Participatory Child Welfare Practice: 
A Literature Review of Collaborative, Strengths-Based Child Welfare Social Work Practice 
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Introduction and Intention

This literature review, and the accompanying practice tool, are designed to facilitate engagement and collaboration in child welfare-mandated services and to foster supportive working relationships between social workers and parents who are required by child welfare authorities to participate in counselling and other services. For this project I investigate research into parent's and worker's experiences of child welfare services. I examine this body of literature for its findings and suggestions for effective, “best” practice with parents having any involvement with child welfare. I use this literature and these perspectives to develop a “Parental Engagement and Participatory Practice Tool” to assist social workers, counsellors, and other service-providers in working with mandated clients and with the child welfare system.

This project is part of my work towards my Master's in Social Work at the University of Victoria. I currently work in Halifax, Nova Scotia, in an agency which provides counselling and support to perpetrators of domestic abuse and their partners who have experienced physical and emotional violence. I work as the partner's counsellor with people who have experienced domestic violence, many of whom are mandated to participate in counselling by Nova Scotia's child welfare authority, the Department of Community Services, Child and Family Services. This literature and practice tool are intended to inform and support collaborative, strengths-based social work practice with child welfare-mandated clients.

I believe this research to be important because of the large number of families that come into contact with child welfare authorities and the impact this has on individual people and communities. Of the 9935 child protection referrals made to the Department of Community Services in 2012-13, 6601 resulted in child protection investigations. 1249 child protection cases were opened and 534 children were taken into care (novascotia.ca, n.d.).

I have been doing various kinds of support work in different settings with diverse women and men. A commonality among people I have met in shelters, drop in centres, and other services is the importance many women and men place on their role as parents. Many people do not have custody of their children, do not play a care-giving
role, and in many cases do not even have access to their children, yet still identify as parents and emphasize their parental role and the importance of their children in their lives. I am not a parent and I am not a child welfare worker but I see the importance and the impact of child welfare services on individual families and communities. Overwhelmingly, parents involved with child welfare across Canada and internationally report frustration, dissatisfaction, and the experience of being overwhelmed and overpowered by child welfare services (Buckley, Carr, & Whelan, 2011; Dumbrill, 2006; Hall & Slembrouck, 2011).

**Child Welfare Services in Nova Scotia: Overview**

Child welfare or child protection is the area of social work practice concerned with the safety and well-being of children (Krane & Davies, 2000, p. 36). Through specific statutory laws, the state steps in to take on the role of parent in cases where the state has deemed parental care to be inadequate or unsafe. In Canada, the Constitution Act grants provinces and territories the authority to operate child welfare systems which put in place legislation to govern those systems and have the power to intervene, when they deem it necessary to do so. The purpose of provincial and territorial child welfare systems is to protect the safety and well-being of children”. (Gough, 2006)

In Nova Scotia, the Department of Community Services (DCS), specifically, Child Welfare Services is responsible for “protecting children from harm from abuse or neglect, while making every effort to keep families together. Child welfare services include child protection and supports for children in care, including foster care and adoption” (DCS, n.d.). In the past, DCS was responsible for monitoring the quality and delivery of child welfare services, which were provided by independent not-for-profit Children’s Aid Societies, Family and Children’s Services agencies, and government-run district offices. However, as legal and social implications related to child welfare become more complex, individual agencies and private Children’s Aid Societies have gradually come under the governance of the provincial Department of Community Services (DCS, n.d).

A Review of Child Welfare Services Governance and Business Model by Deloitte and Touche (2004) suggested this integration of services, along with other changes in order
to lower financial costs, ensure “streamlined, consistent, and efficient management and administrative functions”, to be more clearly accountable, and to “improve the organizational effectiveness and efficiencies... by consolidating the organization and management structures...” (p. 3) This amalgamation fits with the overall bureaucratization of child welfare services documented by many researchers in this field. (Krane & Davies, p. 36)

**Child Welfare Services in Canada: Background**

**Emphasis on Risk Assessment**

Despite this emphasis on efficiency and bureaucratization, much research documents the fact that child welfare services everywhere are over-loaded and under-resourced. With this overload, there has been a shift in emphasis from providing supportive services to families to assessing parent's for potential risk and monitoring and managing that risk (Krane & Davies, 2000, p. 36) “Canadian child welfare practice is undergoing substantial shifts as a result of the meteoric rise in influence of risk assessment protocols; consequently, families are able to access supportive services only if their situation is assessed as a child protection risk.” (Rutman et al, 2002, p. 150)

Service-providers and users report a lack of preventative measures and supportive resources and an emphasis on monitoring and investigation.

