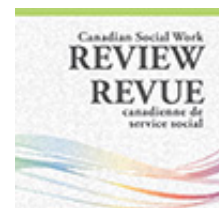


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“Act Like my Friend” Mothers’ Recommendations to Improve Relationships with Their Canadian Child Welfare Workers

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Résumé de l'article

Lors d'un entretien qualitatif, la dernière question posée à des mères encadrées par le système de protection de l'enfance les invitait à formuler des recommandations pour améliorer le fonctionnement de ce système. Dans leurs réponses, ces femmes ont mis l'accent sur la relation entre parents et travailleurs sociaux. Étonnamment, elles ont dit que les intervenants devraient « agir comme des amis ». Elles ont précisé que les intervenants devraient être respectueux, honnêtes, bienveillants, attentionnés, ne pas porter de jugement et donner des encouragements. Elles ont aussi dit qu'ils devraient faire preuve d'empathie et offrir un soutien concret pour aider les parents à maintenir des liens avec leurs enfants. Nous commençons par présenter ici les recommandations des mères, puis nous les replaçons dans le contexte des écrits sur les pratiques exemplaires, et enfin nous analysons les possibilités et les difficultés de resserrer les liens entre les parents et les intervenants.



**“ACT LIKE MY FRIEND”
MOTHERS’ RECOMMENDATIONS TO
Improve Relationships
with Their Canadian Child Welfare Workers**

Judy Hughes

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Abstract: Through a final qualitative interview question, we asked mothers who were involved with the Canadian child welfare system to provide recommendations to improve practices in this system. Through their responses, these women focused on the relationships between parents and workers. Surprisingly, they stated that child welfare workers should “act like friends.” In these descriptions, they stated that child welfare workers should be respectful, honest, caring, supportive, non-judgmental, and encouraging. They further stated that workers should have empathy and provide concrete supports so that parents maintain connections to their children. First, we present the mothers’ recommendations. Then, we situate these findings into best practice literature and discuss both the possibilities and challenges of developing stronger relationships between parents and child welfare workers.

Keywords: Relationship, child welfare, social work practice, intimate partner violence, mothers, empathy.

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Abrégé : Lors d'un entretien qualitatif, la dernière question posée à des mères encadrées par le système de protection de l'enfance les invitait à formuler des recommandations pour améliorer le fonctionnement de ce système. Dans leurs réponses, ces femmes ont mis l'accent sur la relation entre parents et travailleurs sociaux. Étonnamment, elles ont dit que les intervenants devraient « agir comme des amis ». Elles ont précisé que les intervenants devraient être respectueux, honnêtes, bienveillants, attentionnés, ne pas porter de jugement et donner des encouragements. Elles ont aussi dit qu'ils devraient faire preuve d'empathie et offrir un soutien concret pour aider les parents à maintenir des liens avec leurs enfants. Nous commençons par présenter ici les recommandations des mères, puis nous les replaçons dans le contexte des écrits sur les pratiques exemplaires, et enfin nous analysons les possibilités et les difficultés de resserrer les liens entre les parents et les intervenants.

Mots clés : Relations, protection de l'enfance, pratique du travail social, violence entre conjoints, mères, empathie

Introduction

THE QUALITY OF THE RELATIONSHIPS between child welfare workers and clients is consistently described in both the theoretical and research literature as central to the effectiveness of child welfare interventions (Buckley, Carr, & Whelan, 2011; de Boer & Coady, 2007; Howe, 2010). First-hand information about children's welfare is best obtained from parents directly and without at least an adequate relationship, parents may withhold or hide information if they do not trust their child welfare workers (Forrester, Kershaw, Moss, & Hughes, 2008; Turney, 2012). Further, the quality of the relationship between an individual worker and parent can influence their perception of the entire system (Buckley et al., 2011; Spratt & Callan, 2004; Gladstone et al., 2012) and also their eventual cooperation with workers and compliance with developed case plans (Dumbrill, 2006; Hardy & Darlington, 2008; Healy, Darlington, & Feeney, 2011; Maiter, Palmer, & Manji, 2006; Mirick, 2014) as well as their children's safety (Gladstone, et al., 2012; Howe, 2010). However, developing effective working relationships is inherently difficult. Parents, especially those who have been referred by third parties and ethnically minoritized parents, are often distrustful of child welfare workers and agencies and may react to the presence of these workers with fear and anger (Buckley et al., 2011; Kemp, Marcenko, Hoagwood, & Vesneski, 2009; Palmer, Maiter, & Manji, 2006; Spratt & Callan, 2004). Further, the well-known problem of large caseload sizes further exacerbates this problem, as there is often little time for workers to develop common understandings of family situations with parents and for parents to have confidence that workers have listened, understood, and care about their situations (Maiter, et al., 2006).

