The Frontline Workers' Perspective on Anti-Oppressive Child Welfare Practice

by

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Bachelor of Arts, Concordia University, 1990
Bachelor of Social Work, University of Victoria, 2011

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Supervisory Committee

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Abstract

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   Through my research I explored the frontline worker's perspective of anti-oppressive child welfare practice (AOP). Five frontline workers from the Children's Aid Society of Brant, Ontario (Brant CAS) were interviewed to share how they view their practice, and the child welfare system, through an anti-oppressive lens. An Anti-oppressive theory perspective was the framework for my research, using a narrative methodology. It is through the stories of the participants that we learn there is a variance in the understanding and implementation of AOP that is affecting the practice of frontline workers, the families they work with and possibly placing children at further risk. An outcome of this research is to hopefully improve training, allowing the frontline worker to have a better understanding of the philosophy of AOP and how it applies to their practice.

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Acknowledgments

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Chapter 1: Introduction

This thesis will explore how the implementation of an anti-oppressive (AO) approach to practice, also known as anti-oppressive practice (AOP), can affect the frontline worker's perspective of their practice. I focus primarily on the experiences and stories of the frontline child protection workers at the Children's Aid Society of Brant, Ontario (Brant CAS), who have recently committed to incorporating an anti-oppressive (AO) approach to child welfare practice in their community. I am interested in how this commitment and the agency's formalization of an AO service delivery model have affected their practice. The formal commitment to AOP is a fairly recent initiative within the Ontario Children's Aid Societies. To better understand the current movement towards AOP, I plan to briefly outline some of the history of child welfare and discuss the *Ontario Child and Family Services Act* (*CFSA*) (Government of Ontario, 1990), which is the mandate that governs the Ontario child welfare system. I will also outline the history of the Brant CAS and explain how its practices have evolved into the current model. Since AOP is a relatively new focus within the Ontario child welfare system, there is currently little research available on the effects of its implementation. Little is written, for example, about how AOP has affected frontline workers. My research will provide the system of child welfare—not only in Ontario, but also in other jurisdictions where AO is being considered and implemented—a better understanding of the stories and experiences of frontline workers tasked with implementing AOP.

I am a white, able-bodied, single mother who was raised Christian. In addition to working full time as a frontline child welfare worker for the past 18 years, I am working full-time towards my Master's of Social Work. During my career as a child welfare worker, I have worked in two

neighboring Ontario child welfare agencies, serving different communities (rural and urban) and have delivered services through various provincial governmental regimes. As a result, over the years, I have witnessed many provincial governmental changes of philosophy and shifts in funding models and methods. I have noticed also that my practice has become less about the services offered and more about ensuring accountability through paperwork and funding formulas that are based on the number of files opened, closed and moved to ongoing services.

As a frontline worker, I have also observed a new expectation within the system. I am now supposed to assess risk and child safety through a more punitive and deficit-based lens, rather than working within the community (which includes the agency, worker, family and other supports) to ensure the safety of the child. I think it is necessary to distinguish between the terms "child protection" and "child welfare." The two terms are often used interchangeably, but they embody different philosophies and approaches to practice. The system is primarily designed and managed around the need to protect children, which is understandable and necessary. However, over the years, the system has concerned itself less with socio-cultural factors (such as race, gender, poverty, culture, etc.) that may influence a child's safety. Some may argue that this narrow and deficit-based approach to child welfare is the result of budget constraints, a political philosophy or other factors. The one thing I am certain of is that AOP demands that the system move from this deficit-based approach of "child protection" towards a more inclusive approach that includes protection, supports, services, resources, community and family values and beliefs. For the purposes of this paper, an inclusive approach would constitute "child welfare."

Since returning to school in January 2008 to obtain my Bachelor of Social Work and my subsequent Master's of Social Work in 2010 at the University of Victoria, I have regularly reflected upon and challenged my practice. My academic pursuits have encouraged me to reflect

upon and challenge my practice and to recognize weaknesses within the discipline and in the way I apply my training. I struggle daily with the challenge of implementing AO in my direct and indirect interactions with the families I work with. This challenge is even greater in a system that was founded on the values and beliefs of the dominant and privileged, which is a system that historically offers "leaky band-aids" (Baines, 2011, p.2) to address social problems and issues, rather than focusing on finding long-term, sustainable solutions to social injustices and issues such as poverty, racism, ableism, etc. In my experience, these underlying issues are catalysts for the problems that bring families to the attention of the child protection agencies. Long-term, sustainable solutions might allow families an opportunity to live their lives according to their own values, beliefs and experiences, without the interference of the child welfare system. I have often wondered: Who makes the decisions? How far removed are they from frontline work? There is a divide between the face-to-face work I do with my clients and the limitations of the child welfare mandate and the internal policies and procedures of the system with which I am affiliated.

Like many people, I have reflected upon the areas of my life that I might change and improve during difficult times. Throughout my years as a frontline child protection worker I have experienced several changes to the service delivery model. I believe that, while these changes can be difficult and stressful, they also provide some hope of positive change, as with the movement to implement AOP into the fabric of Ontario child welfare.

Around 2004, the Ontario Association of Children`s Aid Societies (OACAS) Provincial Inter-Agency Child Welfare Training Committee came together to develop a diversity program designed to train frontline staff in adapting their practice to be more considerate of diversity within their communities. But during the course of this training development, the OACAS

Provincial Inter-Agency Child Welfare Training Committee (2009) saw that training alone

would not address the "systemic oppression that continues to lead to [the] over-representation of

racialized and marginalized populations within the child welfare system" (p.5). This realization

prompted the OACAS to form the Child Welfare Anti-Oppressive Roundtable (AOR) in 2008.

The main goals of the AOR are to promote an anti-oppressive approach to practice in the Ontario

Children's Aid Societies and to raise awareness about the racialization and marginalization of

those served by the Ontario child welfare system (2009). The OACAS's recent focus on AOP

demonstrates the growing acceptance of, and movement towards, incorporating an AO

perspective into Ontario's child welfare practice (Barnoff, George & Coleman, 2006). According

to the OACAS's Ontario Child Welfare Anti-Oppressive Roundtable (AOR) (2009):

> … anti-oppression refers to engaging in work that critically examines how social
>
> structures and social institutions work to create and perpetuate the oppression and
>
> marginalization of those who have been identified as not belonging to the dominant
>
> group. By identifying these various forms of oppression, it is also crucial to recognize the
>
> power and privilege that manifests itself as a result of the oppression of others. A
>
> commitment to anti-oppression requires that we act by working towards achieving greater
>
> social justice and equality. Anti-oppression can also be understood as a framework that
>
> guides our day-to-day practice, our interactions with others, and how we give meaning to
>
> our life experiences (p. 22).

For the purposes of this research paper I am focusing on the frontline workers'

perspective of the AO "framework that guides our day-to-day practice, our interactions with

others, and how we give meaning to life experiences" (AOR, 2009, p.22). It is not my intention

in this paper to offer solutions and/or guiding principles for frontline workers, or how they may

be advocates and activists working towards eradicating and addressing the social injustices which affect the families serviced by child welfare agencies, such as poverty. I believe that on some levels all social workers are advocating and being activist for the marginalized and racialized, who are often the primary service recipients in child welfare (Lindsey & Shlonsky, 2008).

As a frontline worker myself, through this paper I am aiming to assist those working within the child welfare system in the development of their practice within a system where the social injustices and governing bodies who develop the policies and procedures directly affect and influence their practice. The challenges I have experienced while working within the child welfare system have prompted me to seek information and practice suggestions from my professional peers. This has assisted the ongoing development of my AOP and piqued my interest in how my peers are developing their own. In my efforts to develop my practice, I have sought out agencies that embrace these new and exciting changes in the field. As a result of the OACAS's commitment to AOP, agencies such as the Brant CAS have been able to develop and support AO in their philosophy and practice. Some agencies, such as the one I am employed with, are further behind in their efforts, making Brant CAS an ideal agency to study. A professional peer employed by Brant CAS suggested that I contact the Brant CAS's Anti-Oppression (AO) Manager to discuss my interest in AOP and my thesis topic. I was immediately energized by the enthusiasm of the AO Manager regarding what the Brant CAS has already accomplished and strive to achieve in this area. Brant CAS's four-year commitment to implementing and supporting AOP has informed my decision to conduct research at this agency; on April 3, 2013, the Brant CAS wrote me a letter approving and supporting my research at their agency (Appendix A).

Chapter 2: Literature Review

Introduction

This literature review focuses on recent efforts of Ontario child welfare agencies and their governing body, Ontario Association of Children's Aid Societies (OACAS) to implement anti-oppressive approaches into their philosophy and frontline practices. I provide information on the history and evolution of the Canadian and Ontario child welfare system, including: the Indigenous population's experience with the child welfare system, the current legislation that governs Ontario child welfare, the *Ontario Child and Family Services Act* (*CFSA*), the various transformations that have occurred in Ontario child welfare, and the importance of the frontline worker-client relationship. In this paper, the term Indigenous will be used to refer to Metis, Aboriginal, and First Nations people, except when quoting another author, a participant, and/or using a proper name.

I discuss the context for and purpose behind anti-oppressive practice (AOP), which I see as a more collaborative and holistic approach to child welfare practice, and I briefly review recent research conducted with frontline workers regarding their practice and the system. My intention is to illustrate the challenges and rewards of implementing anti-oppressive approaches into the philosophy and practice of Ontario CAS, and the challenges the implementation may pose for frontline workers. I then turn my attention to one particular agency, Brant CAS, and provide a brief overview of its history, including its interactions with Indigenous communities, and I describe their current efforts to incorporate anti-oppression (AO) into their philosophy and practice.

History and Current Context of Canadian and Ontario Child Welfare

The *CFSA* (Government of Ontario, 1990) is the foundation of the Ontario child welfare system; it provides a mandate for how the system is governed and implemented, and is a contributing factor in shaping the practice of its frontline workers. As opposed to the historical perspective of child welfare, the role of the frontline worker was to attempt to balance the roles of protecting children and supporting families, looking at the family as a whole unit rather than just looking at the child. The *CFSA* (1990) states that its "paramount" purpose is "to promote the best interests, protection and well-being of children" (Government of Ontario, 1990, sec. 1.1). However, the way the Act is written and implemented the child welfare system is encouraged to focus on the welfare of the child. Supporting the family of the child is secondary. The concept of the "best interest of the child" was first indirectly referenced in the 1924 Declaration of the Rights of the Child; the declaration stated that "mankind owes to the child the best that it has to give" (cited in Collins & Pearson, 2002, p.1). While the term "best interest of the child" is referring to the psychological, emotional and physical needs of a child, it is vague and is open to subjective interpretation by those assessing the child's "best interest". Thus resulting in the term often being used as a defense by those in a position of authority, such as parents, Children's Aid Society (CAS), teachers and the law, "to justify their decision-making in relation to children but …without actually taking the child's perspective into account"(Collins & Pearson, 2002, p.1).

In conjunction with promoting the "best interest, protection and well-being of children", the *CFSA* encourages the system:

1. To recognize that while parents may need help in caring for their children, that help should give support to the autonomy and integrity of the family unit and, wherever possible, be provided on the basis of mutual consent;

2. To recognize that the least disruptive course of action that is available and is appropriate in a particular case to help a child should be considered;

3. To recognize that children's services should be provided in a manner that,

   i. respects a child's need for continuity of care and for stable relationships within a family and cultural environment,

   ii. takes into account physical, cultural, emotional, spiritual, mental and developmental needs and differences among children,

   iii. provides early assessment, planning and decision-making to achieve permanent plans for children in accordance with their best interests, and

   iv. includes the participation of a child, his or her parents and relatives and the members of the child's extended family and community, where appropriate;

4. To recognize that, wherever possible, services to children and their families should be provided in a manner that respects cultural, religious and regional differences;

5. To recognize that Indian and native people should be entitled to provide, wherever possible, their own child and family services, and that all services to Indian and native children and families should be provided in a manner that recognizes their culture, heritage and traditions and the concept of the extended family. 1999, c. 2, s. 1; 2006, c. 5, s. 1. (Government of Ontario, 1990, sec. 1.2)

Most Ontario CAS are members of OACAS, an organization that describes itself as the "voice of child welfare" (Ontario Association of Children's Aid Societies, 2010, para. 1) with the purpose

of "promoting child welfare issues to influence public commitment and opinion" (para.4). Most

CAS are registered members of the OACAS, unless there is a special agreement reached between

the child welfare agency and the Ontario government. There are 46 Ontario CAS, including six

Indigenous agencies and three faith based agencies, two Catholic and one Jewish (Ontario

Ministry of Children and Youth Services, 2013); 43 of the 46 agencies are members of the

OACAS. The OACAS provides services to its members in "advocacy, government relations,

communications, youth in care, information management, education and training, accreditation

and member outreach" (Ontario Association of Children's Aid Societies, 2010, para. 2). In an

effort to create a unified service delivery model, all new frontline child welfare workers receive

new worker training through the OACAS, in order to be authorized as child welfare workers, as

per the requirements of the Ontario Ministry of Community and Social Services (MCSS).

According to the OACAS course descriptions (2007), the training covers the history of child

welfare; methods for implementing services; strategies for working collaboratively with children,

families and community collaterals; how to navigate the legal and court process; and provides

information on self-care. Of the nine training courses offered through OACAS to new child

welfare workers, there are no courses that specifically focus on working with Indigenous

populations. New worker training focuses primarily on the standards and expectations of the

system and teaches workers how to fulfill them through collaborative and strengths-based work.

The Ontario Protection Standards (2007) encourage frontline workers to build a working

relationship with families, offer support and assistance while, at the same time, emphasise the

expectation that they honour and follow the mandate of the *CFSA* (Government of Ontario,

1990).

Part of OACAS frontline worker training includes an education in whatever child welfare service delivery model is currently endorsed by the Ontario government. During my time as a frontline worker, I have experienced numerous transitions between delivery service models, each of which required learning and adopting different assessment tools. In my experience, the one commonality amongst them is that they are all deficit-based. In 1996, in response to the deaths of several children affiliated with various Ontario Children's Aid Societies, the Ontario Ministry of Community and Social Services of Ontario (MCSS) implemented a policy requiring that all Ontario Children's Aid Societies use a standardized eligibility and risk assessment tool to assess the risk of abuse and neglect of children (Trocmé, Mertins-Kirkwod, MacFadden, Alaggia & Goodman, 1999). As a result of this 1996 policy, the Ontario Association of Children's Aid Societies (OACAS) and the MCSS developed the Ontario Risk Assessment Model (ORAM) and the new tool was introduced to all CAS across the province of Ontario in 1997. Mandatory training of all Children's Aid Societies' frontline staff and management began on October 30, 1997, with the goal that every CAS branch be fully compliant with the tool by August 31, 1998. The ORAM was designed to "promote and support a structured and rational decision making approach to case practice, without replacing professional judgement" (Risk Assessment Model for Child Protection in Ontario, 2000, p. 1). When the new model was introduced in 1997, the Ontario MCSS touted it as being "… a significant step in building a stronger provincial child protection system by ensuring a standardized, comprehensive approach to the assessment of risk across all Children's Aid Societies" (cited in Trocmé et al, 1999, p.3). While the model was originally aimed at creating a standardized tool for all CAS, in practice, it seemed to limit workers' flexibility to use their experience and judgement when assessing risk factors. The model also seemed to limit their ability to draw on the existing strengths of the families and the

community in their assessments; also, in its bid to introduce standardization, this tool reduced reliance on experience and good clinical judgement. Soon ORAM was viewed and critiqued by those working in and/or associated with the child welfare field as being a "deficit based", encouraging a "heavy-handed approach" to practice through a "demonization of clients" and little consideration of strengths and diversity (Savage, 2010, p.7).

Dumbrill (2006) describes the changes made to child welfare service delivery and practice over the years as being like the swing of a pendulum. The frequent pendulum motion can be traced back to such things as which governing party is in office at the time of change and by child welfare crises, such as the deaths of children associated with/known to child welfare services, and public criticism of the system. These changes often result in a shift away from relationship, hands on practice to more accountability and paperwork based practice. Child welfare reform has, at different times, focused on family preservation, ignoring the limitations of parents and putting the children at further risk of harm. At other times, and as recently as the late 1990s, child welfare focused on protecting children at the expense of preserving the family unit (Dumbrill, 2006).

In Canada, during the 1880s "child saving movement" (Chen, 2003), what were previously considered private family matters became viewed as "social"and public issues that threatened the very fabric of the social structure at the time. The main focus of the movement was to reform the lives of "dirty-looking, ill-clothed wayward boy[s]" (Chen, 2003, p.461). This mentality was driven by the "philosophy of interventionism," (p.461) which justified and condoned public intervention into the private lives of individuals and families. The privileged and dominant use this philosophy to justify and minimize the actions and events that promote,

encourage and support the inexcusable use of power and control to oppress and dominate those considered to not be the 'ideal citizen' (Yee & Wagner, 2013).

It was not until the Progressive Era at the turn of the 20th century that the movement to save children came to include "delinquent girls" (Abrams & Curran, 2000, p.50). These interventions were established and governed by white, Christian, middle and upper-class men. Women, for their part, played prominent roles in implementing the movements and delivering services to those they believed needed societal intervention. The women filled subordinate roles such as "matron," "lady superintendent" or "lady visitor" (Chen, 2003, p.461). The movement's men (and women, indirectly) were considered the "dominant and privileged" members of society due to their gender, race (white), class (middle to upper-class) and the power they held within their community. They were, in other words, seen as "ideal citizens."

While those involved in the child saving movement professed concern for the "child," the movement was actually more interested in preserving the values and beliefs of the privileged classes and protecting them from the threat of delinquent children, criminals, beggars, prostitutes and other immoral members of society, produced by the neglectful parenting of those less fortunate (Chen, 2003). The movement was motivated by a desire to govern and raise the children to be "good citizens" (p.462) who contributes to society, rather than negatively influencing the state morally and financially. According to Chen (2003), reformists of this period believed that, while a person's hereditary origins were important, the influence of positive guidance and nurturing could be beneficial in counteracting the negative effects of heredity and family upbringing. The reformists determined that childhood was the stage when they had the most influence in countering hereditary vice. They believed that children are more open to change and figured that it was cheaper to intervene at this stage than have society suffer the

financial drain of delinquency later on. As the dominant and privileged classes imposed their values and beliefs upon these children, they propagated a child welfare system that was inconsistent, inappropriate and ineffective; one directed particularly at marginalized people who are oppressed by factors such as gender, socio-economic status, sexual orientation and identity, age and race. This was evident in Canada's "determination to control community and domestic behaviour" (Mennill & Strong-Boag, 2008, p. 316) through the formation and governance of reformatories, asylums, schools for the Deaf and Blind, orphanages, and residential and day schools for Indigenous children.

In the early-19th century, social work was primarily a volunteer activity, taken up by white, privileged women who were driven by their Protestant beliefs and values to help the "undeserving" and less fortunate. During this time, Canadian legislation supported aggressive behaviour towards children by those in positions of power such as "parents, guardians, teachers and masters of apprentice" (Mennill & Strong-Boag, 2008, p.313). Section 43 of the *Canadian Criminal Code*, which condoned this behaviour, was referred to as the "spanking law" (Mennill & Strong-Boag, 2008). This law and mindset remained in effect for the next century.

Between 1890 and 1920, the field of social work evolved into a paid profession, demanding credibility and professional training (Abrams & Curran, 2000). However, the historical paternalistic approach to child welfare that placed more emphasis upon the values of dominance and privilege when working with families continued. One of the more poignant examples of the damage the Canadian child welfare system can impose upon marginalized and Indigenous communities in the "best interest" of the child is what is referred to as "the 60s Scoop." During this period, child welfare workers, acting as agents of the government and state, removed Indigenous children from their families in the belief that the children would have a

better chance of being productive citizens if they were removed from their parents' culture and assimilated into the culture of the dominant and privileged (Sinclair, Bala, Lilles & Blackstock, 2004). The devastating effects of this systematic adoption program solidified the public opinion that the child welfare system is oppressive, promotes divisions of class, race and gender, and further alienates those already marginalized by society (Sinclair et al., 2004). The Canadian child welfare system has made efforts to recognize the damage done historically in the name of protecting children; however, they often prefer to focus on "the moral failings of individuals who need censure and correction from the anti-oppressive social worker" (McLaughlin, 2005, p. 300). In this context, the frontline worker is politically governed by their mandate and becomes a promoter of individual change who "enforce[s] a new moral consensus *from above*" (McLaughlin, 2005, p. 300). According to Zell (2006), frontline child welfare workers are generally dissatisfied and feel that the system is inadequate and ineffective in delivering services to families and children.