Krane and Davies review the contemporary trend towards “risk assessment“ in child welfare practices in North America and the UK, which have increasingly come to emphasize and rely on bureaucratic, technocratic, and regulatory techniques for detecting and managing abuse and neglect, rather than supportive approaches or services (p. 36) “Through risk factor checklists [social] conditions are abstracted from the social context and translated into discrete and observable items, given a negative connotation, and subsequently measured as individual weaknesses or deviations from idealized child-rearing norms” (p. 41) According to child welfare worker participants in Clarke (2011) “sameness” and standardization framed child protection practice and shaped how workers interacted with diverse parents and families, regardless of families' cultural or religious backgrounds and identities. Clarke argues that the lack of structural
analysis in child welfare assessments disadvantages poor and racialized children and families (p. 280).

According to Rutman et al (2002), Canadian child welfare practice is shifting to focus on risk assessment, which consequently reduces poor and marginalized families' eligibility and entitlements. Families only become eligible to access supportive services if their situations have been evaluated as significant child protection risk, rather than based on families particular circumstances or needs. Rutman et al interviewed child welfare workers who confirmed this preoccupation with standardized risk assessment procedures and instruments. Workers reported that current government allocation of resources were vastly insufficient to address the basic human needs of marginalized young mothers, which ultimately sets parents up for failure and diminishes child welfare worker's capacity to work appropriately and supportively with parents.

This lack of appropriate service most significantly impacts marginalized families with less access to resources generally. A youth in Clarke's (2011) study of Afro-Caribbean families' experiences with child welfare services in Canada said, “after spending my entire childhood in the care of the society [foster home and group home], I realized that my family could have cared for me if they had the support that foster parents receive from the hundreds of professionals who work for the Society” (as cited in Clarke, p. 279).

Focus on Marginalized Families

Marginalized children and families are over-represented in the child welfare system in Canada and elsewhere. For instance, in 2007, Indigenous children made up four percent of the child population in Nova Scotia, yet comprised sixteen percent of all children in the care of Child, Youth, and Family Services. (Kozlowski et al, 2011). Marginalized people such as Indigenous and non-white people, immigrants, single mothers, people living in poverty, and others do not necessarily reflect dominant or mainstream parenting models represented in the general population and idealized within the child welfare system (Child Welfare Anti-Oppression Roundtable, 2009) and are far more likely to be investigated by child protection services than middle-class, white families (Strega, 2007, p. 71). Families and children of colour are far more likely to be reported, investigated, misdiagnosed, under-serviced, and placed in foster care by the
child protection system (Clarke, p. 277).

According to Courtney et al, the discrepancies in how non-white children and families are treated in child welfare services makes it appear that “a pattern of inequity, if not discrimination, based on race and ethnicity in the provision of child welfare services” exists in the child welfare system (Courtney et al., 1996, p. 112 as cited in Clarke, p. 277). “Some theorists argue that individual instances of chronic maltreatment are actually products of chronic poverty and social deprivation, rather than the effects of individual pathology and family dysfunction” (Krane & Davies, p. 40).

Trocme, Knoke, & Blackstock (2004) found that there is an extremely high rate of hardship among Aboriginal families in the child welfare system. Compared to white families, Aboriginal families have less stable housing, greater dependence on social assistance, younger parents, more parents who were maltreated as children, and higher rates of alcohol and drug abuse (p. 594). According to the UN, systemic racism and xenophobia in the welfare and justice systems have meant that “Indigenous children continued to be removed from their families by welfare agencies that equated poverty with neglect” (United Nations, 2003, p. 5, in Trocme, Knoke, & Blackstock, p. 579).

Both families and child protection workers notice inequalities based on race and class and the effects this has on children and families. According to a child welfare worker participating in Clarke's (2011) study “poor families are judged and assessed from a middle-class background, which sets them up for investigation ... poor families are assessed with the same standards as a wealthy family who has money to buy a nice home and a full-time nanny. It doesn't make sense, but that's what we do.” (p. 279)

Indigenous children are vastly over-represented in the Canadian child welfare system, which has significant and particular implications for Indigenous families given the history and impact that child welfare and other Canadian institutions have had on First Nations, Metis, and Inuit culture and families. Church-run residential schools worked to assimilate Aboriginal children and were the site of physical, sexual, and emotional abuse that has rippled through generations of Indigenous peoples.

The children were forbidden to speak their own languages, practice their spiritual traditions, or maintain their cultural traditions. Schools were usually too far from reserves to enable contact with parents. Siblings were separated in residence.
Sexual and physical abuse and death from disease were common. Children in residential schools did not encounter healthy parental role models and, as adults, frequently had diminished capacity to care for their own children (Trocme, Knoke, & Blackstock, p. 578).

Parents who have come under the scrutiny of child protection services are often already currently involved with various social systems and services or have a history of involvement with, for example, social assistance, corrections, or child protection services as children or youth themselves (Child Welfare Anti-Oppression Roundtable, 2009). Parents have frequently experienced negative interactions and outcomes from child welfare and other social systems and services throughout their lives and therefore lack trust in workers or systems.

