

Values 'Talk' at the Front Lines of Child Welfare Work in Ontario

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Abstract

Values shape the relationship between child welfare workers, families, and children. In this study, focus groups were conducted with approximately 150 direct-service workers and their supervisors in neighborhood and central child welfare settings

in Ontario. This study raises questions about how values are understood and enacted at the front line of child welfare.

Keywords: child welfare; values; families; child safety; neighborhood settings

1. Introduction

Systems of child welfare reflect values held by the broader society about the care that children are entitled to receive (Freymond & Cameron, 2006), and are influenced by shifting political priorities and changing social conditions (Tilbury, 2002). Societal values and their embodiment and expression in child welfare systems shape the relationships that practitioners can have with families and children. While it is a common belief that values are important, the values held by frontline child welfare workers, and the ways these may operate to construct interactions with

families and children, are not well understood. This research reports on values expressed by frontline workers in both neighborhood and central models of child welfare service delivery in Ontario, Canada. The principal goal of this paper is to draw attention to the values preferences expressed by frontline child welfare workers, an area of scholarship that has received limited attention to date. For the purposes of this discussion, frontline workers are defined as direct providers of services to families and children, regardless of professional registration status, and their immediate supervisors, who are involved in day-to-day case management decisions.

2. Values of Child Welfare Professionals

Rokeach (1973) defines values as beliefs about a desirable end state; they are generally contrasted with facts (Stempsey, 2000). Further, values are understood to motivate and explain behaviors (Bond, Leung, & Schwartz, 1992; Fishbein & Ajzen, 1975), and to direct our attention and perception (Schwartz, 2003). Within social work organizations, values may be defined as "systems of principles and beliefs which are intended to govern an approach to practice" (Smith, 2005, p.3).

Values can be classed as either ultimate or instrumental (Rokeach, 1973). Typically, ultimate values are expressed as moral imperatives, such as the protection of children. Instrumental values reflect how ultimate values are translated into practice (Mosek, 2004). In a child protection context, instrumental values are reflected in the service delivery model of a child welfare agency and in worker talk about how their mission is fulfilled in day-to-day interactions with families. Instrumental values include beliefs held by practitioners about how child protection work ought to be conducted (for example, in assumptions about the use of legal authority, community development strategies, or professional partnerships), and may be expressed as intentions, preferences, or dislikes. These values can be captured in the way workers describe models of practice, and in what they consider to be fair, just, or right.

An uncontested set of instrumental values cannot be assumed for child protection practice. Service providers need to negotiate a minefield of competing values, a common source of tension in the profession (Pine, 1987). Frontline workers must mediate between values associated with child protection and those pertaining to parental autonomy. Strict legal mandates add further complexity (Gabbrill, 2005; Kelly & Sundet, 2006). It has been suggested that in consequence, workers may sacrifice a value position in favor of "concrete" solutions (Pine, 1987, p. 317). They may

feel obliged to act on values that conflict with those articulated in training curricula and practice texts (Smith & Donovan, 2003; Siegel, 1994).

Questions have been raised as well about the extent to which workers are aware of their personal values and beliefs (Abramson, 1996) and how conscious they may be of the degree to which the value dimension in models of child welfare practice affects their thinking about their work with families and the choices they make. Benbenishty, Osmo, & Gold (2003) found an overall lack of articulation of the value dimension in workers' choices, and expressed concern that workers may be unaware of their value preferences and how these are operating in decision-making.

3. Values in Ontario's Child Welfare System

In the 1990's many child welfare systems, both nationally and internationally, were criticized for failing to protect children, a censure fueled by the provocative issue of child deaths. The response was to institute processes intended to minimize risk. The Ontario Risk Assessment Model (ORAM), introduced in 2000, focused child protection practices on the identification of risks to child safety (ORAM, 2000). *The child is my client* became the mantra of frontline workers, a shift away from values that favored family preservation. Objective evidence purportedly generated through the use of risk assessment tools and consistent decision-making from social workers was associated with better results and was therefore highly valued (Swift & Callahan, 2009).

As early as 2003, a report by the Ministry of Children's Services concluded that the ORAM in its current form was not sustainable from either a financial or a service perspective (Roch, 2003). In 2007 the Government of Ontario instituted the Transformation Agenda (TA), which espouses values such as the healthy development of children within families, and processes that rely on differential response, alternatives to court, and permanency placements (Child Welfare Secretariat, 2005). Although the application of risk assessment

technologies in the child welfare context has been criticized on a number of counts (Callahan, 2001; Krane & Davies, 2000; Lindsey, 2004; Parton, 1998; Parton, Thorpe & Wattam, 1997; Rittner, 2002), an actuarial risk assessment model with shorter rating scales than the model used under ORAM remains a central feature of TA. The values implicit in risk assessment and the additional values articulated under the Transformation Agenda currently influence frontline child welfare practice.