Evolution of Child Welfare Practice: Controversies and Challenges and Introduction of AOP

The *Ontario Child and Family Services Act* (Government of Ontario, 1990) outlines the duty of the frontline worker to "ensure that children and their parents have an opportunity where appropriate to be heard and represented when decisions affecting their interests are made and to be heard when they have concerns about the services they are receiving" (sec. 2.2). While this statement encourages collaboration, it simultaneously provides the frontline worker with a great deal of power by allowing them to determine when it is "appropriate" for a parent or child to have a voice. Over the years, CAS has been criticized for holding "more powers than virtually

any other government agency" (Kay, 2013, para. 3). Fortunately, the child welfare system in

Ontario has begun to see the necessity to promote, support and encourage a more collaborative

and community-inclusive approach to protecting our children. In recent years, the Ontario

Association of Children's Aid Societies (OACAS) has sought to improve the service delivery

model by encouraging child welfare agencies to adopt an anti-oppressive approach to practice

(AOP). This is a practice "concerned with eradicating social injustice perpetuated by societal

structural inequalities, particularly along the lines of race, gender, sexual orientation and identity,

ability, age, class, occupation and social service usage" (Dumbrill, 2003, p. 102). The OACAS

and Ontario CAS have developed The Ontario Child Welfare Anti-Oppression Roundtable

(AOR) (2009) to focus on the benefits of AOP and to determine the resources required to

incorporate it into child welfare. The purpose of AOR is "to challenge our collective assumption,

shine a new lens on our thinking and create the beginning of a shared vision for moving the

delivery of Ontario child welfare services into an anti-oppressive framework" (Ontario Child

Welfare Anti-Oppression Roundtable, 2009, p. 2).

Though there are many variations of AOP, they all share the common goal of challenging

social injustice based on race, sexual orientation, class, gender, disability, age, etc. This involves

challenging one's language, values, beliefs, and actions—all elements that shape one's view of

oneself and the world, and might perpetuate social injustices. AOP is a collaborative effort that

cannot be done in isolation. Its success is contingent upon the dedication of the service providers

and those they serve within their communities (Barnoff, George & Coleman, 2006). Child

welfare agencies must also challenge their individual and organizational beliefs, values and

history in the process of incorporating AOP into their service delivery model. This new approach

is founded on the belief that it takes a village to raise a child.

During the early 1990s child welfare practice in Ontario became focused on strengthening families through the use of resources such as in-house family preservation workers and parent aids. While at times these practices took a patronizing tone, in their assumption that child welfare had a role in 'teaching' and 'training' families to adopt and model neo-liberal attitudes and ideologies, it also encouraged collaboration between community supports, the child welfare system and the families.   These practices were guided by the neo-liberal ideology that suggests each member of society is responsible for themselves within the context of state support, expectations and guidelines (Harlow, Berg, Barry & Chandler, 2012), denouncing fiscal dependency upon the state and promoting spiritual and moral compliance.

Change, such as the implementation of AOP into child welfare practice, can be a slow, difficult and a lengthy process (AOR, 2010; Yee, Hackbusch & Wong, 2013); however, it is a good sign that people within child welfare are talking, and that organizations and frontline workers are beginning to question their current practice (Yee, Hackbusch & Wong, 2013). One of the main challenges during systemic change in child welfare is balancing the child welfare systems responsibility to protect children while respecting and supporting the abilities and capacity of the people caring for them (Yee et al 2013; Sinclair, Bala, Lilles & Blackstock, 2004). It is a difficult balance for the frontline worker due to the neo-liberal ideology which continues to govern the child welfare system.

From my experience, frontline workers' approach to practice varies and how they exercise the power in which their mandate allows also varies. Variations in exercising power can inevitably create barriers between the frontline worker and the client (Broadhurst, Holt & Doherty, 2011). I believe that through such movements as AOP, frontline workers are becoming more cognizant of the effects and influences of power in their practice. Frontline workers are

encouraged to see the power dynamic in worker-client relationships as moving from the bottom up, as opposed to the top down approach of the sovereign state (Chambon, 1999). We are told that power "permeates all levels of society" and is not exclusive to those in positions of dominance (Trainor & Jefferys, 2003, p.73). Historically, power has been thought to belong to those who are politically and physically dominant. However, power is also about knowledge and opportunity; we all hold power within us and we may exercise this power to advocate for ourselves, provided that there is an opportunity within the system to do so. If, as Foucault's theory suggests, power is exercised rather than possessed (as cited in Chambon, 1999), then the frontline worker who adopts AOP creates opportunities regarding how they wish to use their power and to support the client in exercising their own power. This can be done through creating an opportunity for a "power with" relationship between the frontline worker and client. This is a new approach to the worker-client relationship within the child welfare system.

According to Dumbrill (2012), frontline workers should anticipate some frustration while the system takes this anti-oppressive (AO) journey, and expect some unsettling and 'bumpy' moments along the way. The frustration that fellow frontline workers are feeling may be attributed to the fact that often the AO movement begins on a micro level, with individual workers pushing a movement that is not completely prepared to implement the systemic change required to support AOP. Dumbrill (2012) acknowledges that there are numerous challenges associated with an agency adopting an AO philosophy and approach to services. The AO movement often gets delayed at the macro level, in part because the current funding and regulations of child welfare keep intervention focused on micro issues such as the failings and shortcomings of parents (parent blaming) rather than focusing on the social injustices which are creating risk for children, families and communities (state blaming). Changes need to be made

to the allocation of funding in order to focus on the broader social issues and move towards a macro level approach to AO (Dumbrill, 2012; Freymond, Moore, Scott, Spencer & Buckingham-Rivard, 2012). While change can be said to happen one person and one step at a time, at some point there needs to be a collective of people walking in the same direction to make and sustain change. In order for AO to work, the frontline workers and clients should have a voice, be involved in the journey of AO and challenge neo-liberalism and managerialism that exists within the system and perpetuates oppression. Managerialism is embedded within neoliberalism in its belief that "social problems can be solved by more effective and efficient managerial measures within the structural, budgetary and operational mechanism of organizations" (Tsui & Cheung, 2004, p. 440). Managerialism is based on the idea that some people, particularly the dominant and privileged, have the capacity and capability to control organizations for the better of the people they represent and serve. This ideology failed the child welfare system, resulting in fiscal deficits and inferior service delivery. The funding of the child welfare system is based on a neo-liberal concept that measures success and failure on statistics and numbers which is supported by the growing documentation required to do the job. Baines (2011) explains that a managerial approach to practice emphasizes "efficiency, accountability and resource savings at the expense of building the capacity of the communities to thrive in an unequal world" (as cited in Yee, Hackbusch & Wong, 2012, p. 5). Managerialism and neoliberalism are so focused on the process and outcome that they lose sight of the "root of social problems" (Tsui & Cheung, 2004, p. 440), creating a system that does not advocate or allow for any creativity and/or flexibility to have productive and collaborative relational interactions with families, or to address the social problems that has brought the family to the attention of the child welfare system. The profession of frontline workers has become one of a 'care manager' who focuses on budgets and

coordination of services as opposed to social workers who are concerned about building a

"relationship-based engagement with service users" (Harlow, Berg, Barry & Chandler, 2012, p.

541). Frontline workers are spending more and more time "being 'people processors' or 'e-

technicians', inputting data onto computer templates" (Rogowski, 2013, para 4). The current

measurement tools/documentation requirements of the Ontario child welfare system were not

only developed to assist with funding, they were also developed and implemented to assess the

worst abuse and/or neglect cases. Interestingly, according to the Canadian Incidence Study of

Child Abuse and Neglect (2003) severe abuse and/or neglect cases make up a low percentage of

the cases child welfare agencies are involved in (cited in Dumbrill, 2011). While the need for

documentation has provided a necessary accountability for a system that has often been criticized

for holding "more powers than virtually any other government agency" (Kay, 2013, para. 3),

unfortunately the administrative expectations associated with child welfare have simultaneously

interfered with the frontline worker having sufficient time to establish a strong working

"alliance" with clients (Dumbrill, 2011), which is necessary for an effective AOP. Maybe

through AOP we will be able to find a better balance between care management and social work.

This also leads to the question: when using AOP, is there some necessity for the frontline worker

to embrace the roots of social work by demanding change through advocacy and activism?

For AOP to be successful, the child welfare funding needs to be revamped, allowing for

earlier intervention and supports, and for frontline workers to have the opportunity to work more

directly and collaboratively with the clients. This can also be said regarding the current funding

model for Indigenous child welfare agencies. Blackstock points out that Indigenous child

welfare agencies across Canada are currently funded using a different funding system and are

often given less money than non-Indigenous child welfare agencies (cited in Thorkelson, 2013).

Within all child welfare agencies, more attention and funding needs to be directed towards supportive and preventative services and programs in order to support an AO approach to services. The frontline worker requires the time to assess the client's perspective of the situation with respect to the frontline worker's perspective and then find a common area to begin working collaboratively together. Implementing AOP is a long-term project that seeks to restore the client's voice and a more even power balance in the frontline worker-client relationship, with transparency in our roles and expertise. Moving systematically towards AOP will also foster greater understanding and acceptance between the frontline worker and the client. Discomfort and uneasiness are inevitable aspects of change; workers must therefore challenge their own beliefs and values in order to comprehend their role in systemic marginalization and racialization. An AOP requires that a frontline worker develop trusting working relationships, a goal being to engage transparently— both professionally and personally—in the relationship. This is especially important given the worker's position of relative authority. This type of practice requires that the frontline worker dedicate more time and energy to listening without judgment and interference, giving the client an opportunity to build a narrative out of their own life experience. This must be done before any child protection issues are addressed. By understanding the client's perspective of their life and the situation, it allows for the frontline worker and client to "determine viable ways to address the issues" (Dumbrill, 2011, p. 55). However, the frontline worker must never forget that while building a collaborative relationship with the client, they are foremost a child welfare worker. They must not lose sight of possible safety concerns for the child while recognizing, but not penalizing, families for social issues beyond their control which are not necessarily child protection issues, such as poverty.

In our efforts to engage in an AO approach to the worker-client relationship, we must continue to engage in asking questions and assess the situation in order to make informed decisions about what is considered child endangerment versus situations that may go against the dominant norm but are not child protection issues, rather cultural, spiritual, systemic/structural differences. Through history, it has been proven that child welfare can be punitive and damaging in its insistence of compliance to the established norm formed by neoliberal ideologies. There is a concern that through an AO approach to practice, frontline workers are less intrusive and thus may cause a child to be further placed at risk and left in an unsafe environment, which can also be considered oppressive and dangerous (Dumbrill, 2011).

Often the system is judged publicly through the media, especially after the death of child known to or in the care of the CAS, such as with the recent inquest into the death of 5 year old Jeffery Baldwin in 2002. Jeffery died while in the care of his maternal grandmother, where he had been placed with the consent of the local CAS. The purpose of such inquests "is not to assign blame, but, to 'moving forward' what should be changed…to prevent another such death" (Blatchford, 2013, para. 2). Unfortunately, the conclusions of such inquests into the child welfare system have focused more on the failures of the individuals involved, providing little consideration to the systemic failures and social injustices that may contribute to issues and problems (Mennill & Strong-Boag, 2008). A UNICEF (2001) study identified "poverty, single parenthood, low maternal education, low maternal age at birth, poor housing, large family size and parental drug or alcohol use" (cited in Mennill & Strong-Boag, p.315) as factors associated with child deaths. The idea that child deaths are 'classless' is a justification and distraction created by neoliberal ideologies to "redirect scrutiny from structural inequalities" (p.315).

In Canada, provincial child welfare agencies interact with approximately 200,000 children annually (Kay, 2013). According to the OACAS website, between April 1, 2010 and March 31, 2011, the Ontario CAS completed 83,878 investigations; more than 90% of those investigations resulted in direct work with the families, with the children remaining in the family home. As of March 31, 2013, Ontario CAS had 16,953 children in their care (OACAS, "Statistics"). One of the factors motivating child welfare agencies to work more collaboratively with families is the desire to preserve the family unit by keeping children in their families and communities. This is evident in the recent development of an Ontario CAS initiative that explores and assesses possible kinship placement for children who cannot live with their parents due to child protection concerns. The system is seeing the importance of a more collaborative and community based approach to child welfare practice, the movement towards AOP provides a foundation for this.

I am hopeful that, with the recent shift towards AOP in the Ontario child welfare system, the public will come to see the child welfare system as a helpful resource. In time, if these changes continue, our current approaches to the delivery of services will seem archaic. If child welfare can assume a more supportive and collaborative role with families, giving them a voice in the process, we will all be able to work more directly towards strengthening families and protecting children in our communities. This approach will not necessarily eliminate the main reasons for child welfare involvement, such as poverty (Lindsey & Shlosky, 2008), but it can assist in a better understanding from frontline workers that structural and systemic problems are not necessarily child welfare issues. A good working relationship between the frontline worker and client can assist in families not being unjustly penalized for neglect issues that are associated with social injustices versus purposeful neglect and/or abuse.

Clarity and transparency in roles is essential and a major part of engaging in AO. Oliver (2012) cautions that "the ambiguous roles and increased uncertainty about power" (p.9) associated with strength-based approaches may cause conflict and tension between the client and the worker, requiring ongoing transparency about roles and goals associated with the relationship. Oliver (2012) further suggests that workers be provided with "clearer explanations and better education, increased supervision, a more coherent translation of philosophy into practice and a deeper analysis of the shortcomings of the problem-based paradigm" (p.10). According to Oliver (2012), one challenge of developing a strength-based, therapeutic and skilled practice such as AO is providing frontline staff with enough time and training. According to Turnell (1997), the practice of child welfare must be seen through a different lens than other helping professions because of the need for professional judgement in decision making. The practice of social work within a partnership model such as AO insists that the frontline worker "make judgements based on the best balance of the detailed information and to also continually be willing to make these judgements vulnerable to the perspectives of the client" (Turnell, 1997, p. 4-5.).   While the frontline worker must use her judgement in assessing a situation, she "can never make the final judgement" (p.5). This is not to say that the child welfare worker may not, at some point, have to make a decision about the safety of a child, but that this is best done in the context of an informed, collaborative relationship with the client, not in isolation. This suggests that the frontline worker provide an opportunity for the client to have a voice *and* for the frontline worker to not assume the role of the "expert".

Frontline workers adopting an AOP need to be cautious to not "paradoxically present as progressive and against injustice/inequality, while simultaneously ensuring that one's privilege remains unchallenged" (Yee & Wagner, 2013, p.341). It is easy to claim to be "open" and

accepting of differences but to claim this does not necessarily mean that our actions are not

without neo-liberal, privileged influences. It is important and necessary to not look at a social

injustice in isolation but to consider the contributing factors to the social injustice; to understand

and acknowledge the history that has influenced and been instrumental in defining the oppressed

and marginalized. To solely focus on one's oppression, such as sexual orientation, minimizes

and neglects the other possible factors, such as poverty and race, and the interconnections and

historical influences associated with these. Yee and Wagner (2013) suggest that "anti-

oppression can be likened to a bucket of water that may douse the burning flame of 'isms'-

racism, classism, sexism, etc., while leaving intact the source that keeps the 'isms' alive so that

the flames can arise again" (p. 345). There is some fear by researchers and practitioners that

while the philosophy and movement of AO is well intended in its efforts, it may prove to be an

unintentional means in which to hide neo-liberal ideas, beliefs and values (Yee & Wagner, 2013;

Cowie, 2010). Those neo-liberal ideas and practices are so ingrained in our beings that in order

for AO to be successful, we, as frontline workers, must consider those historical influences,

injustices and contributing factors associated with oppression. Child welfare has hidden behind

neo-liberal ideology to impose colonization and assimilation upon Indigenous people, through

the development of such practices as reservations, residential schools and "mass apprehensions

of First Nation children" (Cowie, 2010, p.47). Historically the system has justified its actions

and injustices through "the propensity to believe that if we are well intended in our actions,

regardless of consequences, social workers are substantially absolved from moral responsibility"

(Blackstock, 2009 as cited in Cowie, 2010, p.34). We must dig deeper and look beyond the

surface, to place anti-colonialism at the core of AO. Our history as agents who perpetuated

social injustices and oppression cannot be ignored and/or forgotten; it is important when

understanding where we came from and how we have come to be, that we better understand the present and the people with whom we are interacting with. While self-reflection is important, it is equally important that we examine our role in oppression within a structural framework and as a collective (Cowie, 2010). Our lives are not one dimensional but multi-layered and multi-dimensional. AOP is not about whether a frontline worker apprehends a child from their caregiver or not; it is about their approach to making that decision, and the journey they have taken with the family to arrive at that decision. It is not about everyone always being happy with the outcome but with the process itself, a process that should involve some degree of pushing back at the structural level against social injustices such as racism, poverty, sexism, ableism, inadequate housing, etc. (Yee & Wagner, 2013). Barnoff and Moffat (2007) suggest that by understanding the roots and history of social injustices and oppression and engaging in anti-colonialism, the movement of AO will not be permitted to "mute specific forms of historical struggles" (as cited in Yee & Wagner, 2013, p.345).

Thomas and Green (2007) believe that AOP is not possible without the frontline worker understanding the impact of colonization on Indigenous communities and peoples. Non-Indigenous frontline workers should take the role of "learner', being curious and asking questions, to better "understand the lived reality of clients, families and communities" (Cowie, 2010, p.49). This will assist in building a collaborative relationship that is built on trust and respect. Due to the historical atrocities imposed on Indigenous people by the child welfare system, frontline workers are viewed with scepticism and mistrust. It is important at this stage that frontline workers "become anti-oppressive warriors carrying a commitment to peace and transformation" (Kundoqk & Qwul'sih'yah'maht, 2009 cited in Cowie, 2010)

Dumbrill (2012) cautions the child welfare system about approaching AOP as a "destination", and instead encourage people to view AOP as "a place we move towards", a journey (p.2). AOP cannot and should not be solely viewed as a practice with only one definition but approached as "a way of life" (Thomas & Green, 2007; Cowie, 2010). If one is not embracing and living by the principles and philosophy of AO within their everyday life, then they will have difficulty implementing it into their practice.

Thomas and Green (2007) encourage non-Indigenous frontline workers to reflect upon "what would AOP look like through an Indigenous lens" (p. 91). They suggest reflecting upon AOP using the Indigenous Medicine Wheel, which "has no beginning and no end and teaches us that all things are interconnected" (p. 92). The Medicine Wheel is made up of four quadrants, the East, South, West and North, which are all interconnected and considered to be of equal value. The East represents the spiritual, the South the emotional, the West the physical and the North the mental. Indigenous culture teaches us that a person does not journey around the wheel once in life but several times, learning from mistakes and experiences (Thomas & Green, 2007). A person always begins their journey in East quadrant (spiritual), representing new beginnings. However, new beginnings must not be begun without acknowledging and understanding the "intimate and necessary relationship" (p.94) between capitalism and colonialism. To have a new beginning we must learn from our past and be critical of the errors and social injustices that occurred and how it impacted the Indigenous people. As a frontline worker, it is important to "situate the present within the context of the past, and continuously engaging how the families we support come to know what they know" (p.96). The South quadrant (emotional) is a place of self-reflection, challenging how we know what we know and acknowledgement and acceptance that we are a work in progress. At this stage, a frontline worker begins to contemplate that AO is

more than just a practice but a philosophy and way of living, "neither passive, nor something we do in our 'job'. Rather, it is an active stance and way of being in the word around us" (p.97), creating a community around us. In the West quadrant (physical), frontline workers are encouraged and challenged to look at Indigenous people's strengths rather than looking to "fix and shift their behaviours and attitudes" (p.99); this is only possible in a relationship that is committed to valuing and honoring one another.   In this quadrant the system must consider the importance of policies and practices that strengthen families and children, whom "represent our collective future" (p. 100). A worker is encouraged to approach their interaction with families from their head to their heart. Mainstream child welfare practice is structure as a process that remains in the head, through assessment, analysis, recommendations and implementation. However, practitioners realize that all interactions form a relationship of the heart with others, who may be or may be a part of our community (Thomas & Green). In the fourth quadrant, the North (mental), it is a time for the frontline worker to reflect upon their AO practice. This is a time to consider if they have engaged in collaborative partnerships, approached those partnerships with respect of history and challenges that affect the current situation and if, as a practitioner, they are shifting their values and beliefs "to collaborate in a meaningful and positive way with Indigenous people" (p. 101). Once we have journeyed through the quadrants, we are ready to begin the process again, taking with us the knowledge and learning we have acquired along the way.