Also, it is likely that the high rates of parents’ own histories of childhood abuse contribute to the complexity of the problems facing their families and communities. For instance, in the case of Indigenous peoples in Canada, their experience of abuse, along with poverty, racism, and other factors likely undermines the capacity of multiple generations of parents. The multiple disadvantages and challenges documented among Indigenous families place Indigenous children at higher risk for future maltreatment (Trocme, Knoke, & Blackstock, p. 596).

Parents who are perceived as uncooperative may not be offered services (Dawson & Berry, p. 294) “Barriers to engagement are magnified in child welfare, where services to parents are mandated, parents may or may not be living with their children, many families are unstably housed, and parents frequently struggle with addictions and their own mental health issues” (Kemp et al, 2009, p. 103). Resistance and lack of engagement with child welfare services can lead to the eventual termination of parent's rights. The stakes are overwhelmingly high for parents under investigation and the authority of child welfare services.

**Child Welfare Ideals and Standards**

Rutman et al (2002) found that social workers reflect Eurocentric middle-class values, including norms about “good” and “bad” parenting. Common social work constructions of good parenting are white middle-class norms which ignore the different experiences and perspectives on mothering in marginalized racial, class, and ethnic
“Child welfare historically involved white, and usually middle-class women insisting that non-white and poor women adopt their parenting standards and values – and taking their children away if they did not” (Strega, 2007, p. 70)

Dominant Eurocentric discourse of the “good mother” maintains that the child's needs take precedence over the mother who is expected to anticipate and to be constantly available to respond to any and all of her child's needs and desires (Krane & Davies, 2000). In their study of media discourses of mothering, Poole and Greaves (2000) found that mother and child's interests are seen as competing and the perceived “best interests” of the child are prioritized and often seen as against the interests of the mother. Mothers were seen as wholly responsible for their family's circumstances, regardless of social context and personal factors, and mothers were therefore subject to punitive child welfare intervention and social judgement.

The ideal mother discourse rests on raced and classed assumptions. Indigenous, Black, and non-white parenting traditions and norms are pathologized and penalized. For instance, many Black families come to the attention of child welfare authorities because of culturally different parenting practices, including: using physical punishment to discipline children, giving older children the responsibility of caring for younger siblings, and lack of supervision. In Indigenous communities it is usual for extended relations, such as aunties and grandparents, to play a role in caring for children, yet, this custom is often not acknowledged, approved, or incorporated in child welfare decision-making.

**Child Welfare Power**

Dumbrill (2006), in a study of Canadian parent's perspectives on child welfare intervention, explored the ways in which parents experience and negotiate child protection intervention. Parents perceived child protection services as infinitely more powerful than themselves. This omnipotent power could be used either over parents coercively and punitively, or this power could be used collaboratively with parents and families as a form of support. Workers who used their professional power to advocate for families, and who offered practical assistance and access to resources were perceived as acting with parents. “For parents who were aware of their own lack of societal power, child protection workers using power with them were seen as allies who brought balance to the scales of justice” (p. 31)
Jones (1994) explores the impact of power and oppression on the concept of partnership between parents and child welfare workers. “For practitioners, who may themselves, be oppressed and unsupported in their organizations, the sharing of power will not come easily. The tendency may be to resort to more oppressive or collusive types of practice in order to cope with these demands.” (p. 112) Jones is sympathetic to the position of child welfare workers “who struggle on a day-to-day basis with the demands of new legislation, a lack of services to resource families, and the effects of their own oppressed position” (p. 112). Jones argues that child welfare workers need to be supported by a government committed to the eradication of poverty and by child welfare agencies which foster a professional climate that values and empowers workers, rather than disempowering them.

Deficit-Focused Child Welfare Services

Research demonstrates that child welfare workers think and act from a deficit-based perspective, which focuses on and aims to change parenting “problems” and “mistakes” (Vokey, 2008). According to Waldfogel (2000), historically, child protection emphasized efficient provision of services with little attention to family systems and approached clients from a deficit model. Traditional practices, focusing on what was wrong with the child or the family, resulted in a child welfare system that was punitive and stigmatizing in its approach and often produced passive and resistant responses from clients. (as cited in National Technical Assistance and Evaluation Centre for Systems of Care, March 2008)

This is despite the fact that a more positive strengths-based approach has been shown to work better with and for families (Vokey). Worker stress and overload, along with risk-focused and deficit-oriented welfare models, can make it difficult to recognize clients’ strengths and to see parents and families’ capacity for change. “Change comes only from workers collaborating with and believing in clients’ strengths.” (Vokey, p. 4)

Many studies have documented the problems stemming from deficit-focused child welfare services. Ferguson (2001), for instance, argues that the dominant risk assessment approach to child welfare is deficit-oriented and stigmatizing and limits the services, the range of approaches, and the benefits available to service users and families (p. 9). Ferguson presents a “best practice perspective” on child welfare and
family work by moving beyond a “deficit perspective” which looks for and emphasizes parenting deficits and problems in the view of child protection authorities. Ferguson aims to highlight and build on family strengths and to identify and develop parent's skills and abilities.