The infusion of risk assessment technologies into models of service delivery and practice guidelines has caused concern about the limitations placed on child welfare workers' professional discretion, particularly their ability to manifest preferred values in their relationships with families and children (Parton, 1997). Workers fear disciplinary action if protocols are not followed. Questions have been raised about the extent to which child welfare work and indeed the profession of social work have become defined by the state's interest in the regulation and minimization of risk, instead of the profession's values base (McLaughlin, 2010).

At the level of service delivery, both central and neighborhood child welfare models operate in the Province of Ontario, distinguished on the basis of setting (Cameron, Hazineh & Frensch, 2005). The central model is most common. Child protection workers in central service settings tend to be located in larger urban centers and provide service to surrounding, sometimes rural, areas as well. Workers drive to family homes for meetings, or families may visit the office. Close-knit teams share office space and work under the same supervisor. Workers tend to engage primarily in direct child-focused practice and offer case management services to families, with a view to ameliorating risk to children. In neighborhood service delivery settings, workers are located within a community, for example, in townhomes in low-income housing complexes, public schools, or local meeting places. Workers focus on accessibility to families and children, professional partnerships, informal relationships with extended family

and community members, and community development and prevention, rather than on a specific program of service (Cameron, Freymond, & Roy, 2003; Cameron, Freymond, Cornfield, & Palmer, 2007). Regardless of the setting, child protection workers across Ontario are required to follow standardized risk protocols established at the Ministry level.

4. Examining Practitioner Values in Ontario

4.1 Purpose

In response to questions about child protection workers' awareness of values (Benbenishty, Osmo, & Gold, 2003), this paper reports on workers' perceptions of the value dimensions that underpin their work. It focuses on the value expression of frontline child welfare workers at both neighborhood and central sites, as expressed in their talk. In child welfare practice, worker "talk" matters. Families and children are constructed by the verbal accounts of workers. Values condition the views of workers and the interventions they perceive and prescribe.

4.2. Methodology

The values exploration described in this report occurred in the context of Transforming Front Line Child Welfare Practice, a multiyear research project funded by the Ministry of Children and Youth Services and dedicated to exploring the impact of institutional settings on child welfare services, employment environments, and children and families.

The analysis relies on data generated from focus groups and individual interviews. Focus groups were used because they allowed a number of child welfare workers' views to be gathered at once. Researchers could interact with participants and facilitate elaboration of responses. Further, because values are rooted in both personal beliefs and collective narratives (Warr, 2005), the focus group interactions provided opportunity for participants' individual and collective views to emerge. Individual interviews were used with

supervisors. Although supervisors have a direct influence on interactions with families at the front lines of child protection work, they were excluded from the focus groups so their views might not eclipse those of the workers they supervise.

This study used a purposive sampling strategy (Silverman, 2000). Teams of workers were identified at partnering child welfare agencies, both central and neighborhood locations, and invited to participate in a focus group while the team supervisor was invited to an individual interview.

Sixteen focus groups and eight individual interviews were conducted, involving approximately 150 workers. One joint interview was held with two supervisors to accommodate their work schedules. Approximately 55% of focus group participants were from neighborhood sites and 45% were from central sites. Participants were primarily female, and most held a degree in social work. This profile was consistent in neighborhood and central sites.

In both the focus groups and individual interviews, participants were asked, "What beliefs and values underpin the work that you do?" They were also asked to describe their understanding of service delivery in their setting, their satisfaction with their jobs, and their perceptions of the Transformation Agenda. All focus group and interview data were audiotaped and transcribed. We confine this report to the discussion of values and beliefs.

The findings of an earlier exploratory investigation of neighborhood and central sites (Cameron et al., 2005) pointed to salient practice differences in accessibility to families and children, professional partnerships, and informal helping relationships. Initially, passages relating to these themes from the focus groups and individual interviews were identified using the document handling computer program *QSR NUD*IST VIVO* (NVivo).

At a second level of coding, themes were extracted from each of the coded text segments (Silverman, 2000). The text segments were reread and further refined into 26 organizing themes

(Attride-Stirling, 2001) focused on values and beliefs. The transcripts were reread to identify underlying patterns and comparisons between accessible and central models. Each of these themes and specific codes were organized in NVivo's node system.