I believe that Thomas and Green's (2007) portrayal of using the Medicine Wheel to analyze and process the frontline worker's journey through implementing an AO approach to practices encourages frontline workers to respect a person's past, present and ongoing journey, while encouraging frontline workers to be critical of their own biases and learned knowledge,

and experiences. It also offers an opportunity to not be the 'expert' along the journey, allowing

for there to be no expectation to get it right the first time but rather to understand and learn from

one's mistakes and to journey through the quadrants as often as necessary.

Frontline Worker-Client Relationship and AOP

Between 2004 and 2009, Dumbrill (2010) conducted research with child welfare clients

in an effort to provide clients with an opportunity to collaborate in the development of a "Service

Users' Guide" intended to help other clients understand and navigate the system. As budget cuts

to social services become larger and more frequent, frontline workers have had to rely more on

the worker-client relationship to assess and minimize the risk to children. Dumbrill and Lo

(2009) describe the frontline worker-client encounter as the "most powerful intervention tool

available in child protection" (cited in Dumbrill, 2010, p. 195). A good working relationship

between the frontline worker and the client is important because research shows that children are

less at risk of harm when one exists (Altman, 2008; Dawson & Berry, 2002; Yatchmenoff, 2005

cited in Dumbrill, 2010). One important finding from Dumbrill's (2010) research was that, while

parents were concerned about the power imbalance between them and the frontline worker, they

also had concerns about lack of information sharing and lack of knowledge about the welfare

system and process.

Becoming more aware of the power inherent in my role has drawn me to consider the role

of the frontline worker more critically. Researchers, such as de Boer and Coady (2007) and

Dumbrill (2003, 2006), have recognized the importance of the frontline worker in a collaborative

approach to the frontline worker and client relationship. De Boer and Coady (2007) state that a

"good helping relationship" between the worker and client can be both "healing and life-

changing" (p.39). Summing up their research, de Boer and Coady (2007) conclude that a frontline worker should possess a natural "warmth and genuineness" and that social work courses and agencies should emphasize the importance of developing and maintaining a "good helping relationship" and educate their workers about how this can be done (p.40). To achieve such healthy relationships, de Boer and Coady recommend that CAS consider very carefully whom they hire as frontline workers.

Building trust and a collaborative working relationship between the frontline worker and the client takes commitment and time. There needs to be a greater sense of unity between them and a sense of shared goals, as opposed to differing agendas. According to Trotter (2002), effective frontline workers engage in collaborative problem-solving processes that include, amongst other things, "working with the clients' definitions of problems rather than their own (the worker's)… [and] dealing with a range of issues which are concerns to the client or client family" (Trotter, 2002, p.39). Trotter suggests that an effective worker must also possess effective confrontation skills and include the client in decision-making and case planning. Workers should be capable of "empathy, self-disclosure, humour and optimism" (Trotter, 2002, p. 40). A frontline worker should also be open and honest about: (1) the purpose of the intervention; (2) the dual role of worker as an investigator and helper; (3) the client's expectations of the worker; (4) the nature of the worker's authority and how it can be used; (5) what things are negotiable; and, (6) the limits of confidentiality (Trotter, 2002, p. 39). I believe that talking about these issues can make a big difference in the outcome of individual interactions and, therefore, in the overall success of AOP.

The path towards an AO approach also requires systemic changes. Through the recently developed Ontario Child Welfare Anti-Oppressive Roundtable (2009), the OACAS has started to

explore ways to incorporate AOP into the child welfare system. While the OACAS' original goal was to begin by training frontline workers to use AOP in their interactions with clients, they soon discovered that they must first focus on the politics, policies and mandate of the system in order to make effective change (The Ontario Child Welfare Anti-Oppressive Roundtable, 2009). The purpose of the AOP Roundtable (2009) is not to offer strategies for how frontline workers might incorporate AOP. Rather, the Roundtable states that AOP in child welfare "is something that can be sustained only if the practices are rooted deeply within our own internal structures, policies [and] procedures" (p. 5). In other words, the Roundtable suggests that the success of AOP depends upon "internal agency reflection, preparation and readiness" (p.5). While this makes some sense, I wonder: Where does this leave the frontline worker who wants to use AOP now? While the AOR takes the time to change policies and procedures to support AOP, the frontline worker is faced with the difficult task of incorporating AOP into a system not yet prepared for such a practice.

History and Current Context of Brant CAS - AOP at Brant CAS

The creation of the AOR suggests that AOP is gradually gaining momentum, as organizational interest grows and its development continues in various Ontario child welfare agencies, such as the Brant CAS. However, the implementation of AO into child welfare practice requires a long-term investment of time, energy and resources (Barnoff, George & Coleman, 2006). The Brant CAS is one Ontario child welfare agency that has made a significant effort to incorporate AO into their delivery of family services. In an effort to make their agency a "more inclusive organization" (Savage, 2010, p. 8), in 2007 Brant CAS committed to reviewing their policies and practices for assessing risks and move toward examining the welfare of children and

families in their communities. As a result of this undertaking, they developed the Diversity and

AOP Committee in 2008. The committee's goal is to continue developing and implementing

AOP into the agency's delivery of service; a project they see as a "work in progress." In the early

stages of my research, I started looking at various Ontario CAS such as Toronto CAS that have

committed to developing AO service policies and delivery models. AO policies are of particular

interest to me because I believe they make an agency more accountable and committed to the AO

philosophy. I am currently working in an agency that is in the early stages of developing an AO

philosophy and does not yet have such policies in place. The absence of AO policies, in my

experience, accounts for a lack of direction; the frontline workers often do not understand fully

what is expected of them in terms of their approach to their practice and the delivery of their

services. What philosophy is supported by the agency? How should it be implemented? Not

knowing the answers to these questions creates confusion, not only for the frontline worker but

also for the agency's management and clients.

The Brant CAS has distinguished itself over many years as a front-runner in the delivery

of child services. A year after the *Ontario Child Protection Act* (1893) was passed to protect

children from cruelty and neglect, what was originally referred to as, the Brantford Children's

Aid Society held its first meeting. The Superintendent for the Province of Dependent and

Helpless Children, J.J. Kelso, addressed the first meeting. Between 1893 and 1954, the child

welfare movement in Ontario (Brantford included) continued to evolve. Because the Six Nations

Indigenous territory is part of Brant County, in January 1954, the Brant CAS consulted with the

Six Nations community in the development of service delivery to the Indigenous communities.

Also in 1954, Brant CAS hired its first female Executive Director, Nora Fox. During Fox's

tenure, she was responsible for extending CAS services to the Six Nations community. In 1987,

the Brant CAS opened the Six Nations Branch, staffed entirely by Indigenous people. Currently, the Brant CAS and its frontline workers seek to empower and enable members of their community "to achieve a sense of personal and family well-being" (CAS of Brant, n.d., *Who we Are: History*, para. 70) by collaborating with the recipients of their services. They plan to achieve this, in part, by using an AO approach to delivering services to their community.

According to the Ontario Child Welfare Anti-Oppressive Roundtable discussion paper (2009), for change to be successful it is best that it start at the top, supported by the board of directors and senior management, so that the policies and procedures developed will support the frontline workers and clients engaging in AOP. Before training staff how to apply AO in their practice, Brant CAS developed policies and procedures that they believed would support the implementation of AOP. For example, Brant CAS amended their Mission Statement (Appendix B) to express the agency's goals of strengthening families and community and protecting children in collaboration with their families and other community service organizations. In 2008, in an effort to continue the progress towards meeting these goals, Brant CAS developed the Diversity and AOP Committee. The purpose of this committee is to "work to address systemic barriers for those who are marginalized within and outside this Agency in order to build communities of caring and respect" (Brant CAS, *Position Paper*, 2008, p.6). This committee went on to write a position paper regarding Brant CAS's commitment to "help even the playing field for every child so that there is equal access and opportunity to live and grow in families and communities where each person is valued and treated with dignity and respect" (Brant CAS, 2008, p.3). In the *Position Paper* (2008), Brant CAS emphasizes collaboration with families in order to preserve and respect the family's unique beliefs and values, while respecting the *CFSA*'s premise that children be kept safe. Brant CAS (2008) encourages individuals within the agency,

as well as the agency as a whole, to examine their own foundational beliefs and values. These foundations shape the workers' interactions with the marginalized and must be acknowledged; there must be a conscious acceptance of difference if there is to be real respect between workers and the client. In 2011, the Agency further committed itself to AO by hiring a part time AOP-Diversity Manager. The AO Manager position was created "to provide support and leadership to the organization and staff" (Sky, 2011, p.3) as they move forward in their journey towards an "anti-oppressive practice … interwoven into the fabric of the agency and into our everyday practice with families" (Sky, 2011, p.3).

In their efforts to create more collaboration between their staff and clients, the Brant CAS has adopted an AO approach to delivering services within their community. This effort has included training staff, establishing frontline worker presence in communities, re-evaluating the agency's efforts on an ongoing basis, creating a part-time AO Manager position, and engaging in and supporting research activities, such as this thesis project. My preliminary interactions with Brant CAS suggest that they are taking the philosophy of AO to heart by continually looking at themselves through a critical lens, always looking to improve their services through self-awareness and self-critique. One of the ways they are doing this is by supporting projects such as Leigh Savage's, *Where Are We Now and Where Do We Need to be Going?: A Look at the Diversity and AOP Committee at the Children's Aid Society of Brant* (2010), and by agreeing to facilitate the research for my thesis project.

In this paper, I have chosen to not specifically and/or directly explore the effects of AO within the Indigenous population served by Brant CAS. I feel that the focus of AOP and Indigenous people and/or frontline workers should not merely be a part of a thesis but rather the Indigenous population would be better served if the sole focus of the research is about AOP and

Indigenous people. Historically Indigenous people have been disregarded and overshadowed within the child welfare system; a thesis focused mainly on the journey and experiences of Indigenous frontline workers and AOP would better represent and provide an opportunity for growth and understanding by the child welfare system.

I do feel that I would be doing a disservice to the Indigenous people served by Brant CAS if I did not briefly discuss their history and current involvement with the society. Brant CAS is also in a transitional period with respect to their Native Services Branch and meeting the needs of the Indigenous people in the Brant County. On their website, Brant CAS states that they are committed to recruiting "staff of Native ancestry to facilitate provision of more culturally appropriate intervention and services" (CAS of Brant, n.d., Native Services Branch). At present, the Native Services Branch of the Brant CAS employs approximately 40 workers. The majority of the staff are Indigenous people and play various roles within the organization, including family service social workers, child services social workers, resource social workers (who recruit and support of Indigenous foster and adoptive homes and management), and the executive director. An elected board of directors operates Brant CAS, with a seat set aside for a representative from each of the Six Nations and the Mississaugas of the New Credit Nation.

All of the six Ontario Indigenous CAS are currently designated to provide child welfare services were providing such services prior to designation (Commission to Promote Sustainable Child Welfare, 2011). The Indigenous community of Brant is hoping to be the seventh Indigenous CAS in Ontario to receive designation. During the late 1980s and early 1990s, the local band council was almost successful in developing their own child welfare agency to serve their community (Burrell, 2011). Though unsuccessful at the time, the band and local Indigenous advocacy groups have been actively pursuing this independency and self-governance for the past

eighteen years. The process has been long and wrought with internal conflict. While sharing the same goal, the band and the advocacy group formed of 15 clan mothers have at times been at odds about certain aspects of achieving that goal, in particular the immediacy of self-governance. The clan mothers do not recognize the elected band council as having governing influence over their community (Gamble, 2009). While historically the clan mothers have not been public about their positions on matters, preferring to share their wisdom and culture within their own communities, they have chosen to be very active and vocal about their desire for the CAS to leave their reserve "immediately". The clan mothers state that they "want to protect the children and keep them within the community with family members" (Gamble, 2009, para 16), comparing the current situation in their community with the residential school catastrophe "where children lost their identities when they were plucked from the community" (Gamble, 2009, para 17).

Brant CAS has voted on three separate occasions to support the development of an independent Indigenous child welfare agency in their county while maintaining the position that "our agency is mandated to provide a service and we have to follow the protocol and ensure Six Nations follows what the government demands we do to protect children "(Gamble, 2010, para 13). Brant CAS invited the band to be involved in the process of developing a child welfare system to be managed independent of Brant CAS. This process has been slow and the Indigenous people of the Six Nations have grown impatient, on several occasions demanding the immediate removal of CAS from the reserve. By September 2013, the 36 member Native Services Branch of the CAS had reached an agreement and developed a protocol with the band, allowing the CAS to remain on and provide services to the community until May 2014. During this time, services would be gradually transferred to the newly formed child welfare services on the reserve.   Despite the signed protocol, in September 2013 the band demanded the CAS

remove itself from the reserve by October 1, 2013 (Gamble, 2013). This decision was not supported by the Confederacy Chiefs' Council. They expressed concern that an abrupt removal would put at risk children at further risk of harm; the council advocates for a more planned transitional period. At the time of this paper, it is my understanding that Brant CAS continues to provide child welfare services to the Six Nations community.

As a frontline worker who takes an AO approach in my work with families, and who would like to see the AO approach gain more momentum in various Ontario CAS, I am encouraged by Brant CAS's recent efforts. The Brant agency began this process approximately four years ago, while the agency where I am currently employed is just at the beginning of the journey. Since Brant CAS is farther along in the process of incorporating AO into their service delivery, I arranged to conduct my research at Brant CAS.

Summary

Child welfare historically has been wrought with the imposition of the values and beliefs of the dominant and privileged in their effort to eradicate characteristics and qualities they identified as being undesirable. Often these efforts have been conducted under the pretense of saving children when experience and history has shown that motives were more often based on self-interest and preservation of the upper classes. Historically, little value has been placed on the family unit or the values, beliefs and culture that came along with the family. Sadly, this approach to child welfare has more often than not placed the children at further risk of harm by the very system put in place to 'save' them.

Over the years, the Ontario child welfare system has made various attempts to develop a service delivery model and supporting tools of measurement to 'save' children and to meet the

requirements of its mandate. Historically, the child welfare system has been conducted under a

misconception that parents who are not white or part of the middle and upper classes deserve to

be monitored and investigated by the state. It is my view that it is ethically and morally

inappropriate for others to govern and dictate what constitutes an "ideal" parent or a contributing

member of society. We also should not be thinking of 'saving' children from their parents unless

they are at risk of abuse and/or neglect at the hands of their parents.

It is not until the recent interest in AOP that the system has begun to formally focus on

working collaboratively with families and their community to ensure the welfare of children.

Though we may not all share the same values and beliefs, we all contribute to our communities

in different ways and we all hold value as members of that community. We are all the experts on

our own lives and should have a voice in how we wish to conduct that life. I understand that, for

the purposes of some social order and social control, rules and guidelines have been established.

However, I believe that individuals should challenge those rules and guidelines according to their

own culture values and beliefs without punishment. It is these rules and guidelines that have

contributed to and further perpetuated marginalization and racialization in our society. Everyone

should have the right to self-govern and self-regulate. However, child welfare frontline workers

must not be reluctant to protect children and advocate for children at risk of abuse and neglect.

There is a time for collaboration as long as it is not at the expense of the child. The recent

movement towards AOP in child welfare allows for a more balanced approach to practice that

helps to protect both children and their families (Dumbrill, 2006). The success of this

philosophy is dependent on the support and collaboration of all parties, such as board of

directors, directors, managers, frontline workers, service recipients and community resources.

Dumbrill (2006) cautions that if this new movement in child welfare, AOP, is not successful we

may see the child welfare pendulum once again swing towards a more extreme and intrusive approach. In order for this to not happen, the structural framework of child welfare must be redesigned to balance a more collaborative relationship with families and ensuring the welfare of children. Unfortunately the current child welfare system is not yet designed to fully support this. Instead we have become a profession faced with the ongoing growing demands of documentation and accountability to justify funding and our role. With little or no change in the structure of child welfare, how can frontline workers engage in a more collaborative approach such as AOP without digressing back into what is familiar and supported in child welfare? Instead of child death reviews and the public focusing on individuals to blame when things go wrong, maybe we could take a closer look at the social problems that played a factor in creating the situation. If Ontario child welfare is committed to an AO philosophy, then it is important that there be the structural support in place for frontline workers to implement this practice. If not, we possibly risk putting children further at the risk of harm.

The current AO movement within child welfare has moved at a slow pace; however, there are some agencies more advanced in their implementation than others. Brant CAS is one of those agencies; they have been actively involved in the process for a few years, which is why I have chosen to examine and research the experiences of Brant CAS frontline workers who have committed to an AOP so that we may learn from their stories and experiences.

Chapter 3: Methodology

This chapter will outline my approach to the research and the framework I chose to use to explore the frontline workers' perspectives on anti-oppressive child welfare practice. Through my research I examined how the Children's Aid Society of Brant (Brant CAS) frontline workers, who are committed to an anti-oppressive practice (AOP) in child welfare, viewed their experiences delivering an AOP while working in a child welfare agency committed to adopting an agency wide philosophy of anti-oppressive practice.

Theoretical Framework

Anti-oppressive theory was the framework for my research into the experiences of frontline workers who use AOP. The research was conducted using a narrative methodology. Narrative analysis allowed the frontline workers to share their stories and experiences, which will hopefully assist other workers and agencies in their efforts to adopt AOP. This information may also assist child welfare agencies in the early stages of exploring AOP, as well as frontline workers who are interested in adopting an AOP or already identify themselves as anti-oppressive (AO) practitioners.

Throughout my years as a frontline worker, I have witnessed many debates over the working relationship between the frontline worker and the client. Working with my clients, I have, at times, been reluctant to share any of myself with my clients, not wanting to blur the lines between our roles. At other times, I have tried to make myself seem more "human" by exposing some of myself to clients, in an effort to have them open up and give me information I may need to assess risk. Neither one of these options has felt quite right; both lack transparency and involve a subtle deception. For me, the desire to support, respect and help my client is often

complicated by the power that I have as a frontline worker, which gives me the option to remove children from a parent or guardian's custody.

One aspect of my job that I enjoy is hearing my clients' stories and experiences, and getting to know them through their voices. Using a narrative analysis methodology allowed me to do this with my fellow frontline workers as well. Narrative analysis gave workers an opportunity to share their experiences of working within an evolving AOP framework, thus creating a "form of chronology and movement through time" (May, 2010). Because sharing personal narratives is a way that we find and express meaning from our experiences (May, 2010), the frontline workers participating in my research stood to gain a better understanding of themselves and their lives.

Narrative analysis does not encompass a single method of analysis; rather, it is a broad combination of various methodological approaches (May, 2010). Within narrative analysis, a researcher is also cognizant of language (discourse analysis) and how it is "used to do things, to name, label, categorize people and things" (May, 2010,). A researcher must remember that language is not neutral; its meaning comes from other influences such as a person's social position, experiences, situated knowledge, gender, race, etc. Through narrative analysis, the researcher focuses on the meaning and interpretation provided by the participant (May, 2010).

This approach to gathering data for my research allowed me to "contest dominant social practice" (Fraser, 2004, p. 180), such as the practice of child protection workers, by analysing the complex, multifaceted interactions between individuals, groups and cultures. Social justice is an integral part of social work and narrative analysis is a methodology that permits the exploration and analysis of varying and possibly conflicting points of view (Fraser, 2004). The collaborative,

informal style of interviewing is an effective tool for gathering information and allowing "for stories or comments that do not appear to be immediately relevant" (Fraser, 2004, p. 185).

The stories of frontline workers, like myself, who identify with the effort to integrate AOP into their work in child welfare provide meaningful insight into the struggles and triumphs that these workers have experienced, both in their hands-on work with families and within the political system of child welfare. The information provided may assist fellow workers and even agencies in implementing AOP, and contribute to a shared definition and understanding of the term.

The narratives gathered in my research help articulate social workers' understanding of AOP and how this understanding influences their practice. As mentioned earlier, there are various ways to understand AOP, and the variations lead to differing methods and practices of implementation. Without a unified understanding of AOP or a full commitment by child welfare agencies to have their workers provide AOP, there will not be a consistent approach to the practice.