Ferguson aims to “go beyond the dominant form of critique of child care practice” which is based on a deficit approach which focuses on what service-users do not like; what parents are not doing or are doing wrong; what child welfare workers and systems allegedly neglect to do or are wrongly doing; and so on (p. 1). The body of research critiquing how child welfare authorities go about carrying out their child protection mandate has grown. However, there has been less focus on, research into, and development of best practices in child welfare work.

**Barriers to Engagement with Child Welfare Services**

Engagement is critically important, yet relatively rare in child welfare services. Drop out and non-compliance rates are high in child welfare services (Dawson & Berry, 2002, p. 293). “At issue are the inherent tensions between the notion of participation as 'working with' the client and the requirement for child protection practitioners to exercise power sometimes against the wishes of service-users” (Healy & Darlington, 2009, p. 420). Services are usually mandated and often interpreted and experienced as for the child's best interests and yet against parent's will (Dawson & Berry, p. 294). Parents are required to participate in services, which many studies have demonstrated are not wanted by them or not designed to fit their specific family circumstances.

The high stakes (potential loss of their children) and mandatory nature of child welfare intervention can make it difficult to achieve collaboration with them. Research suggests that even when parents are involved in child protection decision-making, they can feel outnumbered and overwhelmed by professional authority, and power, uncomfortable expressing their experiences or beliefs in formal settings (Hall & Slembrouck, 2001). It can be impossible for parents to dispute errors or misunderstandings presented as fact or as determining. Parents are required to “be seen as cooperative”, which results in parents saying little unless directly addressed (Hall & Slembrouck).

Engaging and involving clients in child welfare decision-making regarding services
that they receive and programs in which they participate is both effective and ethical. “The client’s input is essential to ensure the best use of present evidence because it will help the social worker and the client to combine research results and these individual factors to reach an intervention that is more likely to be successful” (Kessler et al, 2005, p. 247).

**Family Engagement with Child Welfare Services: Research into Issues and Experiences**

Altman (2008) studied both parents' and workers' experiences of providing or receiving child protection services. Altman found that what parents report as most essential to their engagement – assertive, honest, clear and urgent messages as to what they needed to do to ensure the return of their children to their care – is what workers reported the most hesitancy and inability to provide. Workers used coercive or punitive measures and emphasized parental compliance and confession of their guilt or responsibility for their family circumstances.

Workers interviewed for Altman's study reported a lack of supportive services for parents and an overwhelming workload which was unrelated to working directly with parents and which hindered workers from providing direct service. For systemic and individual reasons, child welfare workers are often unwilling or unable to practice genuinely collaboratively with child welfare clients. Child welfare systems are over-loaded and under-resourced and prioritize risk-assessment over service-provision. According to Altman, supporting and encouraging worker's capacities to meet the engagement and service needs of parents should be the primary goal of child welfare agencies (p. 57).

Some of the main themes that emerged from Clarke's (2011) study of the experiences of child welfare-involved Afro-Caribbean mothers and children in Toronto, Ontario were: a lack of awareness and understanding of the role of child welfare workers, the police, and other professionals involved in the child welfare decision-making process; surveillance and control; the experience of differential treatment based on race; criminalization; and the need for more training for child welfare workers. Mothers did not understand why so many professionals were part of the process and how these
professionals were participating in decision making for their families. Parents expressed feeling overwhelmed by the number of people with whom they had to interact, along with the amount of paperwork, meetings and court dates they were required to prepare for and attend.

Mothers in Clarke's study reported feeling surveilled, unfairly judged, and criminalized by child welfare and other systems and that this surveillance and penalization was largely based on race, as well as other structural issues such as poverty. “They felt that because they were Black, they were closely watched, their parenting actions were carefully monitored, and they were perceived more negatively and judged more harshly. Studies of social services in Montreal and Quebec, have yielded similar findings” (Clarke, p. 278)

Healy, Darlington, and Feeney (2011) found that child welfare worker's attitudes and behaviours were reported by parents to be the most important elements of practice which contributed most to parent's engagement, to effective relationship-building, and to positive outcomes for families. This research demonstrates that positive worker practices make a great difference and that positive approaches are possible and preferable, even in the context of child protection investigation. Healy, Darlington, and Feeney's study supports previous research findings that worker's helpful and positive attitudes are an important, if not the most important factor, in building relationships, supporting parent cooperation and change, and improving outcomes for children and families (p. 287)

Parents in Healy, Darlington, and Feeney's study described poor communication by caseworkers and reported feeling powerless, “not listened to”, and affronted by worker's failure to listen and to consult. Child protection services were reported to be disorganized, irrelevant, and to lack clarity, direction, and transparency. Workers fail to provide information about the child welfare system and its expectations of parents. Workers neglect to set clear goals and to communicate specific and concrete tasks for clients. Expectations and demands made of parents are often unreasonable and overly complicated. This all contributes to confusion and lack of trust on the part of parents.

