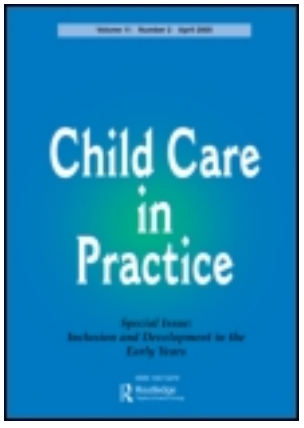

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The Use of Mapping in Child Welfare Investigations: A Strength-based Hybrid Intervention

Kristen Lwin, Avi Versanov, Connie Cheung, Deborah Goodman & Nancy Andrews

To enhance strengths-based service, a large urban child welfare agency in Ontario, Canada implemented part of the Signs of Safety (SOS) model in 2010. SOS was created to engage families involved with the child welfare system, and is rooted in the beliefs of collaboration, strengths-based practice, and safety. The hybrid of the full SOS model focused on the mapping conference, where cases that have been previously opened four or more times to child welfare are brought forward and discussed in a methodological fashion. Repeat referrals to child welfare agencies have dramatically increased over recent years and extant literature lacks a solid understanding of cases that have been opened on multiple occasions. Thus, the goals of mapping conferences were to reduce the total number and increase the understanding of re-opened cases, while still ensuring child safety and improving clinical service. The mapping conference includes a prescribed clinical, strength-based approach and case mapping, which examines: danger/harm; strengths/safety factors; and goals and next steps. The mapping conference was evaluated using mixed methods. Primary results indicate that only 6% of the mapped cases re-opened after a 12-month period. Recommendations from front-line workers include: fully implementing SOS in the investigative process and greater agency support for strength-based practice; including families in the mapping process; and increasing workers' honesty and transparency when engaging with families.

Keywords: Child Welfare; Strengths-based Practice; Mapping; Signs of Safety; Programme Evaluation

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Introduction

The child welfare system plays a significant role in society. The involvement of child welfare in a family may represent the most momentous time in the lives of its members, with front-line child welfare workers holding great power, and responsibility for outcomes. Workers are often faced with making critical decisions, the outcomes of which can materially impact the lives of children and their families for years. Investigative front-line workers are the initial point of contact for families when involved with the child welfare system, where the investigation process is the first opportunity for direct engagement and future intervention with families. The lack of research with regards to the investigative process and engagement with families is particularly alarming given that in 2008 an estimated 128,748 maltreatment investigations took place in Ontario (Fallon et al., 2010). Furthermore, the current structure of the investigative process is based solely on the theoretical notion of risk assessment. Solely assessing risk neglects relationship-building between child welfare workers and families, as well as the power imbalance between them, and any potential unintended consequences. The assessment of maltreatment necessitates consideration of multiple intersecting factors while building a relationship with the families involved with the child welfare system. In order to reflect the complexity of maltreatment and risk, it is critical that child welfare workers are equipped with an understanding of the importance of client engagement. Indeed, in the field of child welfare there is a gap in understanding of how decisions are made and the implications of those decisions.

The issue of high investigation and recurrence rates in child welfare is of great concern. In 2008, 7,312 children experienced out-of-home care after maltreatment or risk of maltreatment substantiation in Ontario (Fallon, Ma, Black, & Werkle, 2011). Research illustrates that children experiencing out-of-home care show increased problems in a range of behaviours, including lowered cognitive, social and emotional development (Stacks, Beeghly, Partridge, & Dexter, 2011). Further challenges to the child welfare system are illustrated via literature suggesting that families experience poor engagement with workers (Dale, 2004), resulting in high recurrence rates and multiple investigations within the same families (Fluke, Yuan, & Edwards, 1999). Theoretically, if the investigative process was effective and consistent in predicting risk and maltreatment, the recurrence level would be low or steadily decreasing as practice develops. Individual child welfare agencies are aware of their recurrence rates. However, the total child welfare recurrence rates in Ontario are not well known. Estimates of recurrence rates in the United States indicate that 16% of all cases are re-opened within 24 months of the initial investigation, and a further 6% within an additional 12 months (Fluke, Shusterman, Hollinshead, & Yuan, 2008). Although there is debate with regards to the difference between recurrence and re-opening, for the purposes of this study the two concepts are discussed within the same context. Indeed, children may be experiencing ongoing maltreatment that is not reported to child welfare agencies; nonetheless, only reported maltreatment concerns are discussed in this study.