The Research Process

As a new researcher, I am aware of the need for an organized and well thought-out plan on which to base my research. However, I am also cognizant of the need for flexibility— remaining open to change and new knowledge—in making this project a success. This section of my paper will outline my plan and methods used during my research.

Research Participants

      I had planned to interview 3-4 frontline workers employed by Brant CAS, who identify themselves as using AOP in their practice. However, I ended up interviewing 5 frontline workers due to some concerns I had following one of my interviews that the information gathered during the interview may not be useful and/or pertinent to the research. Because I had to travel a fair distance to conduct my research, I had planned to allot a week at Brant CAS to conduct my interviews; in the end, I only spent one day at Brant CAS conducting two of my earlier interviews. Following my trip to Brant CAS, I solicited more participants through one of the participants I had already interviewed. I conducted the last two interviews via telephone; those two participants were given the choice of face to face or telephone and they chose telephone interviews. My intention was to keep the number of participants low so that I was able to create a tone that was relaxed and unrushed—one that accommodated the goal of sharing stories and experiences. Also, by interviewing a small number of participants, I was able to provide a more in-depth analysis of the data collected during the interviews.

      For the purpose, of this study I interviewed only frontline workers who were employed at the time of the interview by Brant CAS. I did have one Indigenous worker express an interest in my research; however, the participant did not meet the criteria for inclusion. While I had hoped to have an Indigenous Services participant in the research, I believe that a separate research study solely focused on the Indigenous frontline workers' perspectives of anti-oppressive practice is warranted.

Participant Selection

While most Ontario Children's Aid Societies (CAS) are trying to recruit and hire social workers, a shortage of qualified workers (Oliver, 2012), such as social workers, willing to enter the child welfare field requires that CAS hire more recent graduates from a variety of human service degree programs. As a result, I did not insist that participants be social workers and/or registered with the College of Social Workers. My preference was to interview participants who had been employed in child welfare long enough to have experienced an earlier service delivery model, such as Ontario Risk Assessment Model (ORAM), to compare with AOP; however, I was open to interviewing workers with varying levels of experience.

During a teleconference with the AO Manager and the Quantitative Manager at Brant CAS, it was decided that the best initial recruitment step would be for the AO Manager to send out an email (Appendix C), with a copy of the recruitment poster and final informed consent (Appendix D and E), to frontline staff at Brant CAS briefly explaining the research and requesting that those interested contact me directly. Immediately following the email, I began to receive emails expressing an interest. I was able to secure three participants based on the criteria outlined in the pamphlet. After conducting the three interviews, I felt it was necessary to recruit at least one more participant. Two of my participants had offered to assist in recruiting more participants if needed, so I emailed asking for their assistance. As a result of them talking with their coworkers, I was successful in recruiting an additional two participants. Participation in the research interviews was voluntary and there was no compensation provided; all efforts were made to accommodate the workers' professional and personal lives.

Conducting the Research

The interviews were originally planned to include an initial meeting between the researcher and the participant aimed at establishing a rapport. However, all participants declined this offer, preferring to commence interviews immediately. There was some minimal email communication prior to interviews between myself and participants in order to establish that each participant met the criteria, to offer answers to any questions they may have had, and finally, to solidify our planned interview time and details. All participants reviewed the informed consent document, which outlined confidentiality and anonymity and gave permission to the collection and use of data for the purpose of the research paper on their own.

When developing the Recruitment Poster and Informed Consent that were presented to potential participants and then later signed by the participants, I considered the VIPIRG's (2012) recommendations:

- That all participants were given a verbal and/or written explanation of the project that included:

    o a description of the project;

    o information about how confidentiality will be protected, including who will have access to the data and how the data will be stored;

    o information about the ways that the research results will be published or otherwise used;

    o my contact information.

- All participants were informed that they had the right to contact me or my supervisor at any point if they wanted to withdraw from the research and that there would be no negative repercussions if they did this.

In accordance to the VIPIRG's (2012) recommendations, the Informed Consent included that when signing the consent the participants were acknowledging that (a) they understood the purpose of the project, (b) their participation was voluntary and that they could withdraw at any point, and (c) they agreed to take part in the research.

At the commencement of the interviews, I asked them if they had any questions regarding informed consent and they stated no. All accommodations were made to schedule the research interview at the convenience of the participants. To make the process easier, I secured a private location at one of Brant CAS buildings; all participants interviewed there stated they had no objections to the location. Despite my offer to return to Brant CAS, the last two participants insisted that I interview them over the telephone.

Research Phases

Heather Fraser (2004) offers clear and comprehensive guidelines for conducting narrative research and outlines seven distinct research phases: (1) hearing the stories; (2) transcribing the material; (3) interpreting individual transcripts; (4) scanning across different domains of experience; (5) linking the personal with the political; (6) looking for commonalities and differences among participants; and (7) writing academic narratives about personal stories. Following these guidelines while conducting my research allowed for the data collected to remain true to the recollections and narratives of the frontline workers and facilitated my need for organization while collecting, analysing and interpreting data.

Phase 1: Hearing the Stories, Experiencing Each Other's Emotions

During this phase, I listened to the stories and experiences of the participants while registering my observations of emotions—both the participants' and my own. When people share their stories, it usually "provokes emotion[s]" (Qwul'sih'yah'maht, 2011), that are significant and relevant aspects of storytelling. At the early stages of narrative analysis research, Fraser (2004) encourages the researcher to reflect upon, not only the content of the story provided by the narrator, but also the emotions and influential factors evoked by the story, in both the narrator and the researcher. During the interviews, I took note, particularly on how the interviews began, unfolded and ended (Fraser, 2004) and this information helped illustrate the progression of the sharing process. Fraser (2004) suggests using the following questions when reflecting upon the interview and the participants' stories: "How curious do you feel when you listen to the narrators; How open are you to developing further insights about yourself; How are emotions experienced during and after the interview; What 'sense' do you get from each interview"? (p. 187). As a frontline worker and researcher, it was important that I did not allow my own experiences to interfere with the participants' sharing of their own stories and experiences. However, I believe in the importance of self-disclosure in an effort to build some level of trust and comfort with the participants. As a result, not only was I transparent in sharing that I am a frontline worker at an Ontario CAS, I also I found it was necessary on occasion to engage in some dialogue and/or discussion with the participants during the interviews about my own experiences in order to prompt further sharing by the participant.

Prior to the interviews, email correspondence occurred to arrange the interviews, to discuss logistics of the interviews, offer the opportunity to present any questions the participants may have and to address any special needs or accommodations they may have, such as child care

costs or transportation needs. None of the participants requested and/or required special needs or accommodations. I provided multiple options for dates and times and accommodated all participants. I allotted 3 hours for each interview to allow for ample time for each participant to share and discuss without a sense of haste and/or interruption. All participants chose to meet during work hours (which was supported by Brant CAS), so I was conscious of the fact that they were fitting the interview into a full work schedule.

I began each interview by reviewing the topic of the research and asking if they had any questions prior to starting. I then engaged in some brief rapport building conversation. For example, with Joanne we discussed her upcoming retirement. I also confirmed their position and length of service. We discussed the consent form and I confirmed that participants had reviewed the informed consent; if, as with one of the telephone interview participants, a signed consent was not given at the time of the interview, verbal consent was given. I asked the participants to share stories and personal experiences about working in child welfare with an AOP approach. Prior to conducting my interviews, I made a list of following questions that I used as a foundation:

1. What is your understanding of AOP?

2. How would you describe your practice?

3. Do you have an example of when and how you used AOP?

I made every effort to use open ended questions that encouraged the participant to engage in a discussion about their views and experiences. In an effort to avoid "mining" (Fraser, 2004, p. 184) for information and not controlling the narrative of the participant, if there was a time that I required further clarification and/or wanted more details, I would repeat back to the participant what I understood them to say, "so what I hear you saying is…?" I observed that each time I did

this, the participant would then confirm or deny and subsequently they would offer additional information.   As the interviews progressed and topics were being brought up by participant, I added questions to my list, such as "may you tell me about agency AOP training?" and "may you tell me some strengths and weakness of AOP?"

All efforts were made to accommodate the participants and have them be active in determining the place, pace and duration of the interviews. The first interview was arranged to be held at my place of employment when the participant was in town for business. Two of the interviews were held in a private room at a branch building of Brant CAS; the location was arranged by my contact person at Brant CAS, the AO Manager. I was concerned about this location because it was in an agency building. However both participants were offered a more neutral location and chose the one at Brant CAS.   The last two interviews were held over the telephone. I had offered to return to Brant CAS to interview them but they choose to conduct the interviews over the telephone. I had some reservations about this method of interviewing and the fact that the participants were at their desks at the time of the interviews; however, I did not note any reservations and/or effect of this upon the interviews.

The actual interviews ranged between approximately 40 minutes and almost 2 hours. During the data gathering stage, I kept a personal journal. In my journal I reflected upon my observations, reflections and emotions during and following the interviews. With the information collected in my journal, I was able to cross reference it to the information gathered in the transcripts of the interviews. This allowed me to better understand how my thoughts and feelings at the time affected my interpretation of the information gathered. This method allowed me to be more conscious of my own personal bias while interpreting the data. It also reminded me of my observations of the participant during the interviews, such as the pauses, silences, body

language and general observations of the participants, which were helpful in providing me with a

better understanding of the information gathered. Each interview was recorded on a mini digital

recorder and a recording App on my iPhone; all devices were password protected and/or locked

up in a filing cabinet in my residence. When one participant observed my multiple methods of

recording the interviews, she jokingly inquired if I suffered from Obsessive Compulsive

Disorder (OCD).

Phase 2: Transcribing the Material

I had originally planned to transcribe the interviews myself, but for the sake of time and

efficiency I employed the services of a transcription company, Rev.com, experienced in the

transcription of confidential and sensitive material. As part of the consent form, I requested the

permission of the participants to use such a service if necessary. The transcription service has a

confidentiality form, which I signed (Appendix F).

Vanessa May (2010) states in her podcast that narrative analysis focuses on "both form

and content", what is being told and how it is being told. As a researcher, I was observant of non-

verbal cues from the participants and used this information to supplement the verbal transcription

of the interview. In addition, I was also aware of my own biases, values and beliefs and reflected

upon how they affected my practice and my research; this is where my personal journal of my

observations and feelings was beneficial. Fraser (2004) encourages the researcher to be sure

that depictions of and references to the narratives remain true to the narrator's voice, for the

researcher must not manipulate the information to fit an academic paper or anticipated direction

of the research. As a result, following the transcription of the interviews, each participant was

offered the opportunity to review the transcripts to confirm their accuracy and to provide any

content additions and/or omissions to what they said in the interview. Two participants chose to review the transcripts; the remaining three participants opted to not review the transcripts. At this stage, all participants once again gave me their permission to use the information obtained in the interviews for my research.   All documents and data collected (through emails, audio recordings, transcripts, journal, etc.) were kept on my personal, password-protected laptop or iPhone and in a locked filing cabinet at my place of residence.

Phase 3: Interpreting Individual Transcripts

During this phase of analysis, Fraser (2004) recommends that the researcher ask: "What are the common themes in each transcript; What kind of meanings might be applied to these words; What contradictions emerge; Are there notable silences, pauses or gaps"? (p.190). Keeping these questions in mind, once the interviews were transcribed and approved by the participants I began the task of analysing the data collected in the interviews by reading through each transcript, electronically. I read the transcripts on the computer while making notes in a separate computer document, labeling it Interview Notes. Following this, I highlighted the related sections in the electronic transcript. After printing up the transcripts, I re-read through them and made notes in the margins of the documents, indicating the emerging topics and theme, such AOP, ORAM, leadership, training, education, manager, etc. I also made notes of the commonalities and contradictions amongst the individual interviews. After which I began to cut and paste quotes from the transcripts that supported the emerging themes and topics.   I then referred to my journal of personal notes and observations, which I had taken during and immediately following the interviews; making notes directly on the transcripts referencing my journal notes.

When I first began the process of reviewing the transcripts, I became overwhelmed with the magnitude of emerging themes:

- Conflicting and similar definitions of AOP

- Impact and effectiveness of education and training

- Senior staff mentoring newer staff, camaraderie

- Personal style and practice, "bulldogs" and the "namby-pambies"

- Experience/confidence and practice

- Internal politics and system, related to AO philosophy

- Influences on practice, such as funding and management style

- Community development and family

- Every changing system and the strengths and needs of them

- Overlooking risk to focus on strengths and be less intrusive

It is not uncommon for stories to be told or relayed in a fragmented and non-sequential manner (Fraser, 2004) thus the emerging themes were not immediately clear and evident to me. The process required several reviews of the material, including the evolving notes I was making while I was doing the reviewing. By looking for themes numerous times, I was fortunate to observe various "sets of ideas where some sort of plot unfolds" (p.189). I discovered that just when I thought I had my set themes, such as AOP, Relationships, Systemic Influences on Practice and Education and Training, I began to realize that the themes I had did not completely encompass the ideas and themes portrayed in the interviews. As a result I requested a teleconference with my Academic Supervisor, Dr. Strega, to brainstorm my progress up to that point and my thoughts and ideas. From our discussion, the following themes emerged:

- Parallel Process

- At Long Last

- Management Helps Set the Tone

- Don't Throw the Baby Out with the Bath Water

- Another Four Letter Word…Risk

Through the process of writing the Findings Section, I settled on the following themes:

- It's Not What We Do, but How We Do It

- At Long Last

- Parallel Process

- Management Helps Set the Tone

Phase 4: Scanning Across Different Domains of Experience

At this stage, it was important that I did not fixate on any one dimension of data interpretation; rather, I needed to take into consideration the intrapersonal, interpersonal, cultural and structural aspects of the shared stories and experiences. As discussed previously, historically child welfare had been developed and implemented to identify the frontline child welfare worker as the professional and expert while the client does not have a voice in the process and interaction. However, AOP is not based on this belief, but rather the belief that the parent and family are the experts of their own unique life and that the frontline child welfare worker is more of a supporting player in working with the family to meet their unique needs, while not losing sight of the child welfare component and meeting their mandate requirements. It is during this stage of analysis that I began to consider the various discourses apparent in the interviews that either support the historical perception and practice of child welfare or the new AO approach to practice.

It was also during this phase that I considered my own personal experiences as a frontline child welfare worker and how they may influence my interactions with participants and the interpretation and analysis of data. There is a tendency for researchers to enter into the research process with a developing idea, direction and/or focus (Fraser, 2004), which can influence the direction of the interviews and the interpretation of the data. In order to avoid this, Fraser (2004) suggests that during this phase researchers consider the following questions: "Are there aspects of the stories that highlight intrapersonal experiences; Which parts of the stories relate to interpersonal relationships and interactions; Are cultural conventions evident; Are social structures present"? (p.192). In an effort to minimize my personal bias and influence during the interviews, I would attempt to ask clarifying questions, so that I could "'send it back' to the subject, and … obtain an immediate confirmation or disconfirmation of the interpretation of what the interviewee is saying" (Kvale & Brinkmann, 2008; p 30), rather than draw my own conclusions.

Phase 5: Linking the Personal with the Political

Like any field of work or study, child welfare has discourses all its own that draw on common phrases and concepts that connote particular meanings to a specialized audience. My experience as frontline worker made me familiar with various different terms and concepts that arose during the interviews. However, there was also a chance that my knowledge of the field might lead me to assume that I understood a participant's use of a term or concept, when in fact I did not. While each culture such as child welfare will have some similar concepts and phrases, each subculture, such as individual child welfare agencies, will have their own unique and specific phrases and concepts. As a result, there were occasions when I needed to ask the participants for clarification

about some aspects of the information they shared. Through the use of my journal, I made an effort to be cognizant of how my own biases, values, beliefs and experiences may have influenced my interpretation of the information gathered. I also made note of the obvious differences between the agency I work for and Brant CAS, such as community based child welfare workers and numerous branch/satellite offices. Questions I considered during this phase of analysis included: "How do you imagine other theorists are likely to analyse the stories; what might other social theorists say about the interpretations you have made; Have you clearly distinguished participants' accounts from your own?" (Fraser, 2004, p.193).

Phase 6: Commonalities and Differences Among Participants

During this phase, I looked at the themes, commonalities and differences that emerged from the participants' interviews and began the analysis of the data collected. Research is an ongoing process and I was open to the possibility that the assumptions, direction and focus of my research might be challenged by the commonalities and differences that surfaced in the analysis of the interviews. Fraser (2004) encourages researcher to consider the following questions during this phase: "How are common patterns and plots unveiled; What are emergent themes or patterns across transcripts; Are stories that challenge the views on which the research is predicted given sufficient analytical attention?" (Fraser, 2004, p. 195). It was during this phase that I began to see emerging themes I had not anticipated, such as managerial influence on AOP and the importance and role of the worker-worker relationship in practice. It was also during this phase that I was able to see and appreciate the commonalities and differences between the participants, especially those of the participant with almost 30 years' experience and the participant with just over 3 years' experience.

Phase 7: Writing Academic Narratives about Personal Stories

It is important to me that the information presented in my final thesis is true to the message that the participant wanted shared, not manipulated to fit into my own assumptions about and expectations for the research. To be true to the participants and their personal stories, I had to engage in an ongoing process of self-reflection in which I considered how my own bias and "humility" may have influenced the interpretation and representation of my analysis of the information provided by the participants. Following each session with a participant, I engaged in some self-reflection and journal documentation that reflected upon Fraser's (2004) recommended questions during this phase: "Are your analyses relevant to your research; Are the interpretations you made fair; have you developed blind spots that undermine the veracity of your claims; Do your analyses maintain a respectful tone towards the participant?"(p.196). Through my personal self-reflection and critical analysis of my participation and role in the interviews, I was able to identify areas where my personal lens and self-location may have influence my analysis/results.

Ethical Considerations

As an AO researcher, I was mindful of Brown and Strega's (2005) three principles of research: (1) "AO research is social justice and resistance in process and in outcome" (p. 260); (2) "AO research recognizes that all knowledge is socially constructed and political" (p.261); and (3) the AO research process is all about power and relationships (p.262)). I am currently exploring how I can use my research to challenge and resist the ideologies implicit in the child welfare system and in those (including myself) who work within it. In doing so, I hope that my research might help foster social justice for those who are marginalized and racialized. This kind of resistance-through-research involves: (1) being mindful of the ways that my situated identity

and knowledge shapes my practice; and (2) remaining open to the likelihood that the participants' experiences with and ideas about AOP will be very different from, yet no less relevant than, my own. My research has been a lesson for me to accept that I am not the "expert," but rather someone who is seeking knowledge through and from the process. As a researcher, I am looking "for meaning, for understanding, [and] for power to change," rather than a humanly defined "truth" (Brown & Strega, 2005, p.261).

In keeping with the recommendations of the Vancouver Island Public Interest Group (VIPIRG, 2012), I adopted the following ethical premises and guidelines when doing my research:

- This research is intended to benefit the practices of other child welfare workers and, as a result, the families served by the child welfare agencies.

- In an effort to not be deceptive, I was transparent about all aspects of my research.

- If at any time the participant were to become distressed during the research process, I was prepared to address the concerns and issues directly. Ultimately, I was and continue to support the participant's decision to continue or cease participation in the research.

- The research did not involve inducement (perceived benefit or punishment) that would have been viewed to compromise the voluntary willingness of the participants. Participation in the research was completely voluntary and did not involve any compensation or retribution for participating.

- Participants were offered fair compensation for costs associated with participating in the research, such as bus fare and child care.

- My research project adhered to the ethical guidelines and considerations of the University of Victoria. My research did not involve anything considered to be "illegal, a breach of Indigenous protocols and standards, or in contravention of the purposes and goals of VIPIRG" (VIPIRG, 2012, para. 3) or the University of Victoria.

- Throughout my research, I adhered to ethics, guidelines, protocols and expectations of the Human Research Ethics Board of the University of Victoria.