Participants report condescending and judgemental treatment from workers and the perception that workers lack care and compassion for clients. Workers do not demonstrate sensitivity towards parents or an understanding of the specific
circumstances that contribute to problems and strengths of the families as a whole.

However, worker's supportive attitudes and practices can positively contribute to parent engagement. Clients noticed and appreciated worker's efforts to promote change and develop goal-focused interventions.

Overall, respondents reported increased capacity to engage as partners with the child protection authority as they gained some power in the decision-making process. The parent's perception of power was enhanced by access to clear information about concerns, the experience of caseworker support, opportunities to take practical steps to create change, and, importantly, having these steps recognized by the statutory authority. (Healy, Darlington, & Feeney, p. 287)

**Child Welfare Worker-Parent Relationships**

Research suggests that engaging and retaining clients in child welfare services and relatedly better child welfare outcomes may be predicted less by the legal status of the client and more by the process of interaction between the client, agency, worker, and community (Altman, p. 56) The importance of respectful worker-client relationships has emerged as an important theme in the research into client engagement. Research shows that the quality of the worker-client relationship has an impact on outcomes for children and families (Ontario Association of Children's Aid Societies, n.d.). A positive, collaborative relationship facilitates better service provision, client satisfaction with services, and better outcomes for families (Ontario Association of Children’s Aid Societies, p. 1)

Buckley, Carr and Whelan (2011) found that despite refocusing and public service management reforms, service-users still experience involvement with child-welfare services as intimidating and stressful. Parents in this study acknowledged opportunities to participate in the child protection process, but found it very difficult. Participants' definition of "needs" was different from the needs described by workers in official documentation and around which services are designed and mandated. Participants viewed child protection plans as compulsory and arbitrary, rather than as mutual or agreed efforts to enhance their children's welfare. Parents reported being forced or coerced to comply with numerous tasks set by workers and which often appeared irrelevant.
As in numerous other studies, Buckley, Carr, and Whelan's data showed how the development of good relationships between workers and service-users could compensate for the harsher aspects of involvement with child protection. Buckley, Carr, and Whelan's study demonstrated a high level of discernment on the part of service users, highlighting their expectation of quality standards in regard to courtesy, respect, accountability, transparency, and practitioner expertise.

The research in child protection and in work with other involuntary clients suggests that the use of certain skills by child protection workers is likely to be related to positive client outcomes. In particular, effective practice involves: helping clients and client families to understand the role of the child protection worker; working through a problem-solving process which focuses on the client’s rather than the worker’s definitions of problems; reinforcing the client’s pro-social expression and actions; making appropriate use of confrontation; and using these skills within a collaborative client/worker relationship. (Trotter, 2002, p. 38 as cited in Dumbrill, 2006, p. 8)

Strega (2007) argues that building positive worker-client relationships is the responsibility of the worker, rather than an expectation of the parent and that workers need to: place emphasis on understanding the client's perspective; listen carefully to clients; and take more time with clients to discuss processes and decisions (p. 75).

**Respect: Non-Judgemental Approach**

Research demonstrates that genuineness and empathy make a significant positive difference in improving parents' experiences and engagement with child welfare.

The relationship relies as much on the worker's warmth, spontaneity and openness as her skills in eliciting and working with the client's position. When the worker demonstrates genuine empathy, caring and curiosity, the social distance between worker and client is reduced and the client develops the sense of reciprocity and trust necessary for engagement. (Oliver, 2012, p. 8)

Hubberstey (2001) writes: “Research on best practice in child welfare and empowering practice indicates that treating parents with respect, no matter what their circumstances or behaviour, made a difference for their children as well.” (p. 85)

Dawson and Berry (2002) review strategies that child welfare workers use to
engage families and found that empathy and respect were reported to be most important and that these qualities were best communicated through clear and concrete service-planning and service-provision between the caseworker and client. These specific practices, when combined with a genuine, supportive, and non-punitive approach, help to engage clients in treatment and, perhaps, decrease the number of families experiencing the termination of parental rights because of noncompliance with agency goals.

**Honesty: Clear and Direct Expectations of Parents**

Healy and Darlington (2009) found three major themes that helped in achieving a participatory approach to decision-making in child welfare practice: respect in terms of treating clients fairly and creating positive relationships; appropriateness and relevance in terms of the process of participation and the options developed being achievable by and responsive to the family; and transparency in terms of practitioner's openness and clarity about the purpose and process of child welfare intervention.

