

# The Clinical Mapping Team of Family and Children's Services Niagara

---

A program evaluation proposal

**Michelle Menhennet**

**MSW 516 Research Methods**

**School of Social Work**

**University of Victoria**

## The Clinical Mapping Team of FACS Niagara: A Program Evaluation Proposal

### **Introduction**

This proposal describes a formative program evaluation which seeks to provide Family and Children's Services of Niagara with a detailed analysis of the activities and outcomes of the Clinical Mapping Team. Specifically, this process evaluation will engage both service users and frontline staff in examining their experiences of the Clinical Mapping program. The objectives of this evaluation are fourfold: first, to reflect on the relationships between service users and child protection workers, considering ways in which the Clinical Mapping program may present particular opportunities for engaging families in a more positive and participatory manner. Second, the evaluation seeks to render a preliminary report on the efficacy of Clinical Mapping as a particular form of differential response, in contrast with more generic DR methods currently practiced on other teams in the agency. Third, the evaluation seeks to facilitate discussion by both service users and front line workers on improvements or adjustments to practice which would better facilitate increased safety and wellness for children in the community. Fourth and finally, the evaluation will identify implications for future child protection practice and research in the Niagara region, with a view to a broader inclusion of the voices of service users as stakeholders.

As proposed, this particular form of program evaluation will be the first of its kind in Niagara FACS history. The evaluation will generate useful feedback not only for the members of the Clinical Mapping Team themselves, but also for management level staff such as supervisors and service directors in determining which, if any, elements of the protocol might be included in other areas of service provision within the agency. Equally important stakeholders in

this process include the service users themselves; parents and kinship providers who have an important voice as members of the community and families who seek to protect and raise their children successfully. With this in mind, this evaluation seeks to privilege the voices of service users as an important source of research regarding the Clinical Mapping protocol.

### **The Clinical Mapping Team and Protocol**

The Clinical Mapping Team (CMT) is an investigation and assessment team of four to six child protection workers with a single supervisor at Niagara FACS. Founded in the summer of 2010, the team was originally created for the purpose of taking “overflow” cases, based on intake volume, from the three jurisdictional areas of the Niagara Region. During the early formative period of the team, discussion focussed on how the team might engage in child protection work in a way that better represented the principles of differential response, introduced as part of the province of Ontario’s “Child Welfare Transformation” agenda in 2006. Led by the team supervisor, a protocol was developed which was heavily based on the concept of the “Red Team”, introduced by Child and Family Services of Olmstead County in Minnesota (Sawyer & Lorbach, 2005). The objectives of the protocol included a more flexible and targeted response to individual families and service users, as well as broader implementation of a strengths based approach to child protection. A longer term objective was to implement more socially just practice as well as less intrusive and costly interventions. Initially, the team agreed to a six month pilot project which was extended after an internal discussion amongst team members based on anecdotal evidence and experience.

The CMT meets on a daily basis to review all incoming files for assignment. Each case is individually presented and the team engages in the exercise of mapping the case on a

whiteboard. This map is later captured in a written document which is added to the case file for reference. A detailed examination of case file documents is completed, including family history, current referral, and supporting documents such as police reports. This information is captured in a “map” which includes a genogram of the immediate and extended family. In addition, three lists are created, including the presenting problem and complicating factors (“worries”), the strengths evident in individual and family functioning thus far (“strengths”), and any missing or outstanding information which the investigating worker might wish to explore (“questions”). From this discussion and mapping exercise, an investigation plan with context specific recommendations is developed for the investigating worker’s consideration prior to making contact with the family. Following the completion of this mapping and review of all files, the team then determines together who will be assigned each file, based on factors such as professional interest, expertise, having a previous working relationship with the family, and overall workload.

Because the CMT is unique within Niagara FACS with regard to structure and practice, it presents an important opportunity for learning through research. A program evaluation at this juncture provides essential space for reflection on the meaning and form of differential response in child protection, as well as a forum for discussion between all stakeholders including service users regarding the efficacy, positionality, and relevance of child protection in Niagara.