A further difficulty that impacts parent-worker relationships is workers' role with parents. As child welfare workers, they are delegated to represent the state in investigating possible risks to children by parents, which creates tensions in parent-worker relationships (Davies & Collings, 2008; Mullins, 2011; Waterhouse & McGhee, 2015). Parents and workers share a common goal about concern for children's well-being. However, interactions between them can become difficult and even adversarial, as child welfare workers require that parents be willing to accept responsibility for any identified risks (Bourassa, Lavergne, Damant, Lessard, & Turcotte, 2008; Lavergne et al., 2011; Stanley, Miller, Foster, & Thomson, 2011; Waterhouse & McGhee, 2015), while parents work to preserve their identities as good parents (Sykes, 2011; van Nijnatten, 2010). This can result in an unproductive cycle in which workers become frustrated with mothers who seem to resist efforts to make changes (Sykes, 2011) and revert to complex discussion of legal rules and procedures, which further prevents open and honest dialogue (van Nijnatten, 2010). Relationships between workers and parents are particularly strained when intimate partner violence (IPV) is identified as a risk. Child welfare workers report that they struggle between viewing mothers as victims of IPV and also blaming them for not protecting their children from exposure to this violence (Lapierre & Côté, 2011).

This paper contributes directly to literature on worker-client relationships where IPV is identified by providing data and findings from a project that examines mothers' experiences with the Canadian child welfare system. Although the project focused on mothers who experienced intimate partner violence, these women were also referred to child welfare services because of mental health and substance misuse difficulties. During qualitative interviews with these women, we had a final question that asked them to provide recommendations to improve child welfare practices. Although this question provided them with the opportunity to make any suggestions, they all chose to focus on the relationships with their child welfare workers by stating they wanted workers who listen to them and "act like friends." Through this paper, we present the mothers' descriptions of the qualities and skills they thought child welfare workers should demonstrate in order to improve their relationships with them as mothers and the interventions workers should make to keep mothers connected to their children.

Review of Literature

Child welfare is one of the most difficult areas of social work practice wherein often involuntary parents are investigated by workers who might have to make decisions that are against the parents' interests and rights (Chapman, Gibbons, Barth, & McCrae, 2002). Family situations involving IPV make intervention more complex, as workers must choose between

either removing children from non-offending mothers or leaving them in homes where they might witness or become involved in further violence (Friend, Sholonsky, & Lambert, 2008). Through qualitative research, some mothers who were referred to child welfare services for IPV describe supportive experiences with child welfare workers wherein the workers checked on the safety of their children, made sure the perpetrator was out of the home, and provided referrals to community resources (Alaggia, Jenney, Mazzuca, & Redmond, 2007; Hughes, Chau, & Poff, 2011; Johnson & Sullivan, 2008; Keeling & Van Wormer, 2012). In one study (Alaggia et al., 2007), some women stated that contact with child welfare workers made them aware of the impact that witnessing IPV had on their children. The majority of mothers in these studies, however, reported negative experiences with child welfare workers wherein the focus of the investigation and intervention was on them as mothers and not on their partners who were the perpetrators (Alaggia et al., 2007; Earner, 2010; Hughes et al., 2011; Johnson & Sullivan, 2008; Shim & Haight, 2006; Strega et al., 2008). Further, these women reported that although they were required to leave their abusive partners, their workers provided them with little concrete help and support to make this difficult change and that the services they were required to attend only created additional work for them, but without directly addressing the violence they experienced (Alaggia et al., 2007; Earner, 2010; Hughes et al., 2011; Johnson & Sullivan, 2008; Keeling & Van Wormer, 2012; Shim & Haight, 2006). Qualitative research with women who were involved with child welfare services for drug and alcohol abuse and mental health issues reported similar experiences in that some mothers stated they were helped, while the majority reported they felt stigmatized and had to defend themselves against accusations that they are bad mothers (Perera, Short, & Fernbacher, 2014; Virokannas, 2011).