Honest and direct child protection practice is difficult to achieve because of the onus on workers to gather information, assess risk, exercise authority, and make professional judgements about the families with whom they work. Along with attentive listening and positive encouragement for parents, there needs to be clarity about the child protection concerns and honesty about mandated authority.

The worker is explicit about what is and is not negotiable, and straightforward about consequences and expectations. The honest exchange of information is intended to partly level the playing field in a relationship of unequal power between partners. The worker must be comfortable with her own authority, exercise it skillfully, calmly and quietly and be transparent both about her judgements and her judging role. (Oliver, p. 7)

Purposive child protection practice begins when professionals and family members alike can look squarely and openly at the problems as well as strengths that are in and around the family. This approach does not mean that workers ignore parents' negative behaviours or attitudes, but that they are open to the possibility of change and foster the capacity of clients to envision and enact change.
Family Engagement with Child Welfare Services: Best Practices

Engaging families with child welfare workers and actively involving parents and other family members in child welfare service design and delivery is a collaborative, family-centred, and strengths-based approach. This engagement-focused approach emphasizes partnering with families to make child welfare decisions, set shared and realistic goals, and achieve mutual and desired outcomes for children and parents. This approach is founded on the principle of communicating openly and honestly with families (Child Welfare Information Gateway, 2010, p. 1).

“Pragmatically, family engagement is a way to involve or re-involve the family and their social support networks in caring for children and youth in partnership with professionals. Ethically, family engagement is a way to uphold both child and family rights” (Pennel et al. p. 9) Research demonstrates the benefits of parents' active engagement with child welfare services. Engagement is thought to contribute to better outcomes, such as less court involvement for families, and reduced loss of custody. Other benefits include enhancing the worker-client relationship, and promoting family “buy-in” and satisfaction (Child Welfare Information Gateway, 2010).

According to Green, McAllister, & Tarte (2004) a collaborative, strengths-based child welfare practice model, especially in the context of early childhood and family support programs, includes a number of attributes and practices:

(a) an empowering orientation; that is, that services are provided in ways that build on family members' strengths and empower them to do things for themselves; (b) cultural competence, including understanding and valuing a family's culture as a source of strength; (c) a relationship-based approach that works to develop a supportive relationship between program staff and family members and that (d) strengthens families by improving relationships within and across families; (e) active partnering between family members and program staff; (f) a community orientation, including sensitivity to community history and issues; (g) knowledge of community-based providers; (h) a family-centred approach that includes the whole family rather than focusing on a specific individual; (i) a goal orientation that helps families not only with immediate crises but also with
identifying and realizing long-term goals; and (j) individualization of services to address specific family needs. (p. 327)

These practices, compiled as part of a Strengths-Based Practices Inventory, span the range of attitudes and practice approaches which contribute to empowering and anti-oppressive child welfare practice. For the rest of this paper I expand on and discuss these approaches. These practice models and theoretical approaches are then incorporated into a participatory child welfare practice tool for support workers and social workers providing service to child welfare mandated parents.

**Collaborative Child Welfare Services**

The National Technical Assistance and Evaluation Centre for Systems of Care (February, 2008) suggests that collaborative child welfare practice and genuine partnership with families requires certain key attitudes and actions: acknowledging families as the experts on their own needs; ensuring that family members play an active and meaningful role in all areas of child welfare practice; and providing diverse opportunities for family members to participate in shared decision-making regarding child welfare issues (p. 2).

The practice of collaboration between clients and workers is "usually presented as an uncontroversial 'good thing' involving a transfer of power from agencies and workers to users" (Preston-Shoot, 1992, p. 5 as cited in Callahan & Lumb, 1995, p. 799). But the reality of collaboration is complicated and constrained, since social workers must balance working in partnership with clients with the demands of "organizational decision-making processes which may exclude users or limit their participation" (Preston-Shoot, 1992, p. 6 in Callahan & Lumb, p. 799).

Callahan and Lumb see this dilemma as an opportunity to bring workers and clients together in alignment against socially unjust circumstances and practices. “Just as clients feel marginalized and stigmatized by child welfare, so do workers.” (p. 809) Workers and clients must “stand together... undertaking activities that seek to benefit each other, uncovering the lack of power they experience in a child welfare system that divides them, and making demands together for resources to tackle the daunting jobs of parenting and protecting children.” (p. 819) Callahan and Lumb recognize “the shared problems of workers and clients as members of stigmatized groups. The mutual process
whereby both workers and clients engage with each other to reduce their powerlessness is a crucial aspect of empowerment.” (p. 799)