### **Differential Response: A Brief Literature Review**

The Differential Response (DR) Model was introduced to Ontario child welfare agencies in April 2007. A cornerstone of the Child Welfare Transformation Agenda unveiled in 2006, DR allows child welfare agencies to provide different streams of service to children and families depending on their strengths and vulnerabilities, as well as the type and severity of child

maltreatment (VanWert, Lefebvre, Fallon, & Trocmé, 2102, Todd & Burns, 2007). Developed on the heels of the child welfare reform movement of the mid-90s, Ontario's Child Welfare Transformation sought to address the spiralling costs of child protection which resulted from the adoption of a neo-liberal Risk Assessment Model. Such costs were driven by the model's prescribed level of intrusiveness, which gave the state a panoptic ability to regulate families by directly determining the context of intervention, placed the removal of children as a primary means of protection, and rendered the political and social causes of maltreatment (i.e. poverty, limited access to social programs) as personal failure by parents (Dumbrill, 2006; Friend, Shlonsky, & Lambert, 2008; Palmer, 2005; Parton, 1998; Todd & Burns, 2007). In contrast, the more recent Transformation agenda was intended to provide a thoughtful 'middle ground', allowing child protection agencies to develop more customized responses to child abuse and neglect and avoid interventions which increased cost, such as children's admission to care and involvement of the legal system. The development of the Differential Response Model reflected an attempt to adjust child protection policies in order to distinguish between traditional protection investigations, where forensic evidence gathering remains a critical priority, and more customized assessments where family functioning and children's needs are positioned more prominently (Fallon, Trocmé, & MacLaurin, 2011; Todd & Burns, 2007). The "responses" of Differential Response are not themselves clearly defined, and this leaves tremendous possibility for social workers to interrogate new approaches to socially just practice within child protection, through consideration of broader concepts such as context, meaning, historicity, power, and alternative possibilities (Finn & Jacobson, 2003; Todd & Burns, 2007).

There are several criticisms of the effectiveness of DR in remedying concerns with respect to the intrusiveness of government and the de-politicization of social justice issues facing

service users. First among these is the concern that there is an absence of consensus and guidelines regarding what constitute acceptable differential responses to child maltreatment. In the absence of an assessment tool which assists child protection staff in determining a service stream, decisions are often left to the discretion of individual caseworkers and their supervisors, thus limiting the resources and political impetus for macro-level transformation of political and social causes of child neglect and maltreatment (Dumbrill, 2006; Fallon, Trocmé, & MacLaurin, 2011). The focus of DR on privileging structural pathways over practitioner skills directs the child protection worker's focus away from a thoughtful consideration of the dynamics of power in the service relationship, which is a key factor in successful intervention (Dumbrill, 2006; Palmer, 2005). It also increases the risk that child protection workers will lose the critically necessary quality of fluidity in ongoing assessment and interrogation which is essential to effective child protection practice (Munro, cited in Dumbrill, 2006). Additionally, there are specific concerns in Ontario that no infrastructure for community collaboration exists, decreasing the efficacy of differential response, as many community agencies are hesitant to directly link with child protection (Dumbrill, 2006).

Preliminary research indicates that families who experience differential response interventions report greater satisfaction with services as well as with the workers, greater engagement and cooperation in service planning and decision making and more significant contact (Fallon, Trocmé, & MacLaurin, 2011). Additional research indicates that some differential response practices have in fact reduced rates of recidivism, reduced children's time in care, and linked a greater proportion of families to community services (Sawyer & Lorbach, 2005; Trocmé, Knott, & Knoke, 2003; Trocmé, Knoke, & Roy, 2003).

## **Evaluation Design and Methodology**

This evaluation proposes a mixed methodology which combines both an examination of quantitative data, and qualitative data obtained through narrative analysis, with a participatory research element. Both of these methodologies are supported by the logic of a critical social science approach, in which the purpose of research is to interrogate and critique social relations with a view to their transformation (Neuman & Kreuger, 2003). Given the unique position of the Clinical Mapping Team at Niagara FACS, it is suggested that a comparative analysis of data with non-CMT clients and front line workers will be useful in developing a richer understanding of CMT responses in contrast to more traditional child protection work. Quantitative data will be collected from a random selection of 50 'traditional' intake files and 50 CMT files. This data will include the number of occasions children were admitted to care, placed with kin in the community, or remained in the home. Additionally, data will be collected to determine how many cases were involved in legal intervention, and how many cases re-opened within a span of six months from the point of closure, if closed at the intake level.