In recognition of the lack of engagement with families during the course of child welfare service in Ontario, Differential Response was implemented in 2007 as a method of service delivery. Differential Response is a method of service delivery where child welfare workers, using clear standards and guidelines, determine the kind of support and service needed to keep children safe and families stable in situations involving child maltreatment. The model focuses on eligibility for service, safety and risk, and promotes a greater engagement with families. The new model fosters a collaborative and holistic service approach with the aim of strengthening families while ensuring the safety of children (Ontario Association for Children's Aid Societies, n.d.).

The implementation of a hybrid strength-based intervention, *mapping* conferences, at a large urban child welfare agency in Ontario attempted to reduce recurrence rates while promoting strength-based practice with families. The mapping conference intervention, based on the Signs of Safety (SOS) map, was evaluated in order to assess whether the conference goals were being met. The aims of the mapping conference were to improve strength-based practice, reduce the number of re-openings in the agency, increase the understanding of cases that are routinely re-opened, and ensure child safety.

Literature Review

Engagement with Families

Extant literature examining the relationship between therapist and client in social work and psychotherapy suggests that the quality of the helping relationship influences client outcomes (Horvath, 2001; Lambert & Ogles, 2004). Despite the importance of the family and worker relationship in the child welfare process, literature exploring family and individual experiences within the child welfare system suggests a trend towards poor engagement between front-line workers and families, as well as promoting negative perceptions of the system (e.g., Dumbrill, 2006; Hardy & Darlington, 2008; Yatchmenoff, 2005). Dale (2004) conducted a qualitative study in order to more fully understand families' experiences with the child welfare system. Unexpectedly, caregivers praised police investigations and their treatment of families within the context of child welfare investigations. Conversely, issues of concern arose with respect to the treatment of families by child welfare workers. Participants felt initial investigations were not thorough and threats of child home removal created restrictions on the families. The child welfare assessment process was perceived as unstructured and ineffective. Importantly, caregivers were able to voice their concerns via the study. Certainly, the concerns of caregivers are a necessary component to effectively develop child welfare service and engagement with families.

The experience of powerlessness is not new to families involved in the child welfare system (e.g., Dale, 2004; Dumbrill, 2006; Hardy & Darlington, 2008; Smith, 2008; Yatchmenoff, 2005). Dumbrill (2006) explored the ways in which parents experience and negotiate the child welfare system. Qualitative interviews were held with 18

parents who received child welfare services. Results suggest that participants experienced child welfare workers' use of power primarily as a form of control. Caregivers exhibited varying behaviours in response to the structural service component of the child welfare system. Participating caregivers said that open opposition to workers and false cooperation with the system are responses to a system based on control. Conversely, some participants expressed the desire to function collaboratively with the child welfare worker. Dumbrill's (2006) findings offer important implications for practice, suggesting the need for child welfare front-line workers to promote their understanding of caregivers' self-perception in the worker and caregiver relationship. The increased understanding of positional power addresses imbalances and promotes working collaboratively with common goals.

The desire to develop collaboration and engagement between child welfare workers and families involved with the system requires an understanding of the factors involved in facilitating these positive relationships. An in-depth study of positive relationships between child welfare workers and caregivers provides a keen understanding of the key features involved. de Boer and Coady (2007) found consistent variables that were key to developing a strong relationship between worker and caregiver in the context of child welfare practice. Findings suggest that collaboration, mutual liking, respect, honesty, emotional depth and closeness were imperative within positive relationships. Additionally, child welfare worker characteristics such as empathy, reliability, and supportiveness are essential in the families' ability to engage with child welfare workers and access effective supports (Altman, 2008). The key determinants of parents' evaluation of the child welfare process are based on the child welfare workers' personality and performance (Spratt & Callan, 2004). Engaging with the family's problem is a stronger determinant of engagement than checking on the family's situation (Spratt & Callan, 2004). Encouraging these characteristics in child welfare workers makes possible a positive relationship between the child welfare worker and caregiver despite the traditionally volatile nature of the child welfare system.