All research involves ethical and political considerations and my research was no exception. Since my research involved human subjects, as per the University of Victoria policy, I was required to submit an application to the Ethics Review Board. After being initially approved (Appendix G), a subsequent Modification Application was submitted in order to reflect some wording changes to the Recruitment Poster and Informed Consent; all modifications were approved as well (Appendix H). As part of the process of the application, I reflected upon the purpose of my research and whether it benefits the community and keeps with the philosophy of anti-oppression. I believe that the research I conducted will contribute to improving the services that marginalized and racialized children and families receive from child welfare agencies, in Ontario particularly. After conducting the research, I also believe that it will improve the practice of frontline workers and the system that is in place to support them in their practice, such as management and training. For the frontline workers and agencies not yet officially committed to adopting an AO philosophy to practice, my goal is that my research will assist and encourage my colleagues as they adopt an anti-oppressive approach to practice and that it benefits those who are marginalized within the system. Overall, I believe that a more collaborative and respectful working relationship between the service provider (frontline worker) and the service recipient

(family) benefits my family, my friends, my community and me. Also a more collaborative and respectful working environment benefits all those involved within the child welfare system, including foster parents, managers, frontline workers, community members and service recipients. I was forthcoming with participants about my desire to see that their shared experiences benefit other workers implementing an AO approach to their practice and, ultimately, improve the services delivered to the families and children working with child welfare agencies.

My intention was to engage in self-reflection and self-location throughout my research in order that I would be more aware of how my values and beliefs affected my interpretations and interactions. I anticipated that I might relate more to the experiences of the worker, and sometimes forget the impact of AOP on the families. I needed to identify both with the frontline child welfare worker *and* as a possible client of the child protection agency as I gathered and interpreted the research data. However, as a person of privilege and dominance, I was cognizant of the fact that any interaction I may have with the child welfare system (as both a worker and potential client) would be different based on my race and class; to not engage in this awareness would be counteractive to the philosophy of AOP.

It is inevitable in my research that my own personal values, beliefs and culture had influence on my analysis of the information gathered. As a result, throughout the research, I allotted time, through my journal keeping, to engage in an ongoing process of deconstruction, such as how my class, race, experiences, privileges, values and beliefs, influence and determine how I am treated, how I view the world (through my lens) and how it affects my position as a researcher. This process of deconstruction is a life practice, a stance that I endeavour to maintain and keep up, inside and outside the experience of doing my research. When I used my journal,

the critical areas of personal reflection were race, class and gender. As a Caucasian person of

"unearned advantage and conferred dominance" (McIntosh, 1989, p.1), I have been taught to not

recognize oppression. Thus, "as an unfairly advantaged person" (p.2) and a researcher, it is

critical that I actively engage in self-reflection in order to see how my position of dominance

creates oppression and may have influenced my research. Through the use of journal keeping

and personal reflection, I attempted to keep myself accountable for any signs of how I may have

influenced my research.

I was open with participants about the motivations behind the research and my own

identity as a frontline worker. I was hopeful that my status as a colleague would make

participants feel more comfortable in sharing their stories. However, I am aware that an assumed

familiarity may have been a hindrance, leading some participants to think that I already

understand their position and, therefore their full disclosure and a full explanation were not

needed. I felt that my position as a frontline worker allotted a certain amount of comfort with the

participants to be forthright and transparent in their sharing; in particular I believe it may have

lent to a certain amount of disclosure regarding the participants' issues and concerns surrounding

AOP, role of management and the overall internal system. I believe that there was a level of

trust established which was evident in three of the five participants exercising their right to

review the transcripts of their interviews.   I believe that the process of building a positive

working interaction was established in early email interactions and a rapport building period at

the beginning of the interviews, which included a discussion about the purpose of the research,

issues of consent and confidentiality. All participants declined the offer of an initial

interview/meeting, preferring to engage in one interview.

For the purposes of clarity and guidance, throughout my research I consulted and conferred with my academic supervisor, Dr. Susan Strega.

Summary

I believe that the child welfare system has been conducted under a misconception that parents who are Indigenous, racialized or poor should be monitored and, if need be, investigated by the state. It is my view that it is ethically and morally inappropriate for those in a position of power, often those who are white, privileged and dominant, to govern and dictate what constitutes an "ideal" parent or a contributing member of society. We all contribute to our communities in different ways and we all hold values as members of that community. We are all the experts on our own lives and should have a voice in how we wish to conduct that life. I understand that, for the purposes of some social order and social control, rules and guidelines have been established. However, I believe that individuals should challenge, without punishment, those rules and guidelines according to their own cultural values and beliefs without punishment. It is these rules and guidelines that have contributed to and further perpetuated marginalization and racialism in our society. Everyone should have the right to self-govern and self-regulate. Only in the rare and extreme cases should the government step in to take that right away.

I believe there is room in child welfare for a more collaborative and supportive working relationship between the system and those who it serves. The recent movement towards AOP in child welfare allows for a more balanced approach to practice that helps to protect both children and their families (Dumbrill, 2006). Dumbrill (2006) cautions that if this new movement in child welfare is not successful it will once again swing the pendulum towards a more extreme and intrusive approach. This is why I felt it was important to examine and research the experiences of

those in the frontlines of this "transformation", so that we may learn from their stories and experiences.

Chapter 4: The Stories of AOP

The purpose of this thesis is to explore the frontline child welfare worker's perspective of an anti-oppressive (AO) approach to practice, also known as anti-oppressive practice (AOP). I explored this by conducting interviews with five child welfare workers at the Children's Aid Society of Brant (Brant CAS); the participants all had varying experience practicing within a system with an AO philosophy and also with a system that was not AOP. The data collected from the interviews is what provided the basis for my analysis of how frontline child welfare workers view their practice, and the child welfare system, through an anti-oppressive lens. As mentioned in the previous chapter, my analysis was guided by Fraser's (2004) seven phase process of narrative analysis.

I analyzed the transcripts of interviews to determine stories that were relevant to the thesis focus of the frontline child welfare worker's perspective on AOP. In this chapter I present the stories of the participants by using segments of the interviews to bring their voices to the research. I had anticipated that it would take some time for the participants to reach a level of comfort in order to share their stories with me. I was pleasantly surprised by the lack of hesitation and reluctance on the part of the participants to share their stories. Overall, I found the participants excited and determined to have their voices heard; one participant even began sharing before I could turn on the recorder and ending the interview with "I am all talked out". There was only one participant who appeared to be less forthcoming in her sharing during the interview process, often commenting "I don't know", which made the process difficult and the data collected to be limited. Most of the participants expressed a desire and interest in viewing the final thesis.

Each research participant acknowledged their commitment to their practice and their work with families, acknowledging that what they do cannot be done in isolation but through the many relationships they are part of, such as worker-client, worker-worker, worker-manager and worker-child welfare system. I attempted through the interview process and in this chapter to provide a voice for the frontline worker in expressing their stories and experiences related to adopting and implementing an AO approach to their practice. I did this through providing quotes that support the stories from the participants to support their perspective of AO in their child welfare practice. It is my hope and intention that listening to the voices of those responsible for implementing an AO approach to practice may improve service delivery in the child welfare system, not only in Ontario but elsewhere.

Participants

I had originally planned to interview only three or four research participants but ended up interviewing five frontline child welfare workers for my research. I had some difficulty finding participants that met the criteria; I had to eliminate most of the possible participants due to the fact they had practiced as a frontline child welfare worker under a differing philosophy such as Ontario Risk Assessment Model (ORAM). I eventually found three participants. However, after interviewing one participant, I became concerned that the information obtained from the interview was not going to be useful in the analysis; she often began her responses with "I don't know" followed by short and often repetitive responses. As a result, I solicited the assistance of one of my research participants in a snowball sampling approach to secure another participant. Due to this, I was fortunate to be approached by two other participants who met the criteria. The participants varied between three years and more than 20 years' experience and were all female.

Three of the participants were interviewed face to face and two were interviewed over the telephone.

As previously mentioned, each of the participants were asked during the interview if they wished to be identified using a pseudonym or by their given first name. Two of the research participants chose to be identified by their given names in the final thesis (Joanne and Suzanne). The remaining three participants chose to use pseudonyms. They were offered the opportunity to choose their own pseudonym, each preferring that the researcher pick one; one participant laughingly stated, "knock yourself out" (Tammy) when I asked if she would like to pick her own pseudonym.

I am grateful to the five Brant CAS frontline child welfare workers who agreed to explore this subject with me through the sharing of their experiences, stories and thoughts on their commitment to an AO approach to their practice. Each of the participants, excluding the one participant where I had some concerns about the usefulness of the interview content, appeared very passionate when discussing their anti-oppressive approach to their practice as frontline child welfare workers; they did not require much encouragement from the researcher to tell their stories.

Participant Profiles

The five frontline workers who participated were all employed by Brant CAS at the time of the interviews; the number of years they each had worked in child welfare varied between 3 years and more than 20 years. All participants were female. A few of the participants had worked at other child welfare agencies, while some had only worked at Brant CAS. As formerly mentioned, at the time of the interviews, all participants were employed at Brant CAS; one

participant was anxiously anticipating her retirement in the months following the interview and another participant went to work at another Ontario child welfare agency soon after her interview. In an effort to maintain the anonymity of the three participants who asked to use pseudonyms, I provide only a brief description of the participants.

Suzanne has worked in child welfare for almost 10 years. I interviewed Suzanne face to face at the offices of the child welfare agency where I am employed. The interview was conducted while she was there for professional reasons. She began her career in child welfare when ORAM, a risk based assessment tool, was being used. At the time of the interview, she had worked at two different child welfare agencies within Ontario as a frontline worker; soon after the interview she moved to another Ontario child welfare agency. The first agency did not have an anti-oppressive philosophy, thus there was no formal requirement to work anti-oppressively with families and children. However, when she came to work for Brant CAS, she was required to adopt the Society's AO approach to practice. Suzanne was the first frontline child welfare worker to commit to participating in the research. Suzanne is also the only participant I knew prior to the interview.

Xena has worked at Brant CAS for over 10 years. I interviewed Xena face to face at a branch office of Brant CAS, a mutually agreed upon location. She began her career in child welfare "just as ORAM was being implemented" (12-11-18, email). Xena provided the longest interview of all the participants. Her enthusiasm and energy for child welfare were evident the moment she walked into the interview; she began to share even before I could turn on the recording devices. Following the interview, Xena proved to be a strong advocate for my research in securing two additional participants.

Fiona has less than five years' experience as a frontline worker in child welfare, the least experience amongst the participants. I interviewed Fiona face to face at a branch office of Brant CAS, a mutually agreed upon location. While she did not practice during ORAM, prior to working at Brant CAS she had worked at another Ontario child welfare agency which did not have an AO philosophy and/or approach to practice. One of the contributing factors in my choice to interview Fiona was because originally I did not receive the number of responses that I had anticipated for willing participants. I had thought that Fiona's experience working in another non-AOP agency would be enough to provide her with a comparison. However, when I interviewed her I grew concerned that the information gathered in the interview would not be useful in the research. It was not until I had interviewed the last two participants that the information gathered in Fiona's interview took on a new meaning for the research and for me as the researcher.

Tammy is one of the two participants who did not respond to the original email requesting participants in my research. However, she did respond immediately following a direct request from Xena to consider participating. I conducted my interview with Tammy over the telephone. Tammy has been employed at Brant CAS for over 10 years and has held various positions at the agency, including frontline child welfare worker. She began her career when ORAM was being used as an assessment tool.

Joanne also did not respond to the original email sent out by the manager of AO at Brant CAS. Joanne was approached by Xena, through email, encouraging her to speak with me. Joanne responded to me immediately following receipt of Xena's email. Due to her upcoming retirement, Joanne was conscious of her time constraints and suggested a telephone interview, which we did. Joanne grew up as the child of a frontline child welfare worker and is now set to

retire from the profession herself. With this insight and experience, Joanne has seen child welfare evolve and change on numerous occasions. Throughout her career in child welfare, she has covered numerous positions in child welfare, including frontline child welfare worker.

The interviews ranged in length between 40 minutes and almost two hours. During the interviews, I took some brief notes and following the interview I made journal entries to document my observations and thoughts about the interviews. The purpose of my journal entries was to provide an opportunity to digest and document my thoughts and observations following the interviews, to later be used as a tool for me to analyse my own bias and role in the collection and analysis of data.

Once I received the transcribed interviews, in my haste to get them to the participants who expressed an interest in reviewing them, I sent them out without first reviewing them thoroughly. After sending them to the two participants, Xena and Suzanne, who choose to review their transcripts, I began the task of reviewing the transcripts starting first with the ones for Tammy, Fiona and Joanne, who chose not to review their transcripts. I reviewed the transcripts by simultaneously listening to the audio recordings while reading the transcripts. While in the midst of this, I received an email from Xena advising me that there were numerous errors in her transcript. After reviewing her transcript, I noted that the quality and accuracy of the transcript was poor. As a result, I sent the transcript back to the company expressing my stories and asking that they re-transcribe; when the transcript was re-transcribed, it was more accurate to the audio recording. Despite some minor grammatical errors the other transcripts were acceptable.

Three main questions served as a foundation for the interviews, allowing for further questions and topics to be explored as they presented themselves:

- What is your understanding of AOP?

- How would you describe your practice?

- Do you have an example of when and how you used AOP?

Using open-ended questions provided an opportunity for the participants to direct the interview to the topics and stories they wanted to share, and I found that participants offered comments and topics I had not anticipated. I recorded these observations in my journal, which assisted me when I began the task of reviewing the transcripts more closely, looking for stories and commonalities and contradictions. This process involved numerous re-reads of the transcripts.

When I first began analysing the narratives, I had difficulty determining the emerging stories due to my desire to share everything that was offered to me by the participants. I wanted to accurately depict and reflect the voices of the participants without being repetitive and without being guided by my own biases and values. Finalizing the stories required ongoing, conscious reflection that my role as a researcher is to honor the voices of my participants, with an awareness and minimal impact of my own bias and interpretation of data based on my own experiences as a frontline child welfare worker.

As discussed in the previous chapter, the development of the stories was a long and difficult process that required several revisions and consultation with my supervisor until I was confident that the following stories and sub-stories accurately depicted the voices of the participants. It was through this process that I was able to determine the "sets of ideas where some sort of plot unfolds" (Fraser, 2004, p.189). The "set of ideas" or stories, began to develop as the interviews with the participants progressed. It was during the interviews that I began to notice that the participants were directing the interviews to include stories they wanted to share, independent of

the basic questions I had prepared for the interviews. The stories the participants were sharing held many commonalities; however, the manner in which they were expressed, the purpose and/or the lead into sharing the stories often differed.   During the interviews, and then through my analysis of the interviews and my journal notes, the following main, overarching stories began to emerge, along with the smaller supporting sub-stories:

- It's not what we do, but how we do it

    - "Bulldogs" and "Namby-pambsie" (Tammy)

    - Behind closed doors

    - "You sort of learn it as you go"(Fiona)

    - "Forced to do more with less"(Suzanne)

- At long last

    - "That would have been my practice no matter what" (Joanne)

    - "Strengths Don't Always Outweigh What the Risk Is" (Joanne)

- Parallel process

    - "Walk the walk"(Tammy)

- Management helps set the tone

In the following section I will present the stories and illustrate those using direct quotes from the participants. I found that though there was an abundance of rich and valuable information shared by the participants, for the purpose of this thesis I will be using only segments of the interviews. I settled on the quotes that I felt best depicted the voices of the participants; I made every effort to have their voices heard truly, honestly and accurately.

The Stories

In this section, I rely on the voices of the research participants to discuss, explain and illustrate the stories that emerged from the analysis of the transcripts of the interviews. Given that I approached my analysis using an AO theoretical framework, I began my analysis looking for emerging themes about AO and AOP. When asked to define their understanding of AOP, the participants effortlessly mentioned standard theoretical definitions of AOP such as "respect", "transparency" and giving a voice.   However, it was during my analysis of the narratives and my journal notes I realized that, more importantly than the theoretical definitions of AOP, the participants were offering their thoughts on how their AOP learning and knowledge was incorporated into their practice. The most apparent and seemingly important story to emerge from the interviews was how the participants talked about AOP being more about how they practice and less about what they do, such as apprehending.

It's Not What We Do, But How We Do It

After some rapport building, when I asked the participants to define their understanding of AOP, all effortlessly used terms like "respect" and "transparency" and "giving clients a voice in the process", but none of the participants initially offered a clear definition of AO. The participants discussed to a greater or lesser extent that AO is "a vague concept" (Fiona) and often misunderstood by frontline workers, clients and management in its application to practice. Despite these initial ideas, one story emerged clearly and consistently from the interviews: AOP is not what workers do, but how they do it. Participants consistently observed that clients and management, and sometimes other frontline workers, often focus on what frontline workers do, such as apprehensions, rather than how frontline workers do it, such as their interactions with

clients. AOP is about how a frontline worker approaches their practice, not about the specific

actions which are taken and/or not taken by the frontline worker.

This story emerged in many ways during the interviews. For example, when describing

her practice, Tammy, discusses her philosophy of her practice is about "really getting to know

the family…really advocated for a client until … until you knew that you just couldn't and when

you needed to go down the harder path", such as apprehension of a child. While frontline

workers may at times have to apprehend a child, it is how they interact with the family

throughout the process that is indicative of whether or not an AO approach is being applied.

Xena recommends that frontline workers "listen and learn from this family…we need to keep the

kids safe, that is the primary thing, of course, but you can't do that effectively if you don't learn

from that family". The participants talked about being respectful and transparent in the roles and

processes in the relationship between frontline worker/system and the client. Fiona discussed

respect as about being offered an opportunity to have a voice and feeling like you are being

heard and part of the process. The story of AOP is not about avoiding apprehension, it is about

the efforts by the frontline worker to engage the client in the child welfare process, creating a

working relationship that includes information sharing and planning together to ensure the child

is safe from harm.

For the participants, of the story of AOP is that AOP requires the implementation of

certain basic concepts, such as respect, transparency, an ability and willingness to seek

information and knowledge about various cultures, values and beliefs, and providing an

opportunity to all parties involved in the child welfare relationship a voice in the process. Some

participants described how they have been practicing in this manner long before the child welfare

community embraced and began to promote the AO service delivery model. They described

how the previous approaches to practice supported different and more intrusive styles and that it

is refreshing after between 10 and 20 plus years in the field to be supported in their practice

style. A few participants also shared that working with an AO philosophy has also carried over

to their personal lives, indicating that if a frontline worker is anti-oppressive professionally, that

philosophy will inevitably carry over outside of that realm, into their personal life and vice versa.

When discussing how AO has influenced her personally and professionally, Xena mentioned "I

know that doing this work has definitely changed how I interact with my family, with my

husband and how much more patient I am". To be truly AO, the philosophy of AO must be lived

as well as practiced, it is about whom we are and what we are not, as well as what we do. This

was illustrated through the stories of the participants when they discussed style and philosophy

of practice.

From my experience, and as supported by the participants' stories, style and philosophy

play a key role in a frontline worker's approach to her/his practice. A system may enforce,

encourage and/or recommend a particular approach and/or philosophy but how it is delivered by

the frontline worker will depend on who they are - their beliefs, values, and ability to self-reflect.

Tammy conceptualized in a clear way the importance of style and philosophy to a frontline

worker's approach to practice. She observed that in her experience there have been frontline

workers who have approached their practice as "bulldogs" who "took risk to the ninth degree",

while others, like her, as "namby-pambsie", " who recognized risk, but really advocated for a

client". Due to the personal style of people like herself, the "namby-pambsie", the

implementation of AO has not been a major adjustment or change to their practice and personal

philosophy.

"Bulldogs" and "Namby-pambsie" (Tammy)

The participants I interviewed who have been working in the field over 10 years

commented how they felt their practice has not changed much since Brant CAS adopted the AO

philosophy and encouraged staff to approach their practice anti-oppressively. Joanne states "in

terms of my personal practice, I don't think there's been a whole lot of change for me" since the

implementation of AOP. A few participants described feelings that previously adopted service

delivery models and approaches, such as ORAM, didn't support their practice until AOP was

adopted by Brant CAS. Tammy described that previous service delivery models, such as

ORAM, tended to better support workers who "took risk to the ninth degree", who she referred

to as "bull dogs". Tammy feels that the current AO philosophy and approach to practice lends

itself more to the respectful, transparent, collaborative and engaging approach of the "namby-

pambsie" (Tammy) frontline worker than it does to the less collaborative and more authoritative

approach of the "bull dog" (Tammy). During my interview with Tammy, she offered:

> You know, I used to, back in the, the ORAM days, I used to, you
>
> know, refer to some workers who were like bulldogs…You know,
>
> the ones that took the risk of the ninth degree, or then you had what
>
> they felt were more like me, the nambie-pambies who went in
>
> there, recognized risk, but really advocated for a client until …
>
> until you knew that you just couldn't and when you needed to go
>
> down the harder path.