Qualitative data will be collected through narrative interviews of 5-6 front line intake workers from each of the 'traditional' and CMT teams, and will include the supervisor for the Clinical Mapping Team, as he/she is an active participant in the daily mapping exercise. Narrative interviews will also be completed with approximately 10 service users from each of the 'traditional' and CMT streams, and will include parents and/or kinship providers. Potential service user interviewees will be identified initially through the quantitative data retrieval process, and additional candidates can be identified through the use of snowball sampling. Interviews will be semi-structured to a minimal extent, recorded through audio or video depending on the comfort level of the interviewee, and transcribed. The general structure of

interviews will involve the eliciting of the interviewee's experience as a practitioner or as a service user, including context specific prompts (such as asking a protection worker to discuss their experience of reviewing a file alone or in group setting, and asking a service user to reflect on the positive and negative elements of their experience within child protection intervention). Participants will receive an honorarium appropriate to the budgetary limitations of the evaluation, such as a gift card.

The protection of client confidentiality and the vulnerability of service users to state sanctioned abuses of power are both critical issues for special consideration in this evaluation. In addition, participating front line workers may also be concerned about having candid observations about their employment revealed to their employer. For this reason, participants will be identified by an alias in order to maintain confidentiality, should they choose to do so. Participants will also be required to provide informed consent for their participation in the study.

Prior to data analysis, each interviewee will be given the opportunity to review their transcript and correct any errors or elaborate on their narrative for clarity and accuracy.

### **Situating the Self**

As Absolon (2011) notes, researchers' experiences are as important as the methodologies they use, and the two are interdependent. It is thus critically important that I as a potential researcher consider my own location in this research. I am a white, cis-gendered, heterosexual woman, and employed as a child protection worker with Niagara FACS for a period of thirteen years. As such, I am positioned squarely in a position of cultural dominance within this project. My role as a child protection worker places me in a position of enormous power in relation to service users and as such, it is likely to be difficult in earning their trust in engaging in this

project. It is entirely possible that given my positionality within the research, service users would be more likely to minimize any negative observations about the program, thus skewing the data. While efforts would be made to address this through the building of trusting relationships, it should be realized that such a dynamic may be inevitable (Baker, 2007). Such difficulty is further complicated if the research participant is also marginally located for reasons including race, (dis)ability, sexuality, and socio-economic class. An additional and no less important factor is that as a member of the Clinical Mapping Team, I am located not just as a researcher, but as a potential research participant and the question of personal or professional bias is likely to be a significant challenge in the interpretation and presentation of the research. I am also an employee, situated within research that deliberately casts a critical eye upwards to examine the structures and relations of power which serve to control and regulate how service users live as well as how I conduct my work. This places me in a precarious political position, and subject to counter scrutiny by the employer. For these reasons, it is absolutely essential to pursue this research in a manner which is constantly self-reflective and transparent. With a view to these concerns, this research will include my own narrative, as well as the narratives of service users with whom I worked, and will require a research partner to ensure a level of accountability and rigor.

### **The Meaning of the Methodology**

Child protection in its many forms is a highly complex social work practice, and it takes place within a web of interlocking and shifting discourses and relations of power. The classic “pendulum swing” described so often in both scholarly and popular literature (Dumbrill, 2006), suggests that child protection is certainly an area of social work in which meaning is socially constructed on multiple levels, and in which individual service users and practitioners must

navigate within a web of conflicting and alternative possibilities. This reality makes child protection particularly suited for examination through critical social theories, both structural and post-structural. Dybicz (2010) suggests that post-structural theory presents man as a possibility of freedom, and thus an ethical approach to social work and social work research hinges on assisting the individual in meaning making activities (the employment of free will), through helping them consider the possibilities open to them. Individuals construct their reality through the lens of possibility, in the context of intersecting discourses, and this activity is in essence, creating a story or narrative. Thus, the use of narrative analysis is highly appropriate in examining with depth, the ways in which service users and child protection workers construct and edit their experiences and the relations of power between them.

In cultural terms, there are strong parallels between child protection service users and Indigenous communities, given the intimate involvement of Indigenous peoples in abusive child protection practices in the 20th century, and the general marginalization and mistrust of these two connected populations. It is tempting therefore to consider Indigenous methodologies such as the strengths-enhancing evaluation research (SEER) approach to this project, given its focus on relationship building, cultural sensitivity, and strengths building (Morelli & Mataira, 2010). I am deeply concerned however, with a blanket application of an Indigenous approach which would amount to further cultural appropriation and colonization. Additionally, such methodologies are intimately tied to Indigenous ways of knowing and being, and are not therefore always relevant to the epistemologies of research participants in the case of this study. The use of narrative analysis maintains some of the more socially just values of Indigenous methodologies, while it allows the researcher and the research participants to consider alternative pathways or stories which can contribute to a more mutually desirable or socially just outcome.