Indeed, the research illustrating negative relationships between child welfare worker and family members are small scale and not necessarily reflective of the greater population. Nevertheless, the literature clearly articulates the difficulties that exist in creating a positive and effective relationship within the child welfare system while promoting child safety and caregiver strengths.

Recurrence in the Child Welfare System

Extant literature is unable to explain conclusively why the recurrence rates in child welfare are so high and variable depending on the individual child welfare agency, province, or country. Furthermore, there is a gap in the literature addressing cases that have more than one re-opening to child welfare (Johnson-Reid, Emery, Drake, & Stahlschmidt, 2010). Indeed, between provinces and communities variable measures contrast in definition, as do policies and practice. Thus, it is difficult to understand why recurrence rates are high and how best to reduce them.

The most commonly re-referred families are those with young children, which is concerning given that young children are at highest risk for maltreatment, and that high recurrence rates are indicative of previous case closure (Drake, Jonson-Reid, Way, & Chung, 2003). Consequently, the need to understand and reduce recurrence rates is particularly crucial. Research measuring the influential factors in re-reports to child welfare suggests that there are various factors that contribute to the increased risk (Bae, Solomon, & Gelles, 2009). Child-level characteristics that are more common in re-openings to child welfare include mental health or substance abuse issues, as well having special education status or a disability (Drake, Jonson-Reid, & Sapokaite, 2006). Loman (2006) investigated the factors contributing to four or more re-referrals to child welfare and found that those families were more likely to consist of children with emotional or mental health issues, or diagnosed with a developmental disability. Family characteristics that are key in high recurrence rates are parent education (Drake et al., 2006), and parent mental health or substance issues (DePanfilis & Zuravin, 1999; English, Wingard, Marshall, Orme, & Orme, 2000). Important to the premise of the mapping conference intervention, Loman (2006) found that families who had been reported to child welfare at least four times had lower social support, younger parents, and higher rates of intimate partner violence and parental mental health issues. Consequently, the cases that have factors associated with multiple re-openings are ones that have the potential to be lower risk through engagement with collaboration of, and ongoing, social supports. The premise of the mapping conference is to engage caregivers and promote collaboration within the child welfare system and with the support of community resources.

The academic literature suggests that little is known about families that return to the attention of child welfare agencies. However, the risk factors of poor social support (Loman, 2006) combined with the poor engagement practice of the child welfare system (e.g., Dale, 2004; Dumbrill, 2006) could contribute to the high recurrence rates. Thus, the mapping conference programme evaluation will attempt to fill in the gap in literature and promote a better understanding of how strength-based practice and recurrence rates in child welfare are associated.

Intake Case Conferencing: Signs of Safety Hybrid Intervention

SOS is an intervention model developed to promote front-line workers' engagement with families who are involved with the child welfare system. SOS was initially developed during the 1990s in Australia in collaboration with over 150 child welfare workers. Since its inception SOS has been implemented in several jurisdictions around the world (Signs of Safety, n.d.). The SOS model focuses on how child welfare workers can build a partnership with parents and children in situations of suspected or substantiated child maltreatment, while maintaining perspective and dealing with safety issues. The SOS theory is rooted in the belief of collaboration, strengths-based practice, and safety of the child. The goal of this particular method of child welfare practice is to stabilise and strengthen the child and family's circumstances in order to increase safety for the children.

Challenges experienced within the child welfare system have served as the impetus for the creation of SOS. One such challenge includes anxiety-driven work leading to formulaic practice resulting in poor relationships with families and disproportionate numbers of children in care. Additional challenges include: an increased involvement with family courts, a large number of recurring cases, and worker burnout. SOS focuses on partnering with families to facilitate a shared process whereby safety plans are developed to address maltreatment or risk. This process is fulfilled when front-line workers practice from a stance of inquiry and humility about their work with the goal of relationship-building with families.

According to SOS there are 12 key principles that facilitate positive engagement and practice elements that inform the dialogue between child welfare workers and family members. SOS principles challenge workers to focus on their own safety concerns as well as those of the families, concentrating on what is working well, and the successive steps to follow. The model encourages workers to utilise several tools when collaborating with families. The tools were developed to focus the intervention around the aforementioned principles and include: the three columns; the mapping process; the three houses; the words and pictures document; and fairies and wizards.