She went on further to state that "there was a lot more bulldogs back then. A lot more people

that, you know, jumped to apprehend as opposed to really getting to know the family" (Tammy).

Tammy feels that the current model better supports workers who are committed to "really getting

to know the family" rather than those who are quick "to apprehend". Xena encourages new frontline workers to "find their meaning for why they're doing what they're doing". She says that for her:

> It's not just a 9:00 to 5:00 job, if it were…I can do something else with a lot less stress. So, because a large part of who I am, is what I do, a huge part…it's wrapped… it's my sense of self that I bring back to the table. (Xena)

Behind closed doors

A number of the participants told stories illustrating how some frontline workers publicly ascribed to AOP while they privately engaged in behaviour not conducive to the AO principles and philosophy. Thomas and Green (2007) describe AOP as being "a way of life"; this asks the question, can a person who is not incorporating the principles and philosophy of AO in their everyday lives effectively incorporate the ideology into their practice? This principle, anti-oppression as a way of life and not something that can be turned on and off, appeared in the interviews. For example, Xena expressed being "shocked at the racism" she has observed by her colleagues towards one another, especially when they are employed at an agency that is a self-described leader in AOP. She questioned how workers in an agency that is "supposed to be, you know, a leader" in AO "can treat each other so disrespectfully", stating that if she "treated my families and my clients the way some people in this agency treat each other, I would be disciplined or terminated". She describes a scenario when her fellow frontline workers reacted to the assignment of Indigenous frontline workers from the disbanded Indigenous services teams to other frontline teams. The introduction of Indigenous frontline workers to the already

established teams caused some of the "younger" frontline workers to get "defensive" and, despite

having "AOP down the throat", they "fall back on…what's familiar", the values and beliefs of

the "middle class, white"; Xena described their behaviour and attitudes as "racist" and "really

inappropriate". Joanne encourages that "within the body of the agency…given, you know, lots

of different races, lots of different belief systems, that we're, you know, respectful of one

another". Child welfare cannot just put on the mask of AO and call itself AO. To "truly say we

have an anti-oppressive platform and we are doing these things in the community" we must also

ask ourselves if "we're using it at home too" (Suzanne).

"You sort of learn it as you go" (Fiona)

When discussing their definitions of AOP and their personal practice, some of the

participants commented on the internal training and formal education received by frontline

workers as significant factors in their development and understanding of an AO approach and

philosophy. Most participants felt the internal training offered at Brant CAS has been delivered

in a condescending and "dumbed down" approach to the "unsuspecting, unknowing CAS staff"

(Xena). When asked about AO training, the newest frontline worker interviewed, Fiona, initially

could not recall any internal training she has received that was specific to AOP, stating "I don't

think there is much training around that".   She then went on to add, "I think you sort of learn it

as you go, or that's what I've found, anyways". As a fairly new worker in child welfare, Fiona

felt that it would have been helpful to have some training in place, especially since:

> The philosophy is specific, but at the same time, it's kind of like a
>
> vague concept. How do you do that in your practice? Especially as

a CAS worker, because you know, we have that power and

everything. So that would have been helpful.

Xena questioned the quality of the formal university education regarding AO that new

social workers are getting in their educations, stating that social workers, "actually come out

almost not anti-AOP, but not with a good feeling about what they went through, because it's so

unclear" (Xena). She questions whether they are ready for AO when they have just come out of

school: "yes, you have this training but you're still, in the end, 24 years old" and whether they

understand what is expected of them from an AO perspective: "go in and listen and learn from

this family". She assessed the internal training offered by Brant CAS as ineffective, describing it

as "unclear" and offered by people who lack a connection with the staff, thus creating an

atmosphere where "a lot of people get turned off". She believed these factors impact the ability

of frontline workers to "buy into it... to question themselves…because it's academic in a sense

that we need to learn things, but it's also critical to be asking yourself and ... and challenging

yourself" (Xena).

Most of the participants brought up the benefits of a mentoring program, believing that

frontline workers finding meaning in their work "goes a long way to them buying into" (Xena)

child welfare and AOP. According to the participants, Brant CAS has been discussing

implementing such a program for some time. The mentoring program is designed to link new

frontline workers with experienced frontline workers to support and encourage employees to

develop a strong AOP practice through an enthusiasm for child welfare, a strong sense of self

and their practice. Xena commented that "you can have all the AOP lectures you want, all of the

training, all of it, but ... it filters down to how you engage people". While Fiona felt she is

engaged with her clients, she felt that earlier on in her practice, she would have been greatly

influenced by "workers with experience to talk about examples of, you know, how they

implement (AOP), because (the concept of AOP) is sort of …vague" (Fiona).

Joanne recalled how her own approach to her practice was greatly influenced by having

"a great mentor" when she started in the child welfare field. She stated that her mentor "knew

how to get people to do things…she's a smart little cookie… I watched her in action and went, 'I

can do that'" (Joanne). She feels that the positive influence in the development of her practice at

the early stages of her career is part of the reason for her longevity in a profession known for its

high turnover rates in frontline workers (Oliver, 2012). Joanne feels that:

> The mentorship program should have been indoctrinated long ago
>
> to use that as a, a backup plan when, you know, you've got
>
> somebody who's saying I don't know what to do. Cuz I see
>
> managers going out with workers now because they don't have
>
> somebody that can go with them that has any experience or they're
>
> not competent enough to let that worker go ... it shouldn't have to
>
> be that way. They should have the network that allows for people
>
> with some experience to go with them and free up time and allow
>
> that person to learn quicker so that they can then become a mentor
>
> to the next group, wave of people but it's just isn't there.

Xena sees a mentoring program not only benefiting the new frontline worker but also the

experienced worker. As an experienced worker who identifies herself as practicing within an

AO framework, she feels:

> It is important for me to spend time with them, to kind of give
>
> them a sense of how much this will become a part of who they are

as a person, you don't do this because you're in it for the money,

uh, and if you're doing this, because you have issues of power and

control, then, yeah, get that out of your head... that use of self that

you want with your families, I try to do that with the workers and

that mentoring also keeps things fresh for me.

The participants are advocating that a solid training and mentorship program would assist frontline workers, old and new, to have a stronger sense of what AO means and how to implement it in their practice.

"Forced to do more with less" (Suzanne)

Some of the participants I interviewed expressed concern that it is growingly more difficult to do what we do with the increased demands of the job, such as documentation, and the decrease in available resources and programs. Where frontline workers used to rely on internal resources to connect families with, they are now being directed to connect with external resources. Suzanne talked about how,

The new funding structure agencies are being forced to do more

with less. They are being forced to eliminate programs that are

needed…the reality of it is you're being pushed to do more with

less and in doing more…that you actually need to do the work but

you also need to document the work and …prove that you've done

it and there be evidence that you've done.

This change in available resources can directly affect the practice of frontline workers. Tammy talked about how she feels the limits in available funding and resources cause frontline

workers to be "a lot more limited in our ability to do some good work".   She went on to express

frustration and concern that child welfare is "so focused on our money limitations to say 'oh,

well, you know, we don't have the money for you to do that, so we can't'" that we are not doing

as good a job as we could", that "we could really offer some great support to the family" with

some available resources.

One participant expressed an opinion that in the absence of internal resources it should be

the role of the AO manager to "be making the community connections" (Xena), however it is

often being left to the frontline workers to make those connections. While all the participants

acknowledged that it is the responsibility of the frontline worker to gather information from the

families by establishing a relationship with them that includes asking for their own unique and

personal stories, it is also beneficial to have an internal contact person who "will help the worker

do that critical thinking or will go out and find someone to bring them in to do the training"

(Xena) and to get information from. Xena feels that "what we need is assistance in working with

families who come with complex trauma and have cultural experiences that we can't even begin

to comprehend. That's what I want help with". The lack of such an internal resource causes

Xena to "do my research now on my own, I don't even bother asking", which can cause a

frontline worker to become increasingly more frustrated. Tammy's growing frustration with the

organizational changes and limitation since she began in the field over 10 years ago have

affected and changed her attitude towards her practice. She states:

> I just think, okay, I'll just do what I can for the cases I have while I
>
> have them, and I have to stop, you know, letting myself get
>
> frustrated… it's kind of a sad attitude to take because there was a

time where I loved my job, and I felt that I could do some really,

really good work, and now I've scaled it down.

Some participants are identifying that the structural changes and lack in resources and supports in the current child welfare system are having a direct impact and influence on their practice and interactions with the families served.

At Long Last

While some of the participants identified that the systemic changes and lack of resources have impacted their practice, it is with respect to the services they have to offer the client and not in their direct practice with the client. Some participants expressed that they do not feel that their actual approach to practice has changed much since Brant CAS adopted an AO philosophy to practice. For example, Joanne states that despite the recent adoption of an AO philosophy, AO "would have been my practice no matter what" (Joanne). A few of the participants, who identified their practice as being AO prior to Brant CAS adopting an AO philosophy , felt this new approach to practice has provided a more accepting environment for their long-standing personal approach to practice. Tammy expressed that during the ORAM days the "bull dogs" approach to practice was more supported while now the AO philosophy is more supportive of her self-described "namby-pambies" approach to practice. Tammy felt that the current approach to practice at Brant CAS supports those frontline workers who have consistently "went in there, recognized risk, but really advocated for a client…until you knew that you just couldn't and when you needed to go down the harder path" , such as apprehension.

While some of the participants applauded and appreciated the systemic support and acceptance of their approach to practice, they expressed concern that the formal AO approach to

practice allows latitude to frontline workers to "forget some of the risk" (Tammy). Many of the

participants began or were actively employed in the child welfare field when ORAM was

introduced during the late 1990s; as previously mentioned, ORAM proved to be a very deficit

and risk based approached to practice. ORAM was implemented as a tool to increase

consistency within the Ontario Association of Children`s Aid Societies (OACAS), through the

collection of information and allowing frontline workers to focus on specific risk factors

(Ontario Risk Assessment Model for Child Protection in Ontario, 2000). Some of those risk

factors identified in the risk assessment tool are: the number of times the society has investigated

abuse and neglect with the family; the number of children; how old the youngest child is (under

two or over two); if there has been domestic violence in the past year; the development of the

child; housing; and, drug and/or alcohol use by primary and secondary caregiver (2000).

There are studies that "suggest that systemic collection of child and family relevant data

can increase the accuracy in predicting future harm" (Sullivan, Whitehead, Leschied, Chiodo &

Hurley, 2008, p.3). This supports the claim that we must look beyond the desire to be least

intrusive and gather necessary data to assess risk which can be done while being respectful of the

family and allowing them the opportunity to have a voice and tell their story. By exploring

further, frontline workers are gathering information to suggest potential risk and/or actual risk.

Xena describes risk as being "where kids get hurt or kids die", expressing concern that "we get

so wrapped up in one direction, we forget in the end what we're supposed to do"…protect

children. With respect to AOP and the "guiding principles" (Tammy) to be least intrusive,

Tammy felt she was "able to take it that step further because, you know, I was able to make the

correlation of risk" and the strengths within a family. While all of the participants applauded the

movement towards an AO approach to practice, some of the participants expressed the concern

that if frontline workers are encouraged to focus mainly on strengths, we may be further placing children at risk by ignoring risk factors, rather than considering how the family's strengths may abate identified and acknowledged risk   It may not always be an enviable job but it can be done with respect and collaboration.

The participants recognized that while there are some frontline workers who's approach to practice has historically been influenced by AO philosophy, there is the concern that frontline workers are encouraged to focus mainly on strengths, we are further placing children at risk by ignoring risk factors, rather than considering how the families strengths may abate identified and acknowledged risk.

"That Would Have Been My Practice No Matter What" (Joanne)

Some of the more senior participants explained that they have not observed much of a change in their practice since the adoption of an AO philosophy at Brant CAS, feeling that they already approached their practice with a similar philosophy. Joanne felt her practice has not changed much since the formal adoption by Brant CAS to an AO approach to practice, stating "that would have been my practice no matter what". She told me about how she felt her practice was established very early on in her career, through the guidance of a positive mentor. She recalls learning from her mentor about the importance of being transparent, respectful and working with the client to meet their needs and the child welfare mandate, which includes allowing the client to be the expert in their beliefs, values and culture. She told me about an investigation of alleged abuse that she went out on approximately 10 years ago, long before AO philosophy was introduce at Brant CAS. Prior to attending the family home to speak with the mother, Joanne recalls thinking "wow, he is covered in bruises".   As part of her investigation,

she attended the family home to observe the child and speak with the parents. She said when she arrived at the home she clearly observed marks on the young boy but they were in "a beautiful pattern around his neck". Mom explained that she had used a traditional "coining" ritual to address his sore throat and head cold. Joanne stated "in order to understand if it was painful or not" she asked the mother to perform the tradition on her. Once she determined it was not harmful, Joanne and the mother went to the school together to "educate" the school and the family doctor who all expressed concern about the marks. Joanne stated that had originally been directed to "take the police" on her investigation, however her practice has always been "to look at all avenues before we assume the worse of people".

Joanne feels that her personal characteristics are what helped to form her approach to her child welfare practice. She credits her longevity in child welfare and ability to relate to families with her ability to have:

> A sense of humor as well cuz there are things that can be really…
>
> relaxing to people if you can use a sense of humor at the same time.
>
> And, uh, I must say, you know, in 30 years, I have had only one
>
> complaint. (Joanne)

Xena feels her current practice is the result of her own learning and evolution as a frontline child welfare worker and her own personal drive to "learn it myself at a personal level". She attributes some of her practice's evolution, not to the recent agency implementation of an AO philosophy, but to her own "maturation and just learning it from the families". She credits her practice to her personal "critical thinking skills", which she bases on her desire to find "meaning" and her innate "curiosity to learn about people…that every single person sitting across from me has a story to tell ... is an individual that comes with their own package and it's

my responsibility to understand where they're coming from, upbringing and culture, all of those things".

Though the support of their practice is welcomed, it is also met with some frustration about an every changing approach to service delivery within child welfare and a sense of defensiveness about being taught something they already feel they know and have been practicing. Joanne expressed exasperation and a self-described "jadedness" about the child welfare system's ever changing approach to practice, stating "my view has always been if they could fix child welfare [then]…that would have already happened".

At times Xena feels that new philosophy and tools are being "shoved down our throats", which causes her to be "defensive" because it is "something been pushed on me" as opposed to when she independently chose to be AO in her practice. When discussing the child welfare trend of "pendulum" changes to practice, approaches and philosophies (Dumbrill, 2006), Joanne talks about how her, "jadedness would say that there are those who just wanna make a name for themselves and say that they are something…'look at me. I've come up with something new and exciting and, and different'". She takes exception to idea that those implementing AOP have found this solution to the issues surrounding child welfare practice, stating that "if they could fix child welfare...that would have already happened".

While some of the participants felt validated in their practice style once AOP was adopted by Brant CAS, they also expressed some reservations and conflict around being directed in an approach to practice they have been using long before the more formal AOP initiative.

"Strengths Don't Always Outweigh What the Risk Is" (Joanne)

Some of the participants who appreciated finally having their practice supported and validated through the current agency approach to practice also expressed concern that whenever a new approach to practice is introduced, the child welfare system tends to dismiss all aspects of the former philosophies and assessment tools, even the positive ones. ORAM was introduced as a risk assessment tool, which encouraged frontline workers to approach their practice with a deficit, risk based philosophy; the result of the implementation of such an approach to practice and the utilization of such a tool was an approximate 51% increase in the number of children apprehended and placed in the care of Children`s Aid Societies (CAS) during 1996-2001 (Sullivan, Whitehead, Leschied, Chiodo, & Hurley, 2008). Like all "new and improved" products, ORAM was initially hailed to be "everything. ORAM was 'wow, ORAM'" (Xena); however, as more children came into care and the system issues for families remained unimproved, frontline workers and the families it served quickly became disillusioned with it, feeling it "pointed out every problem that ever existed to mankind for that particular family"(Tammy).

Some participants encouraged that, when working with families, frontline workers "kept in mind the risks" (Tammy). Tammy felt that neglecting to properly assess and acknowledge risk factors, is one "downside of us shifting" (Tammy) to an AO approach towards practice. Joanne discusses how she feels new frontline workers who have no experience with ORAM, and focusing on risk, tend to not look beyond the initial reasons for involvement, claiming "we're here for this and this only" (Joanne). Tammy feels that her experience has made her "able to make the correlation of risk" and work with a family to address it.

If "the premise or the guiding principle" (Tammy) of being an AO frontline worker is that "we're not supposed to be intrusive" (Tammy) and to be more strength based, some participants questioned if this new approach provides too much of an opportunity for frontline workers to neglect and/or ignore that "the strengths don't always outweigh what the risk is" (Joanne). Joanne and Tammy are concerned that in our haste to not be considered intrusive, we are not properly assessing risk and closing files too quickly, and possibly causing children to be at further risk of neglect and/or abuse. In Joanne's current role as an Intake Screener she often finds herself in the position of having to:

> Call that worker who just closed that file…and I said, 'You were
>
> just in that house, you know, I just got a call on that and this is
>
> what they're saying' and the worker's response was, 'Oh, yeah. It
>
> was like that but that's not why I was there'. (Joanne)

The tendency of "delegating to other resources" (Tammy) and not remaining involved and working with families for fear of being considered intrusive and disrespectful, can be "very short-sighted" (Joanne).

Some of the participants felt that being less intrusive and respectful does not mean a frontline worker should not explore for possible risk when working with a family. Tammy considers the AO was implemented "under the guise…our work is considered intrusive, or our presence is considered intrusive". While this does hold some merit, AO is meant to encourage an open and respectful discussion; it is not about neglecting risk and child welfare issue in order to appear respectful and less intrusive. Joanne was vocal in expressing her concern that AOP frontline workers are encouraged to focus more on "seeing the strengths in the family which I think is great but the strengths don't always outweigh what the risk is". She felt that newer

frontline workers tend to go into situations "pie-eyed"; she is concerned that they are being

encouraged to build on client's strengths and are not cautioned that "you still can't ignore the fact

that there are all these other issues in that intake" (Joanne).   Tammy cautions that through AO

frontline workers "forget some of the risk" because "we're not supposed to be intrusive" and that

"the shift has been a real struggle" for her. …"   Tammy felt:

> ORAM allowed for us to do that but still kept in mind the risks. I
>
> think now we are so ... uh, focused on, on the oppressive pieces
>
> that we forget some of … or we, I don't know, we don't … we're
>
> not as careful about the risk sometimes. And I see that, you know,
>
> we would close a file where … where for me, I'd be like, 'No, you
>
> know? I think we should keep it open just a little bit longer just to
>
> make sure they're … they're okay and they're on their feet,' where
>
> what the AOP things is, 'No, you know, our … our involvement is
>
> intrusive, and we should get out'.

A few of the participants felt that part of being transparent with families is

acknowledging risk when it exists and working with the family on how the strengths may

address the risk. Joanne expressed:

> I just don't think that the strengths will always outweigh what the
>
> risks are to the kids…you're seeing the strengths in the family
>
> which I think is great but the strengths don't always outweigh what
>
> the risk is. Okay so they've got some good things going on in their
>
> life but that doesn't answer how that's gonna mitigate whatever risk
>
> is being presented.

Suzanne was the sole participant, who took the position that ORAM had little to offer her practice with families, requiring her to do,

> Critical risk assessments based on all of the negative aspects of a family or of a child in need that weren't being met, and … a little acknowledgement for strength…little acknowledgement for engagement with the family… whether the family was trying to meet the concerns, you know, how they were coping. There was no real acknowledgement for any of those positive or strength-based factors.

Suzanne, who came from "an enforcement background" and began her child welfare career during ORAM, has seen her practice change significantly; she feels AOP, as "a field of work, has helped us open doors in our practice and relationship with families…to work with families instead of working at them" (Suzanne).

While all the participants agreed that the ORAM approach to practice was "deficit-based" (Suzanne) and the AO approach is more strength based, the majority of the participants mentioned that there is a need for a balance between the two. The general consensus from participants is that in an effort to minimize the potential risks that may result in the unfortunate outcome that "kids get hurt or kids …die" (Xena), frontline workers should not neglect to acknowledge and assess risk while simultaneously focusing on the strengths of the family.