5. Findings

5.1 Ultimate values

In this study, frontline workers from central service delivery models identified child safety as the paramount (ultimate) value in their work:

I very much see the role of family service workers as people who will engage with these families in ensuring that the protection issues are something which are addressed up front with the family, and they develop a plan to keep those children safe within the family. That's the primary goal. . . . [Central site 4: Supervisor] . . . the main thing is the safety of the child or children in that home and that's one of the main . . . values that they know . . . and then everything falls out from that. [Central site 2: Supervisor]

We noted that at all central sites, workers oriented their talk around the concept of child safety in response to the question about values and beliefs that underpin their work. They were fairly consistent in identifying safety planning as their primary action.

Even though workers rely on assessment tools, they were often challenged to describe the specific conditions that constitute adequate safety for children; to some extent this appeared to be intuitive:

You have your tools to help you look at the different variables . . . but you're still down to that question, how safe is safe enough? And it's hard to describe, it's hard to articulate. [In] some situations it's pretty obvious to you,

your stomach tells you this far and no further and . . . [in] other situations it's not so clear. . . . [Central site 2: Supervisor]

Sometimes central workers offered broad descriptions rather than specific determinants of child safety:

. . . if a child is feeling vulnerable physically, emotionally, intellectually, there's a deficit there, something is happening to stop the child's growth in all those areas . . . a sense of that child being unsafe. [Central site 4: Supervisor]

In neighborhood sites, there appeared to be general understanding that child safety is an ultimate value, but use of the term "child safety" is rare. Frontline workers from neighborhood sites were more likely to speak about child safety as an outcome of relationship building with families and children:

. . . to think that the children are more protected because we're here would be arrogant. I think to be able to work, to be able to connect with the families on an ongoing basis and be able to do ongoing check-ins, give them hints here and there, that would maybe provide more of a safety net. [Neighborhood site 1: Frontline worker]

We know that we can't do what's best for kids without . . . having their families be an integral part of that, so the best way that we can ensure that children get what they need and that their well-being is enhanced and that their safety comes first is by engaging with their parents. [Neighborhood site 2: Supervisor]

For neighborhood site workers, safety talk is embedded in discussions of relationship building with families. These workers consistently identified building supportive consensual relationships

as their primary action, with child safety as the desired ultimate value. Neighborhood workers provided clear and consistent descriptions of this primary action.

5.2 Instrumental values

Workers in central settings offered two general ideas about how best to ensure child safety within families: Belief in interventions that use legal authority, and beliefs about the importance of building supportive relationships. Participants from two agencies in particular noted that coercion is useful for inducing change:

. . . sometimes I think we look at court as a motivator to start making changes and start moving forward for families who are maybe taking their time or not moving forward as quickly as we would hope. I think sometimes that does happen, it can be a very big motivator [Central site 4: Frontline worker]

Most often, workers who described the value of coercion with families also viewed themselves as providing short-term protection services until other supports could be put in place and the file could be closed:

[I]t depends on when you come into it – maybe they've already gotten through the angry stage of being in court and you're there . . . to help them finish it up, make it voluntary and then get out of their lives . . . most people really aren't too thrilled to work with the CAS whether it's voluntary or involuntary – [I] always just try to frame it like, "how am I going to help you to get us out of your life? If that's your goal I'm fine with that – I just want to make sure that everybody's safe." [Central site 2: Frontline worker]

However, participants at three of the central sites spoke in favor of quite different instrumental

values. They addressed diminished reliance on formal authority, and the importance of building supportive relationships:

We see it very much as a working relationship with families and community as opposed to an intrusion on the basis only of safety. We see ourselves as . . . dealing with safety, but in a supportive manner . . . apprehension is the last resort in this agency . . . compared to some of our sister agencies. [Central site 3: Supervisor]

It should be that we are not going in there to be the authority figure towards everybody; that we are going to do our best to be respectful of their family and their traditions, all the while focusing on the safety of the children. [Central site 5: Frontline worker]

Central workers who talked about their desire for supportive relationships with families also consistently expressed reservations. Some suggested that strength-based philosophies in engaging families might diminish the availability of evidence against families when in court. Others worried that the demands of their workload do not permit the necessary time for relationship building.

Workers in neighborhood settings favored relational values that included diminished reliance on formal authority, accessible locations, belief in families' ability to protect children in their own homes, and collaborations with families and professionals. They described how these values led to an expanded range of service possibilities to address child safety issues.