Social workers have the skills and opportunity to act as advocates and allies with child protection clients. The social worker is “an enabler, organizer, consultant, or compatriot with the client in an effort to avoid replicating the powerlessness which the client experiences with other professionals” (Dodd & Gutierrez 1990, p. 69 as cited in Callahan and Lumb, p. 799). According to Strega (2007), establishing and maintaining a positive and respectful helping alliance between worker and client is a central responsibility of the social worker and is the foundation of anti-oppressive child welfare practice (p. 74). Social workers adopt and embody a stance of "combining forces rather than giving aid" (Lee 1991, p. 9 as cited in Callahan & Lumb, p. 798)

Dumbrill (2005) suggests that collaboration is important in child welfare, not just between child welfare workers and parents, but also between child welfare services and other community agencies and professionals.

Supporting the worker-parent relationship will be collaboration at broader levels between the worker and community agencies/resources that ensure a parent can access help to appropriately care for their children. In instances where worker-parent collaboration is not possible, the worker will implement a protection plan independent of the parent but this will not be independent from the collaboration and support of the broader community. (Dumbrill, p. 5)

**Feminist, Anti-Oppressive, Culturally-Competent Child Welfare Practice**

According to Karabanow (2004), an anti-oppressive framework involves these overarching tenets: “awareness of the mechanisms of oppression, domination and injustice; acknowledgement of the structural elements at play in human behaviour; acceptance of diversity and difference; recognition of the complexity of power; and necessity for action.” (p. 8). Social workers are trained and experienced in engaging in this analysis and discussion of power. Social workers know how to involve other individuals and communities in social and personal change and how to work together in the struggle to overcome inequality.

Callahan and Lumb (1995) explore the concept of empowerment and argue that empowering, feminist anti-oppressive practice “begins with an analysis of inequality and
how it is maintained by the process of stigmatizing, a crucial but often ignored concept in child welfare.” Anti-oppressive practice is "a fundamental realignment of power, values and relationships," rather than anti-discriminatory practice, which seeks to "change the unfairness in the way services are delivered" [Preston-Shoot 1992, p. 9 in Callahan & Lumb). “Workers must be alert to the cultural and class biases that currently dominate these processes and the way these biases are used to rationalize oppressive practices.” (Strega, p. 76)

Indigenous and other marginalized communities experience a disproportionate number of socially determined problems, such as poverty. This influences the ways in which marginalized peoples are viewed and treated. For example, substance abuse is a well-documented problem in a number of Aboriginal communities. The stereotyping of Aboriginal peoples as alcohol abusers may then lead to an overestimation of the problem. Overestimation of substance abuse has been noted in cases involving neglect, the most common form of maltreatment, and leads to a disproportionate number of Indigenous children being taken into care (Trocme, Knoke, & Blackstock, p. 595).

Workers must be aware of biases and assumptions about families based on race, class, and other elements, as well as how these biases influence child welfare decision-making and outcomes. Youth in Clarke's study reported that removal from their families meant the loss of culture and of being surrounded by people who shared their cultural heritage. The youth stated that it is important to “place kids with people who share their culture, race, or nationality, so that the youth can grow up with self-worth and feelings of belonging and connection to their heritage” (Clarke, p. 279).

Strega (2007) proposes four critical processes in anti-oppressive child welfare practice: understand how child welfare historically and in the present recreates domination and subordination; de-centre mother-blame and notions of individual dysfunction; ground our practice in critical theory and the wisdom of current and former clients; understand how our own and our clients' social locations are played out at the macro and micro levels (p. 70). According to Strega, respectful worker client relationships require reflexivity, self-awareness, and mutual-involvement, which is a traditional social work technique “that nurtures the active and equal involvement of both social worker and client in building case plans and goals, as well as a strong, helping relationship.” (Strega,
Other practices such as transparency and accountability can contribute to anti-oppressive child welfare practice. “Transparency means that those with whom we work must know what we are doing and how we are doing it and have ample opportunity without fear of consequence, to reflect and comment on what we are doing and how we are doing it.” (Strega, p. 78) Accountability “requires that individual workers and the organization as a whole ask themselves who they believe themselves to be accountable to and why.” (Strega, p. 78) and must be able to demonstrate this accountability.

Anti-oppressive child welfare practice is politically and socially aware. Child Welfare workers must be mindful of the social context in which they and their clients live, and the effects that social biases and structural inequalities have on families. According to a youth in Clarke's study: “the whole child welfare experience is painfully racist...I could tell that they think we Black males are all criminals by how they watched me” (as cited in Clarke, p. 279). This surveillance had significant negative effects for black children and families involved in this study. These youth pointed out that this differential treatment created anger and resentment, low self-esteem, and lack of community and sense of belonging. Youth involved in Clarke’s study suggested cultural competence training to help workers understand the experience and needs of diverse families.