In interviews, child welfare workers reveal their frustrations in working with family situations involving IPV. This becomes even more vexing in situations where there are additional struggles with substance misuse and mental health difficulties (Bourassa et al., 2008). Some child welfare workers state they struggle to respect the choice of mothers in staying with partners, and also worry about the safety of children (Bourassa et al., 2008; Lapierre & Côté, 2011). Across studies, workers report that they tend to focus on mothers who are the victims of IPV, rather than the fathers who have been abusive, because of difficulties in locating and holding these men accountable (Alaggia et al., 2007; Bourassa et al., 2008; Lapierre & Côté, 2011; Shim & Haight, 2006; Stanley et al., 2011) as well as a lack of training in working with perpetrators (Alaggia et al., 2007; Bourassa et al., 2008).

Method

Data Collection

The mothers' interviews were conducted as part of a larger project that examined abused women's experiences in the child welfare system and included qualitative interviews with both mothers and child welfare workers. For the mothers' interviews, we recruited women participants through a variety of frontline community organizations in two smaller communities in northern and southern British Columbia, and a larger urban centre in Manitoba. These organizations were diverse, from shelter and second-stage housing services to agencies focusing on child and family wellness. Women were also invited to participate via a newspaper advertisement in an effort to obtain participation from women who, although involved with child welfare services, were not currently using or had never used frontline services. Sixty-four women agreed to be interviewed from three geographic locations, eight in southern British Columbia, 10 in northern British Columbia, and 46 in Manitoba. The majority of women identified largely as either white (21), Aboriginal (31) or Metis (6). Only four identified as Black. The women who participated in the interviews ranged in age from 20 to 59 years, with the average age being 36. Of the 55 women who offered information about their average annual income, most were receiving government income assistance of less than \$20,000 (CDN) per year (44). Only two women had annual incomes at or above \$50,000 (CDN). Collectively, these women shared the experience of being marginalized by socioeconomic class and gender and also being involved with the child welfare system and one or more abusive partners. In some of the interviews, the mothers stated they sought help or were referred because of their partners' abuse and violent actions toward them. Other women stated that they were investigated initially because of mental health, substance misuse, or because they are young mothers, but then intimate partner violence was identified as an additional risk, as workers continued to investigate their family situations.

Each interview began with one question, as we asked the mothers to describe their experiences with child welfare workers and the system as a whole. We used additional questions and probes to better understand child welfare workers' practices from the perspective of these mothers. A final interview question asked each woman to provide recommendations to improve the system for other women. These responses are the focus of this article. Ethical review for these procedures was obtained from the research ethics boards at the University of Manitoba and the University of British Columbia – Okanagan.

Data Analysis

The findings presented in this paper focus on the responses provided by the women participants to our final interview question, which asked them for recommendations to improve the system for other women. When the interviews were coded, these responses were placed into one code, simply named “women’s recommendations.” Some of the interviewed women were initially surprised by the question and uncertain how to answer: “I don’t know how to answer that one. Like they say that their job is to reunite children with their families. I would like to see some more changes in that.” The majority of women did offer a response (56 of the 64 participants). The amount of data placed into this one code was large, so we further coded the data into two other categories, “workers qualities” and “concrete recommendations.” In the presentation of these findings below, we have used multiple quotes from the women’s interviews to demonstrate the extent of overlap in the women’s responses and to establish the connection between the raw data and the described findings (Morrow, 2005). The mothers’ quotes are identified with a code (i.e. 04MB). The number identifies the interview and the letters indicate the province in which the interview took place – BC for British Columbia and MB for Manitoba.