Parallel Process

One of the driving forces behind the implementation of an AO approach to child welfare practice is to provide an opportunity for the marginalized and racialized to have a voice within a

system that has historically been laden with dominance from those in positions to implement the mandate (Sinclair, Bala, Lilles & Blackstock, 2004; Yee & Wagner, 2013). During my interviews with the participants, I became increasingly more aware of a pattern emerging from the stories of the participants regarding how they viewed the approach of management towards staff. I was intrigued that while all the participants eagerly demonstrated confidence in their practice, by providing stories of how they have worked anti-oppressively with their clients, they were all equally motivated to direct the interview towards discussing their discontentment with what they perceived as a double standard regarding management's expectations of the frontline worker-client relationship and the management-frontline worker relationship. The participants expressed feelings of not having a voice and/or, if when asked for their view, it was not heard within management-staff relationship. They felt this approach by management was contradictory to the AO philosophy Brant CAS has adopted. All of the participants identified that even when asked by management for input regarding some topics, there was a perceived lack of transparency from management regarding the impact, influence and/or value of staff input. Fiona summed it up with her comment, "I find we're told our feedback was considered and everything, but I don't know if that's always the case. It doesn't seem like it". This managerial practice/approach made some participants question the sincerity of management, stating "no offense to senior management here, but really, whoa, sometimes what they say and what they do, it's like, "Oh!""(Xena)

Interestingly, the views of the participants regarding their interactions with management similarly reflect how clients describe their interactions with the system. Within the infrastructure of the child welfare system, the participants felt they do not have a voice in matters that directly affect them and feel oppressed by the more dominant and powerful governance within the

system, management. The participants expressed feelings that there should be more effort put into adopting an AO approach within the relationship between the staff and management. The participants' comments reflected feelings of growing resentment and confusion about how there seemed to be a direction of "respect" and "transparency" when interacting with clients but that management was not adopting this approach with staff. The participants' feelings of disrespect and inconsistencies within the agency, such as management styles and approaches to practice, were directly affecting their practice.

"Walk the Walk" (Tammy)

The majority of participants describe their frustration that while the agency promotes an AO approach to practice with clients it does not necessarily adhere to it internally. One participant, Fiona, discussed how management would present an idea or concept, asking for input from staff but then make a decision that appeared to have not been influenced by that input. She expressed frustration, stating:

> Our opinion is solicited … our feedback … and then it's not
> implemented, or else it's not solicited at all, and a big decision is
> made…sometimes it seems like there's no point in doing that,
> because you wonder what's actually done with it. It seems like
> nothing, sometimes.

Fiona observed that the internal decision making process is "not very inclusive" and "almost phony, in a way…to kind of go through the motions, to say that they asked for feedback. But then a decision is made, that's the complete opposite of what, you know, people's feedback was". The concern is that over time the growing frustration with management may result in staff

becoming disillusioned with the internal mechanism, "if you don't find a way of dealing with that, you're not going to last" (Xena).

Suzanne expressed concern that "the way the agency is led" can be an obstacle to success when implementing AOP. Suzanne states:

> It's a great thing. It should be celebrated that we're launching an AOP platform and that we are looking to the future and how we want to work with and engage with and cooperate with families. However, that change needs to be fostered and unearthed and cultivated within an organization at all levels in order for it to be successful.

Suzanne goes on to caution:

> Those things that are cultivated within an organization filter out into a community. It's not something that can be launched as a namesake and as a placard for how you practice without those same things being cultivated internally and practiced internally and fostered internally in an environment that makes those things possible for workers.

Tammy echoes Suzanne's thoughts in her own comment:

> Everything needs to be transparent, both internally and externally, right? If … if we say we're all about, you know, being AOP, then

we need to, to treat workers respectfully internally. We need to

also treat our families equally as respectfully.

The Anti-Oppressive Roundtable (AOR) (2009) states that AOP in child welfare "is something that can be sustained only if the practices are rooted deeply within our own internal structures, policies [and] procedures" (p. 5). Thus it is essential that in order for an agency to "truly say we have an anti-oppressive platform and we are doing these things in the community and we're integrated and we're doing fantastic leaps and bounds for anti-oppressive practice" (Suzanne), agencies must also say "we're using (AOP) at home too" (Suzanne). Thus,

If you want frontline workers to operate with transparency and

kindness and open and honest dialogue with families, then those

same principles needed to be acted out toward the worker. So if

you want a worker to use anti-oppressive practice principles and

we'll say transparency, for example, or clear communication or

clear expectations and, um, working with empathy, if you want

those things to come from your work or out into the community

then those same things need to be acted out internally. So that

needs to come from direct supervision. That needs to come from

management. (Suzanne)

The participants expressed that their observations of oppression and acts of dominance by management within their own agency are a contradiction to the agency's adoption of AOP with their clients. This contradiction and resulting frustration have a direct impact on their role as frontline worker, possibly resulting in "burnout" (Xena). Thus there is an importance to consider the impact of management upon the frontline worker's practice.

Management Help Set the Tone

The practice and style of service of a frontline worker is not only influenced by the values, belief and bias of the worker, the current service delivery model and/or philosophy/approach to practice. Some of the participants felt that their practice is also "directly related to the manager's style" (Joanne). Some managers are "more open and willing, others are not open" (Joanne) and the stories of the participants make it clear that the frontline workers adjust their practice according to the style and approach of their current manager. Frontline workers "begin to develop that philosophy, whatever it may be…of that particular manager" (Joanne), causing the frontline workers' approach to practice to be "kind of based on the manager" (Tammy). Fiona has observed that some managers "are way more AOP than others" and that "the differences between managers is still pretty noticeable." She goes on to state that "sometimes it's hard" to practice with the differing approaches to AOP by managers, especially since she has "had a number of manager changes here" at Brant CAS. According to some of the participants, Brant CAS has undergone some organizational changes in recent years that have caused numerous manager changes for the frontline workers. Tammy, an experienced worker with ten plus years in child welfare, stated that she has "had three managers in the past year and a half, and each manager has taken a very different approach in how they collaborate" (Tammy), "which directly affected her practice.

Fiona was the only participant to mention that these issues of organizational changes and the differing approaches to AOP by managers may also affect the families she works with. She recognized that it is "hard for families, too, because you're telling them one thing, and then two months later, or six months later, you have a different manager who's advising you to do something else" (Fiona). This inconsistency in commitment and possibly understanding of AOP

could possibly contradict the philosophy of AOP that Brant CAS has committed to, causing families served by the system to continue to feel marginalized and lacking a voice through the process.

Summary

I began this process to acquire more insight into the frontline workers' perspective on practicing anti-oppressively. The interviews offered a unique perspective through the stories of the participants on their experience working within an AO framework and philosophy. There were many similarities and also differing perspectives regarding their views of the system, the philosophy and their practice. I believe that the stories shared by the participants confirmed that even within an organization, such as Brant CAS, who has been using an AOP philosophy for years and who is "supposed to be, you know, a leader at it" (Xena), there continue to be varying definitions and application methods of AOP and room for growth and improvement.

All of the participants embraced the AO philosophy and approach to practice. However, ORAM continues to have lingering effects and influences upon the practice of frontline workers. When ORAM was officially rolled out by the Ontario government in 1997, it was accompanied not only by a philosophy but with an accompanying assessment tool. AOP is a less formal movement and initiative where each child welfare agency is left to define, develop and implement AOP within their own agency. AOP is not yet fully supported with official assessment tools; though some agencies, such as Brant CAS, are introducing frontline staff to more strength based tools such as Signs of Safety (Turnell, 1997) to be used alongside AOP. In the absence of a formal implementation of AOP and supporting assessment tools, most agencies and frontline workers are developing and implementing AOP while still functioning within the

lingering remnants of ORAM. The stories of the participants suggest that this dichotomy of practicing within the two frameworks can create confusion and frustration for the frontline worker, which may also cause the same for the families they work with.

As mentioned previously, the scope of my research did not focus specifically on AOP and Indigenous children and families. However, I believe it is worth mentioning that upon analysis of the interviews I noted that while some of the participants made reference to working with Muslim, Afghani, Somali and Vietnamese families there was no mention of their direct work with Indigenous children and families. This is an interesting point considering the over-representation of Indigenous children and families on child welfare caseloads and that the Brantford (Ontario) area has "a huge Native population" (Xena). None of the participants identified themselves as working on an Indigenous team at Brant CAS and Xena stated that "most of our staff are white, middle class". I have to wonder if some of the contributing factors of the participants not making any references to their work with Indigenous children and families are that they fail to see themselves having particular responsibilities to Indigenous children and families because Brant CAS has Indigenous frontline workers working directly with the majority of the Indigenous children and families in the area or that non-Indigenous workers are not identifying and/or recognizing Indigenous families on their caseloads.

In the final chapter, I contextualize the stories of participants within the literature in order to highlight my recommendations for changes to child welfare policy and practice. I also suggest how my recommendations might be usefully built on through future research.

Chapter 5: Discussion and Final Summary

The goal of this research was to explore the perspective of the frontline worker regarding a new approach to service delivery in child welfare, anti-oppressive practice (AOP). Through the research process I also sought to better understand my own practice and to assist other frontline workers in their development of an anti-oppressive (AO) approach to practice. Considering child welfare is "a difficult and complex area of social work" (Stokes & Schmidt, 2011, p. 1106) and that "knowledge about practice of child welfare practice and how social workers make these decisions is limited" (p.1108), it is important we hear the voices of the frontline workers regarding their practice. The participants' stories offered insight into what they viewed to be working and not working with respect to AOP at the Children's Aid Society of Brant (Brant CAS). In this chapter I will explore how literature and the research relate to child welfare practice, child welfare policy and future research.

The research findings are in agreement with and support the literature that says effective AOP is influenced and affected by a number of extenuating circumstances and variables. These various contributing factors and intertwining relationships that affect the practice of frontline workers are, but not limited to: the system which governs practice; their relationship with their manager; the culture of the agency in which they work; the families they work with; and, the style and personality of the frontline worker. In order to develop an AOP it is essential that these factors and relationships are given the importance and attention they deserve in order to meet the desired outcomes with families and children.

Trevithick (2003) states that relationships are the "centerpiece of professional social work" (as cited in Mallon, 2013, p. 181), offering "support and encouragement to tackle life tasks and new endeavors" (Mallon, 2013, p.181).   The research offered stories from the participants that suggest that relationships play an integral role in AOP. While it is recognized that the most prominent and important relationship for the frontline worker is the one between them and the client, the research identified that the relationship between the frontline worker and the client is impacted by the relationship between the frontline worker and management. Inconsistencies in management approaches to practice are "hard for families, too, because you're telling them one thing, and then two months later, or six months later, you have a different manager who's advising you to do something else" (Fiona). Participants also recognized that feelings of not being heard within their organization affected their work satisfaction. It is essential for worker satisfaction and sense of accomplishment that management plays an "active role" in ensuring that frontline workers feel supported in their practice (Levy, Poertner & Lieberman, 2012). As is suggested by the stories from the participants, improved communication, improved working conditions and shared decision making within the organization will create a "constructive-oriented culture" (Mallon, 2013; p.6), which AOP requires to be effective. In order for this paradigm shift in thinking and practice to be successful, "we must attend to the entire system which influences decisions" (Gambrill, 2008, p.184), which will include "examining and addressing the gaps in the organisation's structures, processes and culture" (Yee, Hackbusch & Wong, 2013, p.4).

In order to achieve a "constructive-oriented culture" (Mallon, 2013, p.6), there should be consideration placed on the people hired to do frontline child welfare work. Participants shared stories about how AOP is not only influenced by government sanctioned service delivery

approaches but also by personal style and philosophy. AOP is influenced by personal style, philosophy and whether or not a frontline worker considers AO philosophy as a "way of life" (Thomas & Green, 2007), a thought process and an approach to relationships. With high level of frontline worker turnover within child welfare (Oliver, 2012), careful consideration should be given to who is hired as frontline workers, and the process of training these workers. Child welfare needs frontline workers who believe in themselves and the families they work with; such workers can make a difference in the lives of the families and within the system (Mallon, 2013). De Boer and Coady (2007) emphasize the importance of putting effort and consideration into the hiring of frontline workers who possess a natural "warmth and genuineness" and that social work courses and agencies should emphasize and teach the importance of developing and maintaining a "good helping relationship" (p.40).

Once hired, in an effort to improve AOP and worker-worker relationships, the participants advocated for a solid and established mentor program.   Just as the system needs to carefully consider who they hire, they must also be diligent about who they choose to mentor new staff. Mallon (2013) cautions using mentors with a "negative energy" (p.5), but rather to use frontline mentors who will encourage new workers to consider child welfare "as a lifelong professional career path, not just as a stopover until something better comes along" (p. 6). Mentoring is also an opportunity for new workers to engage in the process and system through the sharing of experiences and communication with a peer (Berrick, Young, Cohen & Anthony, 2011). Child welfare practice is considered to be "a difficult and complex area of social work" (Stokes &Schmidt, 2011, p. 1106) and peer mentor program would provide some additional support and encouragement for frontline workers.

In theory, AOP holds frontline workers and thereby the child welfare system more accountable for their actions, through the collaboration with and commitment to families served by the system. However, the literature and the stories from the participants suggest that AOP cannot stand in isolation. By solely adopting an AOP without considering the structure in which it is being utilized lacks vision and insight into the everyday issues of those who are most frequently involved with the system - those contending with social issues such as poverty, inequality, racism, and discrimination. Lindsey and Shlonsky (2008) encourages the child welfare system to adopt a practice that "treats the problem of child neglect and abuse but that also prevents maltreatment from happening in the first place…the promotion of a combination of child well-being, including economic and social well-being" (p. 377). Jonson-Reid, Drake and Kohl (2009) contend that research indicates that children and families who are considered to be living below the poverty line are grossly overrepresented within the child welfare system (cited in Stokes & Schmidt, 2011). For this very reason, an integral part of an AO approach to practice is the critical understanding of social issues such as poverty and how to address them, while continuing to recognize child welfare risk factors and strengths within the families.

The research supported the position that child welfare practice has historically been deficit and risk based in nature, which has been "rather like mapping only the darkest valleys and gloomiest hollows of a particular territory" (Turnell & Edwards, 1999, as cited in Price-Robertson & Bromfield, 2011, p.3); the participants also saw a role for acknowledging and identifying both risks and strengths when working with a family. Through the research and literature there is an identified necessity to focus on both risks and strengths when working with a family, in an effort to not further place a child at risk (Strega, 2009, cited in Price-Robertson & Bromfield, 2011) and through the effort of the child welfare system to distance themselves from

a history of being oppressive in their intrusiveness with families, frontline workers identified a

tendency to neglect and ignore risk. By acknowledging and identifying risk factors with a client,

they are provided the client an opportunity to be part of the assessment and planning stages. It

also allows for frontline workers to address any possible social issues that may be contributing to

the risk factors. Within AOP there is room for a healthy balance of considering and assessing

risks and strengths. Strega (2009) states that "strengths are as important as problems and

challenges, and it is essential to develop a picture of strengths and challenges with clients rather

than about them" (as cited in Price-Robertson & Bromfield, 2011, p.5).

Some agencies, like the one I am employed at, are encouraging workers to adopt an AO

approach to practice but continue to expect them to practice using assessment tools influenced

and inspired by the philosophy behind ORAM. Even at agencies like Brant CAS who are more

advanced in the adoption of AOP, the frontline workers continue to be confused as to how to

balance assessing strengths and risks under AOP.   There is a need for the Ontario government to

officially implement AOP as a service delivery model with supporting assessment tools. This

will allow for the eradication of the lingering effects of ORAM in the practice of frontline

workers.

While it is important to consider the balance between risk and strength, I wonder if the

identified issue of frontline workers not considering risk may have something to do with a

misunderstanding of the guiding principles and philosophy behind AOP. According to the

Ontario Association of Children`s Aid Societies (OACAS) Ontario Child Welfare Anti-

Oppressive Roundtable (AOR) (2009) definition of AOP, frontline workers are encouraged to

"critically examine how social structures and social institutions work to create and perpetuate the

oppression and marginalization of those who have been identified as not belonging to the

dominant group" (p.22). By neglecting to acknowledge and identify risk with clients, frontline

workers are further perpetuating oppression and dominance, just in a different format. These

actions can also be considered oppressive and dangerous (Dumbrill, 2011). It is essential in

AOP for frontline workers and families to figure out how to manoeuvre through "a complex

process in an involuntary context" (Darlington, Healy & Feeney, 2010, p.1026). Thus, as a

frontline worker, it is essential to not ignore and/or minimize the fact that power is present in all

child welfare relationships (Gomez, 2008). The stories from the participants and literature

suggest that frontline workers often associate AOP with a need for a lack of intrusion and

possible intervention, when it has more to do with how a frontline worker approaches the

situation and interacts with the client. A frontline worker can assess and acknowledge risk in a

respectful and caring manner that provides an opportunity for the client to comprehend and be

part of the process. It is not necessarily about the client applauding the decision to apprehend

their child, but feeling they were a part of the process. Frontline workers need to be trained and

educated on how to effectively balance the ever present power in child welfare with the

philosophy of AOP.

It is doubtful that the child welfare system, nor the frontline workers that practice within

it, will ever be able to eradicate the power imbalance between worker and client. However, it is

critical that both the system and frontline workers are conscious of this power relationship and

how it is used. Parents automatically perceive the power imbalance no matter the style and

personality of the frontline worker (Dumbrill, 2006), which inevitably affects the working

relationship between the frontline worker and client. There are however ways in which a

frontline worker can make efforts to minimize the "power over" (p. 33) perception and promote a

more collaborative "power with" (p. 33) relationship. In order to do this, Dumbrill (2006)

encourages frontline workers to be more aware of their power, accepting the perceived

magnitude of that power by families they work with, and continually engage in the process of

self-reflection and critiquing no matter how awkward and uncomfortable the process may be.

Through the process of AOP, it is essential that the child welfare system also engage in

self-reflection and critiquing. Eileen Gambrill (2008) cautions that risk is not only present

outside the child welfare system but also within the system, such as "ineffective assessment

measures, poor training programs, ineffective or dysfunctional agency incentive systems

(dysfunctional cultures and climates) and the external factors that influence these, such as lack of

funding" (p.184). Funding continues to be an ongoing issue in the practice of frontline child

welfare workers, causing workers to "forced to do more with less" (Suzanne), creating a

"scaled…down" (Tammy) version of their practice. The child welfare system has historically

preferred to allocate copious amounts of money towards the investigation of abuse and caring for

children in foster care settings rather than on supports, programs, prevention and early

intervention. (Yee, Hackbusch & Wong, 2013). Under the AO framework it is necessary for

changes to occur in the allocation of funding to focus on social issues (Dumbrill, 2012;

Freymond, Moore, Scott, Spencer & Buckingham-Rivard, 2012). It would be socially (and

fiscally) responsible for child welfare agencies to focus on the difficulties of the frontline

workers in fulfilling the requirements of their job and advocating for their clients when there is

an obvious lack of resources and programs to address the social issues. Unless society does

something about poverty, we cannot and will not be able to fundamentally change child welfare

practice (Lindsey & Shlonsky, 2008; Wharf, 2007 cited in Stokes & Schmidt, 2011).

Information regarding child welfare practice and how child welfare decisions are made

is very limited and even less is known about child welfare practice and how it relates to

Indigenous children and families (Stokes & Schmidt, 2011). Given the limited research on the practice of frontline workers and the fact that none of the participants I interviewed volunteered information regarding their direct practice experiences working with Indigenous children and families, an area for future research would be to interview non-Indigenous AOP frontline workers on their perspective regarding their responsibly to and practice with Indigenous children and families. When working with Indigenous people, AOP should occur within an Indigenous knowledge system, culture and context (Thomas & Green, 2007). While AO theory and philosophy "do acknowledge the historical impact of colonization on Indigenous people, Baskin (2011) points out that (they) do not share any worldviews that inform Indigenous knowledge" (cited in Yee & Wagner, 2013, p.333). In Ontario 34% of Indigenous children are living in poverty versus 15% of non-Indigenous children (cited in Thorkelson, 2013); in 2003, the Canadian Incidence Study of Reported Child Abuse and Neglect reported that 15 % of all substantiated child welfare maltreatment cases involved Indigenous children (Stokes & Schmidt, 2011). These statistics support and encourage the importance and necessity of future research regarding the nature of AOP and the frontline worker, both Indigenous and non-Indigenous, using an Indigenous lens.