The mapping conference is based upon the aforementioned second tool, the mapping process. Mapping is a strengths-based approach in child welfare practice aimed at reducing the number of cases being re-opened, advancing understanding of cases opened four or more times, improving engagement with internal and external supports, and improving clinical service, all while ensuring child safety. The mapping conference utilised during the child welfare investigative stage is a process of consultation prior to the completion of the child welfare investigation.

The map is one of several tools that are informed by the SOS philosophy. The mapping conference covered three areas of a case: danger and harm to the child; family strengths and safety; and goals and next steps. During the mapping conference the facilitator asks the assigned worker questions that are rooted in the SOS principles. The map integrates three crucial questions that structure this comprehensive risk assessment tool to focus on future safety for children. The questions it seeks to answer are: what are we worried about?; what is working well?; and what needs to happen? This visual assessment tool incorporates the three aforementioned questions in an easily understood and constructive format. The map is typically used in a formal meeting with families during which questions are asked of family members and their network, to help the worker understand existing risk, past harm, family strengths, and existing safety. This process is based on the understanding that the parents and children are the essential key players in this procedure and through actively engaging with them the chances of a collaborative working relationship with child protection are significantly increased.

The questions during the mapping conference are different from what a typical child welfare worker is accustomed to, given the worker is being asked to examine the family's situation through a critical decision-making framework. The goal is for child welfare workers to assess a situation systematically, rather than based on heuristics. In

the mapping process all statements focus on specific, observable behaviours rather than judgement-loaded terms. The facilitator achieves this through the skilful use of influence during the mapping conference with child welfare workers, supervisors, family members, and their network. Once the family's worker feels they have a good understanding of the child safety and family's concerns, they develop the risk statement, which is based on balanced information. The risk statement indicates the child safety concerns if things do not change in the home. After the risk statement is developed and participants understand the child welfare concerns, the conversation shifts to goals and next steps. During this process, the worker and family establish what the family and the worker believe needs to happen immediately and in the long term so that the child(ren) will be kept safe. Similarly, the mapping tool can be easily integrated and used by workers in the office with their peers and supervisors. The mapping process allows workers who struggle with case clarity or case direction to seek assistance from their supervisor or qualified facilitators to map their problem.

Any investigative child welfare worker or supervisor was able to request a mapping conference for a case at any point during an investigation. Reasons for requesting a conference ranged from clinical consultation and direction, closing consultation, substantiation consultation, clinical consultation, sexual abuse allegations, or another consultative purpose. All mapping conferences included trained paired mapping facilitators who lead the discussion, the assigned case worker and their supervisor, any external or internal services involved with the family, specialised workers, and a director of the Intake (investigation) branch. Mapping conferences were held on a weekly basis, and all conference discussions and outcomes were documented. Although the mapping is a hybrid of the SOS model, child welfare workers were trained to integrate aspects of SOS practice in their daily work with families. Thus, during the investigation workers were expected to focus on family strengths and protective factors while assessing safety of the children.

The mapping conference used in this evaluation was modelled after the SOS intervention because of its strengths-based nature and research that illustrates a reduction in recurrence rates after implementation. To date, the most comprehensive implementation of SOS occurred in Olmsted County Child and Family Services (OCCFS), Minnesota, USA. Since implementation of the SOS model, OCCFS has tripled the number of children the agency works with, halved the proportion of children placed into out-of-home care, and halved the number of families taken before the child welfare court system (Turnell, 2010). The recurrence rate in OCCFS in 2006, 2007, and 2008 was less than 2% as measured via state and federal audit, below the expected 6.7% federal standard (Turnell, 2010). Following Olmstead County, a second Minnesota county, Carver County Community Social Services (CCCSS), began implementation of the SOS model in 2004. A before-and-after qualitative study (Turnell, 2010) suggests an increase in the satisfaction of the families who were involved with the CCCSS, as well as an increase in worker skills. Thus, programme evaluations have illustrated that the implementation of the SOS model

promotes both positive family outcomes, such as reduced recurrence rates, as well as positive worker responses, such as increased skills and satisfaction.