Findings: Mother’s Recommendations*Workers’ Qualities and Skills*

Through their responses, most of the women stated they wanted child welfare workers who were authentic and genuine in how they interacted with them. Interestingly, some of the women stated they wanted or had workers who would be “like a friend.” For these women, behaving like a friend would counter their negative ideas of child welfare workers as “punitive,” “scary,” and “authoritarian” that for them is associated with the child welfare mandate and power to remove children:

Instead of telling them: “well if you don’t do this, we’re going to do this.” Don’t come across authoritarian; come across like their friend, like a human (86MB).

They should be more like a friend, cause it’s always scary having a social worker, just “social workers,” just a scary word right (11BC)?

Let them know that they’re here to help: “you can phone us and ask us for help, we’re not just here to come and destroy your lives” (82MB).

If you're doing a surprise home visit, be nice: "Thank you for having me in your home. Don't worry at all." Just really kind of reassure people, because even if they do end up removing a child from a home, it's probably not helping anybody if they're being intimidating and punitive (6BC).

They want to know what's going on or what happened: "what did he do to you?" They can't just jump into that like that. They got to eventually loosen them up and slowly let them open up, get to know them, and talk to them like a friend (67MB).

To counter notions of punitive and authoritarian child welfare workers, these mothers recommended that child welfare workers have the qualities of a good friend: listening, being supportive and encouraging, offering hope, and expressing empathy. In the following two quotes, two mothers describe how their child welfare workers offered them support and encouragement:

But he thinks I'm a very motivated person and he thinks I'm doing well. And he says, there's hope and just to continue to be patient (01MB).

Well I think they should encourage, like that one worker. Just talking and encouraging saying: "you'll get them back." Where other workers would say, "well, you got to do this yet," and give us the attitude. You got to kind of feel sorry, because women who have their kids in care are really frustrated, and people who are alcoholics want to drink more because they want to forget, and then that's how they end up giving up. What women need is encouragement and that one woman [worker] gave me a lot of encouragement (40MB).

Throughout many of the women's responses, emphasis was placed on listening. Three women in particular stated that workers need to listen to mothers before making judgments based on information that is received in referrals:

Give people chances to say what they say and don't just go by the complainant story (07BC).

People should be given a chance to express who they are without being judged. Who are you to come to my home and understand my life story? You don't go into someone's home and know their history. The parents should be given the chance to express their needs (26MB).

I used to fight with some of my workers a lot because they wouldn't just listen to me, like I just wanted them to hear me out about why I didn't want to be where I was living and a couple of things. They need to try and talk to people more instead of just assuming stuff (66MB).

Listening to mothers was also described as a means for child welfare workers to understand their and other mother's experiences from their point of view and be empathetic about these difficult life and social circumstances that bring them and their children to the attention of the child welfare system:

Try empathizing and understanding why we give such hostility. Treat every person with the dignity and the respect that they are due because they made a poor choice or came from a difficult situation doesn't mean that the person is deficient. They may need support ... listen, really listen to what people are really saying to you. Imagine that this was your daughter, your sibling, your parent (48MB).

When you're looking at this woman think my mother, my sister, my aunt. Don't think this is just somebody else that's coming in and has another problem. Try to put it into your own heart. Compassion. Compassion, in a word, compassion (19MB).

They need to understand what a person is going through. If they want to help somebody, they got to step back and look at that person's life or even walk a mile in that person's shoes to understand what that person is going through. And they got to care, they got to have heart and they got to have feelings cause if they don't have that, they're useless (01BC).

Collectively, the women suggested that if workers were able to listen and empathize with mothers' stories then they would also be able to begin to understand the interconnections between abuse, violence, and substance misuse in women's lives. For these mothers, listening and empathy provides opportunities for these workers to "get to the root of the problem" as a means to understand why parents engage in behaviours that place themselves and their children at risk. The first two quotes below are recommendations from these women, while the third quote illustrates what it meant for one woman to have her worker listen to and be empathetic toward her:

People have got to learn to see beyond the abuse. Like many others, there are drugs and there's alcohol involved. Well that's survival, that's survival. These women are living day to day, not knowing what's gonna happen. Yeah, if they've got drugs or alcohol offered to them, they're gonna take that escape cause that's the only one they have in their life. Look at your clients for who they are (19MB).