Workers also call for structural analysis in their everyday practice. Workers in Clarke's study discussed the importance of bringing issues of culture, race, and class to the attention of co-workers and supervisors with the hope of changing current practice and policy to reflect the diversity of cultures and child-rearing practices and diverse approaches to parenting. Furthermore, they stress the need for all workers to include a structural analysis in their everyday work, regardless of current practice. (Clarke, p. 280)

**Strengths-Based Child Welfare Practice**

Collaborative, politically-informed, anti-oppressive practice approaches overlap and align with a strengths-based approach to child welfare practice. There are numerous definitions of a strengths-based approach to child protection practice:

- policies, practice methods, and strategies that identify and draw upon the strengths of children, families, and communities. Strengths-based practice involves a shift from a deficit approach, which emphasizes problems and pathology, to a
positive partnership with the family. The approach acknowledges each child and family’s unique set of strengths and challenges, and engages the family as a partner in developing and implementing the service plan. Formal and informal services and supports are used to create service plans based on specific needs and strengths, rather than fitting families into pre-existing service plans. An individualized, strengths-based assessment focuses on the complex interplay of risks and strengths among individual family members, the family as a unit, and the broader neighbourhood and environment. (National Technical Assistance and Evaluation Centre for Systems of Care, March, 2008, p. 1-2)

Strengths-based approaches are increasingly being used in various practice settings and are proving to be effective, including in the field of child welfare. A meta-analysis exploring the effectiveness of various family wellness and child maltreatment prevention programs found that those using a strengths-based approach were more successful than expert-driven, deficit-based interventions. (Vokey, p. 2) A review of the literature suggests that strengths-based practices benefit clients by improving families’ engagement in program services; increasing family efficacy and empowerment; and by enhancing parents’ ability to build positive relationships and social support networks (Green, McAllister, & Tarte, 2004).

Child welfare practitioners are working to develop constructive, strengths-based child welfare practices and tools and “re-envision child protection risk assessment to create simple, yet rigorous assessment formats that practitioners can use with family members to elicit, in common language, the professional and family members’ views regarding concerns or dangers, existing strengths and protection and envisioned safety (Turnell, 2004).

Family Centred Care is an example of a strengths-based, solution-focused approach, which involves the genuine and meaningful participation of families in the child welfare process from service design to implementation. (Child Welfare Information Gateway, n.d.). “family-centred practice is characterized by mutual trust, respect, honesty, and open communication between parents and service providers. Families are active participants in the development of policy, program design, and evaluation, and are active decision-makers in selecting services for themselves and their children.”
Family-centred care is holistic, focusing on the entire family instead of individuals. Family-centred care is relevant and appropriate, services are designed to meet the specific needs and circumstances of each family. Family-centred care is empowering and enables families to plan and participate in their own treatment plan (Child Welfare Information Gateway, n.d.).

**Relationship-Focused, Non-Authoritarian Child Welfare Practice**

Constructive relationships between professionals and family members, and also between professionals themselves, are the central basis of effective child protection practice. A significant body of thinking and research tells us that best outcomes for vulnerable children arise when constructive relationships exist in both these arenas (Turnell, p. 1)

Turnell purports that strengths-based, safety-organized child welfare practice is built on worker-client relationships and that certain qualities and practices enable positive relationships and effective practice. The worker's ability and willingness to exercise authority skillfully and appropriately is essential. “I believe partnership can best be achieved when all professionals (including those writing about it), are frank and straightforward in their thinking about power and authority in the child protection relationship. (p. 8)

Non-judgemental neutrality is impossible so social workers need to make judgement constructively. Workers “can't really be non-judgemental, so must instead identify, interrogate, and be transparent about judgement” (p. 8) Turnell argues that social workers should use an enquiring approach and adopt a position of humility about what they think they know. He writes about the dangers of professional authority and knowledge:

Paternalism, which most simply stated is a situation in which professionals act as if they are the experts in the nature of the problem and what is required to solve it, is the default setting of child protection. Not only do workers find it difficult to resist the temptation of professional certitude, there are innumerable systemic pressures on child protection organizations to ‘get it right’ when facing the anxiety of child abuse. Professionals and agencies who believe they are right tend to be dismissive of other perspectives whether they come from other professionals or
family members. (Turnell, 2004)

Central to relationship-building in child welfare is respect for and openness to listening to and learning from parents. Oliver (2012) suggests that:

the child protection worker adopts a "not-knowing posture" and communicates curiosity and "genuine awe and respect" for clients as "people worth doing business with". Instead of challenging the client's perception of reality and attempting to educate the client to another perspective, she seeks to elicit the client's unique understanding of her situation and work towards her goals for her family. That these goals are likely to include a wish to parent well and, at the very least, to get child welfare services out of the family's life gives worker and client a common foundation for work to build child safety. (Oliver, p. 7)
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