The development of AOP in child welfare would also benefit from research into the perspective of the client and community resources/partners, such as schools, police, mental health and substance use providers, regarding this paradigm shift in practice. Another area for future research would be the frontline workers perspective on the influence of the management style and philosophy on their practice.

Final Summary

While doing my literature review and conducting the interviews I felt positive and enthusiastic about this new philosophy and approach to practice. However it was during my analysis that I began to question if there is really is a way to "fix child welfare" (Joanne). The interviews reminded me that even within a child welfare agency, such as Brant CAS, that has been using an AO framework for a number of years and is considered to be a leader in the AO movement, there continues to be a lot of room for improvement and growth. My research has shown that the understanding and implementation of AOP continues to vary, without much conformity. This confusion and variance in approach is not only affecting the practice of frontline workers but also the families they work with. There is a need for some more clarity and training around the philosophy and application of AOP within the structure of the child welfare system. Training needs to be provided to frontline workers to recognize the importance of assessing both strengths and risk factors and an ability to recognize the difference between child welfare issues related to social issues and protection issues that require more serious intervention from the system.

The style and personality of the frontline worker is important; the "complex" nature of the field and the philosophy of AOP require a person who is willing to take on the uncomfortable challenge of ongoing self-reflection and critiquing and someone who is willing to identifying and acknowledging risk factors without fear of being viewed as being non-AOP. In order to employ such people, it is necessary that agencies put a consider amount of energy and resources into the selection of whom who they hire as frontline workers, possibly inviting participation and/or input from service recipients and community service providers in the hiring process.

I also discovered that reflecting upon AOP must involve consideration of the relationships frontline workers engage in with clients, community, management and peers; social issues such as poverty and discrimination; and internal policies, procedures and resources. More resources and programs are necessary to address the social issues that often bring families to the attention of child welfare agencies. Given we work with so many families affected by social/structural issues there needs to be more resources and programs in place to keep them from being re-involved with the child welfare system for reasons not governed by the child welfare mandate.

Often during the process of my research I became discouraged about the possibility of change within the child welfare system but I would remind myself of Dumbrill's (2012) belief that AOP is not a "destination" but a journey. AOP within child welfare is a work in progress that requires ongoing reflection and critiquing by both the frontline worker and the system itself. By continuing to reflect and critique child welfare and AOP on a daily basis and through future research, the closer society may come to "eradicating social injustices perpetuated by societal structural inequalities" (Dumbrill, 2003, p.57).   This will require some advocacy on the part of the frontline worker and the child welfare system.

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system. *Child Welfare, 85*(1), 83-103.

Appendix A

April 3, 2013

To Whom It May Concern,

I am writing on behalf of Brant CAS regarding Michelle Rivet's proposed MSW thesis project on anti-oppressive child welfare practice. We have discussed the proposed research with Ms. Rivet and reviewed her proposed plans for her research.

Brant CAS fully supports Ms. Rivet's research and we have agreed to facilitate her access to potential participants in the ways described in our discussions with her. We anticipate receipt of her proposal in the near future.

Sincerely,

– REPLY ATTENTION OF –

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☐ LEGAL SERVICES:
Phone (519) 753-8681
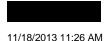Fax (519) 753-6006

Website: www.casbrant.ca

Appendix B

The Mission Statement for Brant CAS is:

The Children's Aid Society of Brant will work with families and the community to safeguard a permanent, nurturing family for all children at risk of abuse, neglect or abandonment.
In response to our commitment to strengthen and value families, we will work to recognize and use the strengths of families in all assessments, decision-making and actions.
We share with the community the responsibility for protecting children and strengthening families.

We will work in collaboration with the community to achieve this purpose.

Retrieved from http://www.casbrant.ca/

Appendix C

To Everyone

cc

Subject AOP study on front-line staff at Brant CAS - please read

Good morning everyone. Michelle Rivet, a student from University of Victoria is doing research on AO and front line workers here at Brant. Please see the attached material for more information and please consider participating in this study that looks at putting AO into practice. She is hoping to come to Brant in December to interview interested staff.

Please connect directly with Michelle to express your interest in participating.

Description of the study:

Brant CAS is known for their commitment and dedication to implementing an anti-oppressive (AO) philosophy and practice within their community. As a frontline worker in an Ontario CAS that is at the infancy stages of implementing an ao philosophy and approach to delivering services. As the focus of my MSW research, I am interested in learning from frontline workers at Brant CAS who have been involved in this process.

I am seeking to interview 3-4 frontline workers who are committed to an anti-oppressive practice (AOP) in child welfare and would like to discuss their experiences delivering AOP. Participants do not have to be registered with the College of Social Workers. My preference is to find participants who have been employed in child welfare long enough to have experienced an earlier service delivery model to compare with AOP; however, I am open to interviewing workers with varying levels of experience.

"There is no keener revelation
of a society's soul
than the way it treats
its children".
 N. Mandela

Appendix D
MSW RESEARCH PROJECT

"The Child Welfare Frontline Workers' Perspective
on
Anti-Oppressive Child Welfare Practice"

"... anti-oppression refers to engaging in work that critically examines how social structures and social institutions work to create and perpetuate the oppression and marginalization of those who have been identified as not belonging to the dominant group. By identifying these various forms of oppression, it is also crucial to recognize the power and privilege that manifests itself as a result of the oppression of others. A commitment to anti-oppression requires that we act by working towards achieving greater social justice and equality. Anti-oppression can also be understood as a framework that guides our day-to-day practice, our interactions with others, and how we give meaning to our life experiences" (OACAS Ontario Child Welfare Anti-Oppressive Roundtable, 2009; p. 22).

_____

Brant CAS is known for their commitment and dedication to implementing an anti-oppressive (AO) philosophy and practice within their community. As a frontline worker in an Ontario CAS that is at the infancy stages of implementing an AO philosophy and approach to delivering services. As the focus of my MSW research, I am interested in learning from frontline workers at Brant CAS who have been involved in this process.

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The interview process will include:

- Initial meeting to introduce researcher, research question, review confidentiality agreement, answer potential participant questions, review, sign and date the consent form (approximately 30 minutes)

- One main interview per participant (approximately 60 – 75 minutes)

- Participants will be asked to review the transcription of their own interview, entirely on a voluntary basis. (1-2 hours if participant wishes to review transcripts)

- Review of research findings (approximately 1 hour, if participants wish to review)

TOTAL ESTIMATED TIME REQUIRED OF PARTICIPANTS: 3-5 HOURS PER PARTICIPANT

Participating in this project is voluntary.

The agency will be identified in the final thesis but participants will be given pseudonyms in an effort to maintain confidentiality and autonomy of the participants. All efforts will be made to keep the information you provide confidential and anonymous.

Compensation for child care and/or local transportation costs will be provided.

Study approved by the University of Victoria Ethics Board and supported by the CAS of Brant.

If you are interested in participating and/or would like to ask questions, please contact me by email at ▮▮▮▮▮▮▮▮▮▮▮ or call me at ▮▮▮▮▮▮

Appendix E
Informed Consent Form

You are invited to participate in a research study entitled:

"The Child Welfare Frontline Workers' Perspective
on
Anti-Oppressive Child Welfare Practice"

Michelle Rivet is a graduate student in the Department of Social Work at the University of Victoria and you may contact her at ▮▮▮▮▮▮▮▮▮▮▮ or ▮▮▮▮▮▮▮ if you have further questions. As a graduate student, I am required to conduct research as part of the requirements for a degree in social work. It is being conducted under the supervision of Dr. Susan Strega, Associate Professor AT THE School of Social Work. You may contact my supervisor at 250-721-8333.

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

The purpose of the study is to explore and gather information from frontline child welfare workers working in an agency (the Children's Aid Society of Brant) that identifies its philosophy regarding service delivery as anti-oppressive in order to assist and educate other workers in Ontario child welfare agencies who are at earlier stages of implementing an anti-oppressive approach to practice.

The potential benefits of your participation in this study are the opportunity to share your experiences and challenges with an anti-oppressive practice in a historically oppressive system. Your story will hopefully encourage other frontline child welfare workers to embrace an anti-oppressive practice. If at any time you are uncomfortable or become distressed with the process, a referral to an appropriate community-based support agency may be provided by the interviewer.

Participant selection will focus on frontline workers who are committed to an anti-oppressive practice (AOP) in child welfare and are willing to share their experiences and challenges is invited to participate in this research study. I am particularly interested in workers who are passionate about their practice and wanting to share their experiences, both positive and negative. Participants do not have to be registered with the College of Social Workers. Preference will be given to participants who have been employed in child welfare long enough to have experienced earlier service delivery models to compare with AOP; however, workers with varying levels of experience will also be considered.

Choosing to participate or not in the research will not affect employment and/or professional standing within your organization; it will also not affect any relationship between the potential participant and the researcher. Due to the fact that the researcher is a fellow frontline child welfare worker at a different Ontario CAS, there may be a relationship to some potential participants. This possible relationship should not influence whether or not someone chooses to participate in the study.

If you consent to voluntarily participate in this research, your participation will include: an initial meeting to introduce researcher, research question, review confidentiality agreement, answer any questions, review, sign and date the consent form (approximately 30 minutes); a main interview (approximately 60 – 75 minutes); prior to analysis of data, a voluntary review of the transcription of their interview (1-2 hours); and, following finalization of paper, a voluntary review of research findings (approximately 1 hour)

TOTAL ESTIMATED TIME REQUIRED OF PARTICIPANTS: 3-5 HOURS PER PARTICIPANT

Participation is voluntary. Consent and participation in the research may be withdrawn at any time without explanation and without any negative consequences. The researcher will ask the participant during each interaction if consent is ongoing. If a participant decides to withdraw, they can choose to have their collected data used in the study *or* they can choose to have their data destroyed.

All interviews will be audio taped, unless the participants requests otherwise. All data collected during the study will be confidential. Confidentiality of all information will be maintained with the exception of a report of child abuse, elder abuse or expression of immediate suicidal or homicidal thoughts and/or plans. Your employer will not have access to any of the data collected from the interviews. The interviews will be transcribed by a company that has a confidentiality policy and experience in transcribing information of sensitive matters. The agency will be identified in the final thesis. However, all participants will be identified using a pseudonym; only the researcher will know your name. Your name will not appear in any transcript, research report, write-up and/or presentation. All efforts will be made to keep the information provided confidential and anonymous. However, due to possible reasons beyond the control of the researcher, autonomy can not be guaranteed; some identifying and relevant information used in the final thesis, such as a range of years in the field, may indirectly identify a participant.

Interview results will be kept in a secure place, only accessible to the researcher. All data will be stored in the researcher's personal password protected computer. Any hard copies of data will be stored in a locked filing cabinet at the residence of the researcher. Upon completion of defending the research and receiving a passing grade, the researcher will personally shred all hard copies of data (with the exception of the final research paper); any electronic communication and archiving means (email, audio recordings) will be permanently deleted from the devices; and, all computer files containing data and research related materials will be deleted from the personal computer of the researcher. Data will not be stored longer than one year from completion of research.

Participation in this study may cause some inconvenience to you, such as but not limited to travel costs and day care costs. If necessary, compensation for travel within the geographical location and/or child care expenses incurred as a result of your participation in the study will be provided. The location and

time of the interviews will be based on the circumstances and needs of the participant. All interviews will be conducted during the participant's personal time, such as before, after or during lunch break.

If you are interested in receiving a copy of the research findings, please provide the researcher with your contact information so I may forward a copy at the completion of my research.

By signing this form, you agree that you have read and understood the information above and freely give your consent to participate.

_____   _____   _____
Name of Participant   *Signature*   *Date*

Withdrawl From Research:
It is agreed that consent can be withdrawn at any time without explanation and without any negative consequences. By signing below, you are providing the researcher permission to use the information collected up to the time of withdrawal. <u>This section will not be signed unless withdrawal from the study occurs.</u>

_____   _____   _____
Name of Participant   *Signature*   *Date*

By signing below, you are requesting that your data collected up to the time of withdrawal be destroyed. <u>This section will not be signed unless withdrawal from the study occurs.</u>

_____   _____   _____
Name Of Participant   *Signature*   *Date*

A copy of this consent form will be left with you, and a copy will be taken by the researcher.

Appendix F

CLIENT NON-DISCLOSURE AGREEMENT

This CLIENT NON-DISCLOSURE AGREEMENT, effective as of the date last set forth below (this "Agreement"), between the undersigned actual or potential client ("Client") and **Rev.com, Inc.** ("Rev.com") is made to confirm the understanding and agreement of the parties hereto with respect to certain proprietary information being provided to Rev.com for the purpose of performing translation, transcription and other document related services (the "Rev.com Services"). In consideration for the mutual agreements contained herein and the other provisions of this Agreement, the parties hereto agree as follows:

1. Scope of Confidential Information

1.1. "Confidential Information" means, subject to the exceptions set forth in Section 1.2 hereof, any documents or other text supplied by Client to Rev.com for the purpose of performing the Rev.com Services.

1.2. Confidential Information does not include information that: (i) was available to Rev.com prior to disclosure of such information by Client and free of any confidentiality obligation in favor of Client known to Rev.com at the time of disclosure; (ii) is made available to Rev.com from a third party not known by Rev.com at the time of such availability to be subject to a confidentiality obligation in favor of Client; (iii) is made available to third parties by Client without restriction on the disclosure of such information; (iv) is or becomes available to the public other than as a result of disclosure by Rev.com prohibited by this Agreement; or (v) is developed independently by Rev.com or Rev.com's directors, officers, members, partners, employees, consultants, contractors, agents, representatives or affiliated entities (collectively, "Associated Persons").

2. Use and Disclosure of Confidential Information

2.1. Rev.com will keep secret and will not disclose to anyone any of the Confidential Information, other than furnishing the Confidential Information to Associated Persons; provided that such Associated Persons are bound by agreements respecting confidential information. Rev.com will not use any of the Confidential Information for any purpose other than performing the Rev.com Services on Client's behalf. Rev.com will use reasonable care and adequate measures to protect the security of the Confidential Information and to attempt to prevent any Confidential Information from being disclosed or otherwise made available to unauthorized persons or used in violation of the foregoing.

2.2. Notwithstanding anything to the contrary herein, Rev.com is free to make, and this Agreement does not restrict, disclosure of any Confidential Information in a judicial, legislative or administrative investigation or proceeding or to a government or other regulatory agency; provided that, if permitted by law, Rev.com provides to Client prior notice of the intended disclosure and permits Client to intervene

therein to protect its interests in the Confidential Information, and cooperate and assist Client in seeking to obtain such protection.

3. Certain Rights and Limitations

3.1. All Confidential Information will remain the property of Client.

3.2. This Agreement imposes no obligations on either party to purchase, sell, license, transfer or otherwise transact in any products, services or technology.

4. Termination

4.1. Upon Client's written request, Rev.com agrees to use good faith efforts to return promptly to Client any Confidential Information that is in writing and in the possession of Rev.com and to certify the return or destruction of all Confidential Information; provided that Rev.com may retain a summary description of Confidential Information for archival purposes.

4.2. The rights and obligations of the parties hereto contained in Sections 2 (Use and Disclosure of Confidential Information) (subject to Section 2.1), 3 (Certain Rights and Limitations), 4 (Termination), and 5 (Miscellaneous) will survive the return of any tangible embodiments of Confidential Information and any termination of this Agreement.

5. Miscellaneous

5.1. Client and Rev.com are independent contractors and will so represent themselves in all regards. Nothing in this Agreement will be construed to make either party the agent or legal representative of the other or to make the parties partners or joint venturers, and neither party may bind the other in any way. This Agreement will be governed by and construed in accordance with the laws of the State of California governing such agreements, without regard to conflicts-of-law principles. The sole and exclusive jurisdiction and venue for any litigation arising out of this Agreement shall be an appropriate federal or state court located in the State of California, and the parties agree not to raise, and waive, any objections or defenses based upon venue or forum non conveniens. This Agreement (together with any

agreement for the Rev.com Services) contains the complete and exclusive agreement of the parties with respect to the subject matter hereof and supersedes all prior agreements and understandings with respect thereto, whether written or oral, express or implied. If any provision of this Agreement is held invalid, illegal or unenforceable by a court of competent jurisdiction, such will not affect any other provision of this Agreement, which will remain in full force and effect. No amendment or alteration of the terms of this Agreement will be effective unless made in writing and

executed by both parties hereto. A failure or delay in exercising any right in respect to this Agreement will not be presumed to operate as a waiver, and a single or partial exercise of any right will not be presumed to preclude any subsequent or further exercise of that right or the exercise of any other right. Any modification or waiver of any provision of this Agreement will not be effective unless made in writing. Any such waiver will be effective only in the specific instance and for the purpose given.
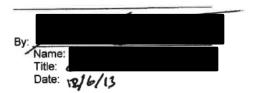
IN WITNESS WHEREOF, the parties have caused this Agreement to be executed below by their duly authorized signatories.

CLIENT

Print Name: ███████████

By: _____

Name:
Title:
Date: Jan 8, 2014

Address for notices to Client:

███████████

REV.COM, INC.

By: _____

Name:
Title:
Date: 12/6/13

Address for notices to Rev.com, Inc.:

461 Bush St., 4th floor
San Francisco, CA 94108

Appendix G

Human Research Ethics Board
Office of Research Services
Administrative Services Building
PO Box 1700 STN CSC
Victoria British Columbia V8W 2Y2 Canada
Tel 250-472-4545, Fax 250-721-8960
ethics@uvic.ca www.research.uvic.ca

University of Victoria

Certificate of Approval

PRINCIPAL INVESTIGATOR:	**Michelle Rivet**	**ETHICS PROTOCOL NUMBER**	**13-360**
UVic STATUS:	**Master's Student**	Minimal Risk - Delegated	
UVic DEPARTMENT:	**SOCW**	ORIGINAL APPROVAL DATE:	18-Oct-13
		APPROVED ON:	18-Oct-13
SUPERVISOR:	**Dr. Susan Strega**	APPROVAL EXPIRY DATE:	17-Oct-14

PROJECT TITLE: **The Frontline Workers' Perspective on Anti-Oppressive Child Welfare Practice**

RESEARCH TEAM MEMBER   None

DECLARED PROJECT FUNDING: **None**

CONDITIONS OF APPROVAL

This Certificate of Approval is valid for the above term provided there is no change in the protocol.

Modifications
To make any changes to the approved research procedures in your study, please submit a "Request for Modification" form. You must receive ethics approval before proceeding with your modified protocol.

Renewals
Your ethics approval must be current for the period during which you are recruiting participants or collecting data. To renew your protocol, please submit a "Request for Renewal" form before the expiry date on your certificate. You will be sent an emailed reminder prompting you to renew your protocol about six weeks before your expiry date.

Project Closures
When you have completed all data collection activities and will have no further contact with participants, please notify the Human Research Ethics Board by submitting a "Notice of Project Completion" form.

Certification

This certifies that the UVic Human Research Ethics Board has examined this research protocol and concluded that, in all respects, the proposed research meets the appropriate standards of ethics as outlined by the University of Victoria Research Regulations Involving Human Participants.

Dr. Rachael Scarth
Associate Vice-President, Research

Certificate issued On: 18-Oct-13

13-360   Rivet, Michelle

Appendix H

Human Research Ethics Board
Office of Research Services
Administrative Services Building
PO Box 1700 STN CSC
Victoria British Columbia V8W 2Y2 Canada
Tel 250-472-4545, Fax 250-721-8960
ethics@uvic.ca www.research.uvic.ca

University of Victoria

Modification of an Approved Protocol

PRINCIPAL INVESTIGATOR:	Michelle Rivet			**ETHICS PROTOCOL NUMBER**	**13-360**
				Minimal Risk - Delegated	
UVic STATUS:	Master's Student			ORIGINAL APPROVAL DATE:	18-Oct-13
UVic DEPARTMENT:	SOCW			MODIFIED ON:	15-Nov-13
SUPERVISOR:	Dr. Susan Strega			APPROVAL EXPIRY DATE:	17-Oct-14

PROJECT TITLE: **The Frontline Workers' Perspective on Anti-Oppressive Child Welfare Practice**

RESEARCH TEAM MEMBER   None

DECLARED PROJECT FUNDING: **None**

CONDITIONS OF APPROVAL

This Certificate of Approval is valid for the above term provided there is no change in the protocol.

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Dr. Rachael Scarth
Associate Vice-President, Research

Certificate Issued On: 15-Nov-13

13-360 Rivet, Michelle