They have to get to know the person first, talk to them and that's how they got to get them to open up. Cause all abusive relationships ain't the same, they're all different, could be mental, could be emotional, could be somebody's threatened their life (67MB).

She understood me. She talked and she listened. She actually took the time to listen and know exactly what is going on and where my problems began. And it's not just all about drugs and it's not just about alcohol, there's other things there, other issues that need to be dealt with. You know a person who is doing drugs is doing it for a reason, to cover something, or something they went through, from their past. If you get to the root of the problem, the person will develop properly, they will straighten out, they will do the things they should be doing, but they just need the help (44MB).

Intervention: Concrete Support. Along with forming better connections with parents, many of the interviewed mothers stated that child welfare workers take further steps to offer parents direct help and support. For some of the mothers, this meant concrete help in obtaining protection orders and affordable housing as well as scheduling respite and in-home supports. Others stated that workers should directly intervene with abusive partners and provide counseling services for children, and advocates to help mothers reach case plan goals. Other women stated that child welfare workers should help maintain connections between parents and their children. At a minimum, some of the mothers stated they wanted their workers to provide them with information about the foster family with which their children were placed and ongoing information about their children's wellbeing and care:

What I need is to see my kids and to see for myself, yeah sure your kids are fine, they're happy. A parent would still like to see where a child was placed and who the caregivers are and where their background comes from (13MB).

Others stated they wanted to be provided with pictures, so that they could see their children as they grow:

One of the things the social worker asked me is, "would you like to have a picture of the kids?" I said, "yes, I'd really appreciate it, just to see how much they've grown." And she did and I'm grateful that she did even though I'm not allowed to have any contact with them, no pictures, no nothing. The social worker did it, went out of her way to do that for me and I'm grateful for her cause I have, this is a year ago. I carry it in my wallet, a picture of all five of my kids (01BC).

Another group of women was very clear that mothers should not be separated from their children and suggested connections between mothers and children continue through a close relationship with foster families. One woman suggested transitional supportive housing so that families could remain together (35MB) and another mother suggested a kind of open adoption process:

Part of me is willing to look at an arrangement where I would have her half time. Yeah, but my demands would be, I need her in my home. I need her to sleep over. Like instead of being mom and dad, it would be mom and foster mom (07BC).

Limitations. The limit of the above analysis is that it is based on interviews with mothers from two different provincial jurisdictions and cannot be considered descriptive of the experiences of all women in these areas or the typical practices of workers in both provinces, as each jurisdiction has separate policy, legislation, and assessment tools. The strength of these findings is that these women directly described the qualities they believe child welfare workers should possess, and their expectations for the support these workers should provide to keep mothers connected to their children.

Discussion and Implications for Practice

Throughout their response to our question, participants recommended child welfare workers “act like a friend” or “talk to them like a friend.” In their discussions, they described the qualities that mirror those commonly thought of as descriptors for a good friend, such as listening, being supportive, encouraging, offering hope, expressing empathy, positive reinforcement, support, non-judgment, and encouragement. These qualities are similar to the lists of positive qualities that have been documented through direct qualitative interviews and open-ended survey questions provided to parents involved with child welfare services. Parents, in these studies, report they value child welfare workers who are friendly, sympathetic, honest, open-minded, supportive, concerned, respectful, calm, who listen to them, identify strengths, provide information, take them seriously, keep appointments, and consider the parents’ choices based on what is relevant to them while not making them do things the parent feels are not helpful (Buckley et al., 2011; Dale, 2004; Gladstone et al., 2012; Hardy & Darlington, 2008; Healy et al., 2011; Maiter et al., 2006; Schreiber, Fuller, & Pacey, 2013; Spratt & Callan, 2004; Studsrød, Willumsen, & Ellingsen, 2014).

