connections with one another.

Background-Parents

As we move down the list of “background” items, each consideration is more hidden from parents’ awareness than the last. While parents clearly articulate their struggles with difficult or high needs children (foreground item), they appear less able to see the impact of the parenting environment on children. Indeed, this was an area of significant difference between

parents' and service providers' understanding of children's difficulties and related family dysfunction.

Parents devote a significant amount of conversation to the discussion of problems with children, in families, and in relationships at the expense of any expanded discussion of strengths. The identification of strengths possessed by parents, children, and families in parents' discussions is lacking and its absence most likely is not easily recognized. All three perspectives seem to be missing any expanded discussion of strengths, potentially limiting the possibilities for service delivery.

And finally, we suggest what is most hidden from parents' awareness is the pervasiveness of structural inequalities in their lives. Structured inequalities impact the options parents have to choose from, such as the neighbourhoods in which to live, employment opportunities, and affordable housing. In this sample, many families are struggling financially and this is perceived to be a part of daily life for these families and common to the families around them.

Foreground-Service Providers

Considerations found in the foreground for service providers generally stand in contrast to issues central for parents. Child protection, child safety, and assessing risk to children (mandates central to child welfare work) greatly influence how service providers engage parents in their work. Integral to the protection of children is the assessment of parenting capacity. In most cases this focuses on the assessment of mothers' mental, emotional, and physical well-being and the impact on caring for children.

In the same way that parents emphasize deficits, problems, and conflict in their discussions, service providers also adhere to this problem-focus when describing families, events, or circumstances. The language and structure used in mandated recordings reinforce this

frame for service providers. Required documentation keeps track of parents' and families' deficits and problem areas.

Perhaps somewhat less apparent to service providers is the expectation of parental compliance with agency interventions. In several cases, we hear service providers identifying the added challenges of working with "non-compliant" parents. Service providers acknowledge having to sometimes "confront" parents on disputed agency interventions. Increasingly this can lead to court ordered involvement with families. Faced with the realities of working in adversarial service relationships on a daily basis, service providers articulate the need for more meaningful connections with parents. Established patterns of engagement within the current system continue to present challenges for making this a reality; but, certainly we see great potential in this common need and desire for bridging the distance between parents and service providers.

Background-Service Providers

Background items that become increasingly more hidden from service providers' awareness, yet still hold influence over the way in which they interact with parents and provide services, include the underestimation of the stress of daily survival for families and the pervasiveness of structural inequalities in the lives of families. The perceived "constant" that almost all of the families involved with Children's Aid are economically disadvantaged inhibits meaningful discussion of parent's lives of lesser privilege or the inclusion of structural inequalities as a focus of intervention. In general, the "standardized" service plan does not appear to relieve pressures on stressed families; rather, in its focus on parental capacity and accountability, it keeps the pressure on mothers as the individual most responsible for improving child and family functioning.

Implicit in the job of child welfare workers is the task of making judgments about parents' capacity to care for their children. These judgments are often made quickly and may be based on little information available at the time. In this sample of service providers, we do not hear much doubt or discomfort in making judgments or unequivocal statements about parents. Any questioning of this right to judge appears to be buried deep within service providers' frame of reference. As an exception, one service provider tells us:

I found the assumptions and questions being raised by the previous worker excessive and I also found it bordering on judgmental [...] I am surprised at how quickly intake was labeling her. (Service Provider 5).

Judgments about parental capacity and family functioning are documented in case files and become part of the "official record". Once entered into the official record, these statements can become difficult to reverse or remove, even when they are determined to be false or inaccurate.

Conclusion

Our matched comparison of the perspectives of service providers, parents, and files highlights some of the barriers and assumptions at work when service providers and parents engage with each other to improve family functioning. In contrasting these three versions of events we identify areas of convergence and divergence that act to maintain or bridge differences across these perspectives.

Both parents and service providers identify practices that reinforce a disconnection between perspectives as sources of dissatisfaction such as infrequent visits, short visits, multiple short term service providers, and early intrusive interventions. Furthermore, common patterns of engagement for parents such as their fear of the agency, not knowing what to expect when the agency becomes involved, and the desire to see Children's Aid leave their lives sets up barriers

in the service relationship. How can the distance between parents and service providers be bridged?

By beginning to identify and discuss areas of common concern among parents and service providers we are working toward bringing each perspective closer together. In addition to shared criticisms of child welfare practices, both parents and service providers agree that there is an immediate need and a desire to foster more genuine connections with one another. This mutual desire to establish more meaningful connections holds much potential for shaping the way in which parents and service providers engage with one another.

Sensitizing service providers to parents' daily realities, such as the impact of structural inequalities on parents' life choices and opportunities, and to some of the assumptions on which service provision is based (i.e. bring some of service providers' "background issues" into awareness) holds promise for changing the ways in which service relationships can play out.

Bridging distance between parents and service providers also requires expanding parents' awareness to include some of the considerations presently categorized as background issues for parents. Taking steps to understand the impact they, as parents, have on the well-being of children and to identify the ways in which structural inequalities shape their lives can only help in the effort to bring parents and service providers perspectives closer together. Ultimately both parents and service providers need to challenge their own assumptions of one another, as well as question current child welfare practices that work to maintain distance between parents and service providers. And, as a community we must consider advocating for a child welfare service model that not only allows, but institutes, genuine connections between parents and service providers and the provision of services that are useful and meaningful in the daily lives of families.