Additionally, the unstructured or semi-structured nature of narrative interviewing allows for “suspension” when participants become distressed or leave things unsaid, and my familiarity with the context of child protection work and its associated environments allows for the development of trust in constructing a narrative (Coy, 2006). It is for this reason that narrative analysis is proposed as the methodology for this study.

### **Notes on Method and Analysis**

Despite the adoption of narrative analysis for this evaluation, it is proposed that interviews be semi-structured rather than completely unstructured. Given the highly personal and confidential nature of child protection work, focus group interviewing would breach confidentiality of service users, and is unlikely to be supported by the employer. Semi-structured private interviews allow for spontaneity and surprises in the data, and offer greater opportunity for marginalized groups to tell their stories (Esterberg, 2002). This evaluation proposal outlines very specific objectives for examination and analysis, and so in order to provide the project with the best possibilities for capturing relevant data, a semi-structured interview is proposed which will at least provide a general framework around which narratives can be constructed and analysed. Data analysis will involve a line by line examination of each narrative interview, and aggregation of specific themes which are produced or identified both unique to an individual interview and across interviews. Specific domains of experience will be considered, such as narratives involving interpersonal aspects, cultural aspects, and structural aspects of stories (Fraser, 2004). Analysis will include examination of how dominant discourses and their social conventions contribute to both the generation of and interpretation of interviewees’ stories, as well as emerging themes and commonalities which are generated within and across stories. One method of achieving analytical rigour will be to consider triangulation and/or crystallization of

the data across multiple sources, and consideration of how the quantitative data corroborates or contradicts the qualitative data. Throughout the data analysis phase, the researcher will complete frequent member checks with the interviewee to ensure accuracy and rigour.

Interviewees will also have an opportunity to review draft copies of the final report prior to finalization. As a general model of assessing the evaluation, I would propose adoption of Tracy's "eight big-tent criteria" for excellent qualitative research (2010), which includes careful attention to the following: a) worthy topic, (b) rich rigor, (c) sincerity, (d) credibility, (e) resonance, (f) significant contribution, (g) ethics, and (h) meaningful coherence.

### **Methodological and ethical challenges**

A major challenge in completing this evaluation lies in the need for the agency to make a firm commitment to receiving the data generated by service users with gravity and a genuine desire to act upon it. As noted by Secret and Berlin (2011), significant barriers to collaborative relationships arise when researchers and agencies pursue their own agendas, which become even greater when further complicated by factors such as a lack of time and effort spent in engaging and building trust, overuse of professional jargon, and a lack of clarity in the process of the research. As researchers and as the 'target audience' for the research, it is imperative that we remember the wealth of existing evidence that parents who engage in behaviors we define as abuse, neglect and maltreatment are often themselves emotionally deprived or damaged. The development of a trusting relationship is therefore both more difficult and especially critical as a precondition for new learning within child protection (Winefield & Barlow, 1995). It is essential therefore, not only that this project proceed with the spirit of "good minds and good hearts", but also that this spirit is reflected in the actions of the researchers, the funders of the research, and the agency in developing a transparent and accountable action plan in response to the research.

There are particular methodological challenges associated with research involving service users in child protection, including obtaining a non-biased sample and maintaining confidentiality, collecting the data by impartial staff, identifying core constructs, and utilizing both reliable and valid measures (Baker, 2007). Previous research indicates that biological parents are often offended by surveys which are mailed out to them, and there are varying levels of willingness to participate in research based on parents' positive or negative experiences of service. Thus, there is the possibility that service users with a more positive experience are more likely to participate and thus contribute to a bias in the available data. Many parents relate the experience of believing that their opinions and feelings do not really matter (Baker, 2007), and I would therefore argue that narrative analysis provides an important opportunity for research participants to tell their story with as little interruption and editing as possible, thus encouraging their fuller participation. The continued participation of interviewees through member checks and editing adds an additional incentive, as it provides a greater access to power in producing the narrative and contributing to its analysis, thus producing a more ethically sound and socially just evaluation.