Beyond demonstration of these personal qualities, the women interviewed for this project emphasized that child welfare workers should listen to mothers, have empathy for the difficulties they experience, and then, out of this empathy, respond to their needs as women. Qualitative interviews with women who are mothering in difficult or marginalized circumstances, similar to the women in this project, including intimate partner violence, substance misuse, poverty, young age, and mental illness – overwhelmingly demonstrate how meaningful and central their identities as mothers are to them (Perera, Short, & Fernbacher, 2014; Sykes, 2011) and that their relationships with their children provide them with a feeling of belonging, security, and responsibility (Klausen,

Karlsson, Haugsgjerd, & Lorem, 2015; Wiig, Haugland, Halså, & Myhra, 2014). Through their narrative accounts, the women in these studies actively construct stories and identities as good mothers that fit socially constructed notions of ideal motherhood. They detail both the difficult circumstances of their lives *and* the ways in which they put their children's physical and social needs first (LaPierre, 2010; Peled & Gil, 2011; Radcliffe, 2011; Savvidou, Bozikas, Hatzigeleki, & Karavatos, 2003; Semaan, Jasinski, & Bubriski-McKenzie, 2013; Virokannas, 2011).

In order to demonstrate that they have heard the difficulties in women's lives, child welfare workers can use active listening, which is a set of basic communication skills that includes nonverbal attending/immediacy skills, paraphrasing or reflection of content, and empathy or reflection of emotions (Levitt, 2001; Weger, Castle, & Emmett, 2010). The use of these skills allows social workers to demonstrate that the experiences of clients have been understood without judgment, as the worker is listening intently and demonstrating understanding by directly reflecting back the content and emotion of the experiences that have been shared by clients (Levitt, 2001; Weger et al., 2010). The women in this sample placed importance on listening and stated they wanted child welfare workers who would be compassionate and empathetic about the social circumstances of their lives in order to understand the underlying reasons for the difficulties in their lives (e.g., poverty, stress, and lack of family and other community resources) that result in conditions that put their children at risk, such as IPV, substance misuse and mental health issues. Through their responses, these mothers are asking child welfare workers to demonstrate a caring attitude and concern about them as women, rather than just focusing on how they have failed their children as mothers. Using active listening skills, child welfare workers can signal: (1) they recognize the importance of the mothering role and identity to their women clients through acknowledging and validating the strategies the mothers have used to protect their children (Holland, Forrester, Williams, & Copello, 2013) and (2) they have heard and understand the difficult circumstances in the women's lives that led to the referral to child welfare (Jones & Vetere, 2016). Without these acknowledgements of the difficulties with which they are coping and their strengths as mothers, child welfare workers risk that mothers will resist their efforts, as research indicates women will hide difficulties they are experiencing out of fear their children will be removed from their custody (Bennett, Spillelt, & Dunn, 2012; Klausen, Karlsson, Haugsgjerd, & Lorem, 2015; Perera, Short, & Fernbacher, 2014; Virokannas, 2011).

In practice with mothers, it is crucial for child welfare workers to consciously and critically work on their social identities and how their own ideals of good mothering can be based on sociocultural ideals that are grounded in white, European, middle-class ideals and not necessarily the realities of their clients' lives (Davies & Collings, 2008). Race, social

class, and cultural differences between workers and parents may mean clients hold very different understandings of adequate parenting and home environments than their social workers (Davies, Krane, Collings, & Wexler, 2007). The current use of risk assessment tools based on standard North American definitions of parenting can create greater gaps between workers and parents' understanding in that these tools reproduce the race, class, and gender bias that parents experience outside of the child welfare system (Clarke, 2011). In practice with mothers, it is crucial for child welfare workers to consciously and critically work on their social identities and how their own ideals of good mothering can be based on sociocultural ideals that are grounded in white, European, middle-class ideals and not necessarily the realities of their clients' lives (Davies & Collings, 2008). Further, child welfare workers may also need to examine their own frustration and anger toward mothers who seem to lack motivation to manage mental illness or addictions, or continuously disappoint their children (Davies & Collings, 2008; Mullins, 2011). To engage in these critical reflections, workers must go beyond the use and demonstration of empathy as a micro or individual level skill. Social empathy furthers the notion of empathy to include an emphasis on the social and economic conditions and disparities that often lead to the need for involvement with child welfare systems, notably poverty, racism, and gender inequality (Mullins, 2011; Segal, 2011). Focusing on maintaining empathy, especially social empathy, is crucial in that workers are not assessing mothers' lives and family situations through their own lens, but attempting to understand from each mothers' point of view and through recognizing the broader social circumstances in which mothering occurs (Waterhouse & McGhee, 2015).