Neighborhood workers' talk about reliance on formal authority such as court orders tended to differ from the talk of most workers at central sites. Neighborhood workers were more likely than central workers to emphasize the importance of actively tempering

the use of power in their interactions with families and children:

. . . we need to work towards changing that perception to be . . . user friendly or just more supportive . . . compared to what traditional child welfare was— it is more working with the families . . . not as being prescriptive and telling the families, "this is what you have to do." [Neighborhood site 3: Frontline worker]

Neighborhood workers described moving away from the use of legal authority to leverage change within a family system, one describing this as "coming alongside with families, rather than coming at them" [Neighborhood site 3: Frontline worker].

The importance of the physical proximity of workers to families was underscored by a number of workers:

. . . all of the key principles of working with families can be really achieved effectively when we're seeing our families more often and working with them more thoroughly and actually a part of their environment. . . . So I think that you can have these principles about how to work with families, but it really helps if the model is there too so if you're actually out in the community and working with those people, as opposed to in a more centralized location where you're not so accessible to them. [Neighborhood site 4: Supervisor]

Neighborhood site workers reported that the accessibility of workers to families encouraged informal and unplanned contact. Themes emerged about the importance for workers in presenting a careful public image. Because of their proximity to families, neighborhood workers stated that they routinely and informally come face to face with people whose lives are influenced by child

welfare interventions, and that it is important to be approachable, helpful, and careful in using power; parents and children should feel they can be open about their challenges without fear of unduly coercive interventions.

Neighborhood workers consistently spoke of being the “right” person for the job, described by one supervisor as embracing a philosophy that “comes from your heart,” and includes holding “strong” beliefs in the capacity and desire of families to keep children safe:

. . . really having a strong belief in families and their ability to keep their children safe—and believing that families can identify what their own solutions are, and they can identify how they need to keep their children safe. [Neighborhood site 1: Supervisor]

But they were also aware of the need to address abusive or potentially abusive situations. Relationships were described as important when it became necessary to confront families and negotiate change:

If you’ve got the partnership—if you’ve broken down that authority piece, the stigma . . . it’s easier, then, to address those other issues [safety concerns] that come up. [Neighborhood site 2: Supervisor]

In all interviews with neighborhood workers, partnering with families and community members was stressed. A worker spoke about the values of normalizing family struggles, having a supportive role and offering concrete assistance:

When we become involved in the lives of families, we try and do that in as respectful a way as possible, but we always want to try and make sure that we go in, in a way where we can provide some support and some concrete assistance to families that are struggling in some way. One of

the values that all of the workers have here is that everybody struggles from time to time and that’s okay. And that if there’s a way for us to provide a supportive role with families to help them get over a difficult patch or do some advocacy where they’re able to access resources and supports that will help them in their job of parenting, that’s what we want to do. [Neighborhood site 5: Frontline worker]

At neighborhood sites, the importance of professional partnerships was emphasized; safety was described as a community responsibility to be shared with other professionals:

. . . it’s not just our obligation to make sure kids are safe. Schools want their kids to be safe, the police want kids to be safe, doctors and hospitals want the kids to be safe . . . there’s no one person or one agency owning that. . . . [Neighborhood site 3: Supervisor]

Conceptualizing safety as a responsibility shared beyond the local child welfare agency was considered foundational to valuing strong working partnerships with professionals and non-professionals in the broader community.

6. Discussion

By analyzing worker talk, this study explores the values expressed by frontline child welfare workers about their work. Not surprisingly, the identification of child safety as an ultimate value appeared to be uncontested across the two site models; the primacy of child safety in child welfare practice is well established (Lonne, Patron, Thompson, & Harries, 2009; Pecora et al., 2009). There appeared to be differing beliefs between workers in central and neighborhood models about how safety should be accomplished, with a range of instrumental values expressed as workers detailed their interventions with families and children. There were differences among central workers

between sites, with workers from two central sites talking about the value of coercion while workers from the other three sites expressed their desire for interventions grounded instead in supportive relations. Overall there were fewer value statements supplied by workers from central sites. The values expressed by neighborhood workers were fairly consistent across sites. Their values aligned with ideas about accomplishing child safety within families by building supportive relations with family members, in close proximity to families, and in collaboration with community partners.