The challenge of maintaining confidentiality is a particularly difficult one, both from the perspective of the interviewees and of the employer. Child protection agencies have a strong legal commitment to the protection of client confidentiality, and will have questions about their willingness to provide a researcher with access to client information through direct access to files. Similarly, service users and child protection workers themselves will have concerns about potentially negative consequences for being identified if they are completely candid during the process. Baker (2007) suggests that confidentiality through collection and assessment/presentation of data can be maintained if all identifying features are stripped from the

data, however this is difficult to do while maintaining the integrity of narratives. I would argue that use of pseudonyms are more practical, and that when interviewees also have the opportunity to provide member checks and direct review/editing of the data, an ongoing process of negotiation and discussion can be engaged in with respect to the inclusion or adaptation of any identifying data. This is particularly important in the context of participatory research (Wiles, Crow, Heath & Charles, 2008). The issue of sampling without breaching client confidentiality may be solved through recruitment of service user participants at the entry level, by providing service users with an information package and invitation to participate at the point of initial contact with the intake worker in the field. Clarification about the purpose and use of the research will need to be extremely accurate, as will reassurance that no alterations in case management will occur as a result of the service user's decision to participate or not.

### **Strengths and Limitations**

It should be noted that this proposed evaluation is limited in some respects, most particularly in terms of developing a causal linkage between the Clinical Mapping Team protocol and direct client outcomes. This study does not seek to test hypotheses for the purpose of developing evidence based practice. Rather, it is intended to provide information and analysis for the purpose of enriching the conversation about the context of child protection practice in Niagara and suggesting implications for practice. This evaluation proposal would therefore be better characterized as supporting evidence informed practice. I would also note that the quantitative data currently proposed for analysis does not include a direct cost/benefit analysis. While the current economic and political climate of child protection in Ontario certainly supports the collection of "hard" evidence and demonstrating cost effectiveness, the task of incorporating financial information with the quantitative data is beyond the scope and resources of this

evaluation proposal. A third limitation is that this evaluation proposal does not seek to directly include the voices of children in the gathering of qualitative data. There are a number of reasons for this; chiefly among them the concern that the challenge of enlisting parent participation in this process will be significant enough without attempting to negotiate further access to their children. In addition, much of the participatory research currently available in child protection is specific to the voices of children in care, and this evaluation seeks to centre the voices of service users who remain typically unheard; the parents and kin.

Throughout this proposal, I have commented extensively on the elements of this evaluation which speak to particular strengths in practice, such as the use of interviews in relationship and trust building with service users, and methods which ensure quality and rigor. This particular evaluation as proposed does not incorporate participatory action research into its fullest possibilities. For example, there is no research advisory board or citizen's action committee which is involved in the consultation and direction of the research. I have not commented specifically as to who will "own" this research, as I believe this particular decision requires further input by the agency specifically. There are no mechanisms in place at this time to share the results of this research with the Niagara community in general, or service users specifically. Nonetheless, this is the first program evaluation proposal of its kind in Niagara Family and Children's Services history which seeks to form investigative partnerships directly with service users and elicit their stories and opinions about the work that we do together. I believe it represents a crucial opportunity for the agency in moving forward with its strategic plan initiatives in becoming a center of excellence in child protection which fosters a culture of learning.

## References

- Absolon, K. (2011). Chapter 1: Preparing. From Kaandossiwin: How We Come to Know (pp.12-21), Winnipeg: Fernwood Publishing.
- Baker, A. (2007). Client feedback in child welfare programs: Current trends and future directions. *Children and Youth Services Review*, 29, pp. 1189-1200.
- Coy, M. (2006). This morning I'm a researcher, this afternoon I'm an outreach worker: Ethical dilemmas in practitioner research. *International Journal of Research Methodology* 9 (5), pp. 419-431.
- Dumbrill, G. (2006). Ontario's Child Welfare Transformation: Another Swing of the Pendulum? *Canadian Social Work Review*, 23(1&2), pp. 5-19.
- Dumbrill, G. (2006). Parental experience of child protection intervention: A qualitative study. *Child Abuse and Neglect*, 30, pp.27-37.
- Dybicz, P. (2010). Confronting Oppression not Enhancing Functioning: The Role of Social Workers within Postmodern Practice. *Journal of Sociology & Social Welfare*, 37(1), pp 23-47.
- Esterberg, K. (2002). Interviews. In Esterberg, K., *Qualitative methods in social research*. Boston: McGraw Hill, pp. 83-114.
- Fallon, B., Trocmé, N., & MacLaurin, B. (2011). Should child protection services respond differently to maltreatment, risk of maltreatment, and risk of harm? *Child Abuse and Neglect*, 35, pp.236-239.
- Finn, J., & Jacobson, M. (2003). Just Practice: Steps toward a new social paradigm. *Journal of Social Work Education*, 39(1) pp. 57-78.
- Fraser, H. (2009). Trying to complete socially just, politically sensitive social work research. *Journal of Social Work*, 9 (1), 87-98.
- Fraser, H. (2004). Doing narrative research: Analysing personal stories line by line. *Qualitative Social Work* 3 (2), pp. 179-201.
- Friend, C., Shlonsky, A., Lambert, L. (2008). From evolving discourses to new practice approaches in domestic violence and child protective services. *Children and Services Youth Review*, 30, pp. 689-698.
- Fossey, E., Harvey, C., McDermott, F. & Davidson, L. (2002). Understanding and evaluating qualitative research. *Australian and New Zealand Journal of Psychiatry* 36 (6), pp. 717-732.
- Healy, K., Darlington, Y., & Feeney, J. (2011). Parents' Participation in Child Protection Practice: Toward Respect and Inclusion. *Families in Society: The Journal of Contemporary Social Services*, 92(3), pp. 282-288.
- Lalayants, M. (2012). Differential program evaluation model in child protection. *Child Welfare* 91(4), pp. 9-40.