Although useful to building effective relationships with mothers, the practice skills described above can create dilemmas when used within the context of child welfare practice. As workers demonstrate they care and encourage mothers to trust them through the use of these practice skills, the more mothers will confide and reveal information. Obtaining information from mothers is ideal in that workers will learn what is occurring in the home and be in a better position to assess whether children are safe. The use of these communication skills, however, should not be a means to simply lower barriers to disclosure (Mandell, 2008). Child welfare workers must also be open and honest about the power of their role in investigating risks to children and the possibility that children may have to be removed (de Boer & Coady, 2007; Mandell, 2008; Turney, 2012).

One of the concrete recommendations made by these mothers is to intervene directly with their abusive partners. This is often a recommendation made through similar research with mothers, as a strategy to shift child welfare workers away from mother blaming (Lapierre & Côté, 2011; Shim & Haight, 2006; Strega et al., 2008). In practice, holding

abusive fathers accountable may be difficult for child welfare workers due to systemic constraints within the child welfare legal framework. For example, legal restraints may not allow a child welfare worker to intervene with the offending partner if they have been charged and subsequently advised by their lawyer to not cooperate with the child and family services worker. Further, although the worker may wish to work holistically with the family, they may also be constrained by the confidentiality provisions found in most Canadian child welfare legislation if the offending partner does not have any legal standing with the respective children (i.e. the partner is not the biological father) (Regehr, Kanai, McFadden, & Saini, 2016). Confronting some abusive partners about their behaviour and including them in the case plan may be helpful to some women who want to maintain relationships with these partners but want the violence to stop, especially if there are specialized programs available that seek to make fathers aware of the impact of their violence against the mother on their children (Pennell, Rikard, & Sanders-Rice, 2014). For other women whose partners do not accept accountability for the violence and do not comply with the worker's case plan, it is necessary for the workers to focus on offering direct and concrete support to the mothers.

Another concrete suggestion made by these women was to have their child welfare workers provide them with direct support, for example in obtaining protection orders and affordable housing when they leave their partners. In practice, child welfare workers must both investigate and provide supportive services, and it is crucial child welfare workers maintain a careful balance between these two functions (Emerson & Magnuson, 2013). Offering direct and concrete supports to mothers is a means for child welfare workers to signal to mothers that they are doing more than just investigating them for deficiencies in their parenting.

The final recommendation provided by these mothers was for workers to advocate for parents to maintain connections with their children after they are placed in foster care. At a minimum, some mothers stated workers should provide parents with information about where their children are placed and pictures of their children as they grow. Other women emphatically stated workers need to keep them connected with their children after they are placed in care, by helping them develop relationships with foster parents. In some situations, child welfare workers may need to remove children from their parents' custody. Empathy becomes more crucial in these situations. First, so that the removal of a child is not a punishment for parents who are struggling with circumstances beyond their control, and second, so workers can understand the need for parents to have information about their children as they grow and, when possible, continued contact with them. Existing research suggests that maintaining connections between parents and children, even after the children are placed in foster care, is beneficial for children (Atwool, 2013).

Conclusion

Without effective relationships, parents may be unwilling to cooperate with their child protection workers (Dumbrill, 2006), which may result in files remaining open longer and increase the possibility of children being placed in foster care (Mirick, 2014). In response to our final interview question asking for recommendations to improve the child welfare system, the interviewed mothers focused on the quality of the relationships between child welfare workers and parents. They stated they wanted child welfare workers who listen and who are empathetic and they recommended workers provide parents with concrete support to complete case plans and provide them with opportunities to continue to have meaningful roles in their children's lives, even after they have been placed in foster care.

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