One must be cautious, however, in interpreting the distinction in the values held by practitioners in these settings. Some workers at certain central sites noted the importance of trying to work in a respectful and collaborative fashion with their clientele, and some practitioners in neighborhood settings indicated that they might resort to coercion if other interventions were perceived as ineffective. The differences we present here are based on our analysis of the frequency and intensity with which participants described the values that inform their work. It is our contention that the values emphasizes in the talk of those at the front lines is an important tool in understanding how workers think about the needs of families and children, and how they are likely to behave in their day-to-day interactions with their clients.

One of the goals of this study was to investigate frontline child welfare practitioners' expression of the values that influence their practice, in light of concern expressed in a previous study that workers' personal value dimensions and those underpinning service delivery models are either unclear or unknown (Benbenishty et al., 2003). Our study suggests a mixed picture. In all our focus groups, participants could identify some values that inform their work. Across all settings, however, supervisors spoke more frequently and clearly about values and their implications in service delivery models than did direct service workers. In this study, we included immediate supervisors in the definition of those on the front lines of child welfare work. The preponderance of

values talk from supervisors does raise questions about whether a comparable level of awareness exists in direct service providers. From this perspective, our work supports the findings of Benbenishty et al. (2003), who questioned the degree to which child welfare workers appreciated the value dimensions of their decisions. We speculate that supervisors, who have a role in socializing direct service workers, may be more attuned to how values are operating in practice, and may be better able to speak to these issues when asked.

We know from the findings of the larger study that workers in these models report spending from 60% to 70% of their overall time completing accountability paperwork (Cameron, Freymond, & Cheyne-Hazineh, 2011). Because of the very serious nature of the work involved in intervening in the lives of children and families, the highest level of values awareness among direct service workers is required. The disinclination of direct service workers to engage readily in values talk may reflect the need for time and energy to engage in critical reflection, where practice decisions might be evaluated and values awareness enhanced.

This study raises questions about the relationship between values held by individual workers and the values and practice principles expressed in child welfare service models. With respect to the relationship between values held by individual workers and those espoused in models of child welfare service delivery, we note that workers in neighborhood models emphasized the importance of being the right person for the job (a proxy for holding values congruent with building relational values), and offered clear descriptions of how this work is accomplished, and the results that they believe it invokes. While workers in central sites could articulate values, their talk typically contained few statements about the realization of these values in their day-to-day work with families, children, and communities. Sometimes these workers spoke of values in aspirational terms. Supervisors

who spoke about inducing child safety through relationship building seemed to be articulating the intention of an organization still grappling with the effects of ORAM, rather than describing a reality in the interactions of frontline workers and families.

We know that workers experience value-consistent actions as desirable and rewarding (Feather, 1995). We would suggest the importance of future research examining the relationship between individual worker values and the values and practice principles of child welfare service models. Here there may be much to learn about worker job satisfaction and retention, which are challenges in the field of child welfare. Additionally, frontline child welfare work is one area of social work practice where the nature of state involvement in the family can be seen directly. If, as McLaughlin (2010) asserts, social work values are being eroded by the state's interest in regulation and risk minimization, the dissonance between values held by individual child welfare social workers and their regulatory actions may be one indicator of the extent to which state interests are shaping and eroding social work practice. This relationship and its broad implications require deep understanding and critical evaluation.

A limitation of this study exists in our assumption that the values embedded in workers' talk are enacted in their day-to-day practice. From the larger study, although sample numbers were small, we noted that at follow-up a greater proportion of families receiving services from neighborhood sites was likely to report that they believed child welfare involvement was necessary in the first place, compared to those receiving services at central sites (60% and 46%, respectively), that they would be more likely to recontact the agency in the future for services should they experience difficulties (61% and 41%, respectively), and that they would refer a friend for services (65% and 39%, respectively) (Cameron et al., 2011; Freymond & Quosai, 2011). One plausible explanation for these differences is that they reflect the enactment of relational

values espoused by neighborhood workers in their interventions with families. There is a paucity of research in the child welfare literature that attends to questions of child welfare practice processes. Future studies are required to examine practice processes, including how values are understood and taken up in child welfare worker interactions with families and children.

Values provide a framework for the interactions between child protection practitioners and families and children. The findings of this study and the questions that it raises highlight the need to examine more closely the complex array of values that inform child protection work. These values may be found in government policies, organizational service delivery models, and frontline child welfare interactions with families, among others. If transformed child welfare work leading to consistent positive outcomes for families and children is to become a reality, the values that underpin and inform this work at all levels require analysis. The conversation about preferred values must include those workers at the front lines, where the enactment of values in day-to-day interactions with families will matter most.

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