- Morelli, P. T. & Mataira, P. J. (2010). Indigenizing Evaluation Research: A Long-Awaited Paradigm Shift. *Journal of Indigenous Voices in Social Work*, 1(1), pp.1-12.
- Neuman, W.L. & Kreuger, L. (2003). The meanings of methodology. In Neuman, W.L. & Kreuger, L., *Social work research methods: Qualitative and quantitative approaches* (pp. 70-96). Boston: Allyn and Bacon.
- Owen, J. (2007). The nature of interventions: What we evaluate. In J. Owen, *Program evaluation: Forms and approaches* (pp. 22-38). New York: The Guilford Press.
- Palmer, S., Maiter, S., & Manji, S. (2005). Effective intervention in child protective services: Learning from parents. *Child and Youth Services Review*, 28, pp. 812-824.
- Parton, N. (1998). Risk, Advanced Liberalism and Child Welfare: The Need to Rediscover Uncertainty and Ambiguity. *British Journal of Social Work*, 28, pp.5-27.
- Potts, K., & Brown, L. (2005). Becoming an anti-oppressive researcher. In Brown, L., & Strega, S. (Eds.), *Research as Resistance* (pp. 255-286). Toronto: Canadian Scholars Press.
- Riessman, C. K. & Quinney, L. (2005). Narrative in social work: A critical review. *Qualitative Social Work* 3 (2), pp. 391-412.
- Sawyer, R. & Lorbach, S. (2005). Differential Response in Child Protection: Selecting a Pathway. *Protecting Children*, 20(2&3), pp.44-53.
- Secret, M., Abell, M & Berlin, T. (2011). The promise and challenge of practice–research collaborations: Guiding principles and strategies for initiating, designing, and implementing program evaluation research. *Social Work*, 56 (1), pp. 9-20.
- Sieppert, J. D. (2005). Evaluation in Canada's social services: Progress, rifts, and challenges. *Canadian Journal of Program Evaluation*, 20 (3), pp. 101-121.
- Todd, S. & Burns, A. (2007). Post-Structural Possibilities: Beyond Structural Practice in Child Protection. *Canadian Social Work Review*, 24(1), pp. 23-37.
- Tracy, S. (2010). Qualitative criteria: Eight “big-tent” criteria for excellent qualitative research. *Qualitative Inquiry* 16 (10), pp. 837-851.
- Troc me, N., Knott, T. & Knoke, D. (2003). An overview of differential response models. Center of Excellence for Child Welfare Information Sheet #4E. Toronto, ON: University of Toronto, Faculty of Social Work.
- Troc me, N., Knoke, D., & Roy, C. (2003). Community collaboration and differential response: Canadian and international research and emerging models of practice. Centre of Excellence for Child Welfare, Ottawa: ON.
- van de Sande, A. & Schwartz, K. (2011). Program evaluations. In A. van de Sande & K. Schwartz (Eds.), *Research for social justice* (pp. 87-97). Winnipeg: Fernwood.

Van Wert, M., Lefebvre, R., Fallon, B. & Trocmé, N. (2012). A Profile of Customized and Traditional Investigations in Ontario in 2008. Ontario Association of Children's Aid Societies (OACAS) Journal, 57, (1)

Wiles, R. Crow, G., Heath, S. & Charles, V. (2008). The management of confidentiality and anonymity in social research. International Journal of Social Research Methodology 11 (5), pp. 417-428.

Winefield, H. & Barlow, J. (1995). Client and Worker Satisfaction in a Child Protection Agency. Child Abuse & Neglect, 19(8), pp. 897-905.