Methods

A mixed-methods design was used to evaluate the mapping process. Mixed methods are appropriate given the use of triangulation to gain access to multiple measures of the same phenomena with the aim of improving validity (Neuman, 2006). Quantitative information is important to understand process outcomes and descriptive data, whereas qualitative methods are important for understanding the mapping process phenomena (Rubin & Babbie, 2011). Quantitative measures collected case data from mapping conferences (treatment group) and they were compared with case data from randomly selected investigation files that did not have a mapping conference but did have a history with the child welfare agency (control group). Qualitative data were collected during focus groups with child welfare investigative workers and supervisors.

The mapping process began in January 2010 and child welfare investigative workers and trained facilitators completed a mapping form after each conference. All mapping conferences used in the analyses (n = 86) were completed between January and November 2010. Control group data (n = 60) were chosen via random selection of cases that were investigated during the study period and had four or more investigations by the child welfare agency. Files were reviewed using the same tool that was utilised to collect data from the intervention group. All quantitative data were inputted into IBM SPSS version 19 for analyses. Specifically, univariate and bivariate statistical analyses were conducted in order to assess the relationship between the intervention and control groups. The data collected from the study groups included a variety of measures important in the child welfare process, as well as key factors outlined in the mapping conference process, such as the number of re-openings, transfers to ongoing service, and substantiation. Several demographic variables were also collected (e.g. number of children in the family, number of previous openings, risk-level rating, reason for investigation).

Qualitative data were collected from a total of four focus groups. Two focus groups included a total of 13 participants who were child welfare investigative workers. The remaining two focus groups consisted of 13 child welfare investigative supervisors. Inclusion criteria for front-line workers and supervisors specified participation in at least one mapping conference. All focus group data were analysed for themes in order to generate primary and sub-themes. Focus group questions were semi-structured and posed to all focus groups. Specifically, child welfare front-line workers and supervisors were asked about their perceptions of the objectives of the mapping conference, their experience with cases that have been opened multiple times, good practices in engaging families with multiple openings, and the impact of mapping conferences on child welfare front-line workers.

Findings

Quantitative Analyses

Quantitative analyses suggest significant differences between the intervention and the control group. A one-way analysis of variance was conducted to measure the difference amongst the number of previous openings between the intervention (M_{score} = 8.11, SD = 4.60) and control (M_{score} = 6.02, SD = 2.60) groups. Results indicate a significant difference in the number of previous openings, $F(1, 115) = 9.27$, $p < 0.0005$. Consequently, the cases that were discussed during a mapping conference had significantly higher rates of recurrence, suggesting a greater number or severity of issues within the family. Although there is a significant difference in openings between the two groups, they do not differ based on the reason for service, $\chi^2(1) = 18.68$, $p = 0.18$. Therefore, it can be posited that although the intervention and control group differed in the number of previous openings, the reason for investigation (e.g. physical maltreatment, inappropriate supervision, risk of sexual abuse) did not differ.

Inquiry into the differences at the end of the investigative process suggests that the mapping process is associated with different investigative outcomes between the intervention and control groups. The extent to which allegations were substantiated was examined between the two groups. A chi-square analysis was used to determine independence between group status and allegation substantiation. Results suggest the two variables are dependent upon one another, $\chi^2(1) = 37.40$, $p < 0.0005$. Specifically, cases that were discussed during a mapping conference were more likely to have substantiated allegations than cases that were not mapped.

Examination of the transfers to ongoing child welfare service suggests another significant difference between the mapped cases and non-mapped cases, $\chi^2(1) = 3.96$, $p < 0.05$. Specifically, a chi-square test was conducted and findings suggest cases that were mapped were more likely to be transferred to ongoing service than cases that were not mapped. Data indicate that 56% (n = 48) *of* the mapped cases were transferred to ongoing service, while 21% (n = 13) of the non-mapped cases were sent to ongoing service. Additionally, the majority (94%, n = 81) of cases brought to a mapping conference that were closed after the investigation completion remained closed within one year of the mapping conference date.

Qualitative Analyses

Cases that have been opened on multiple occasions tend to be complex and challenging. Child welfare front-line workers and supervisors often feel ineffective and find it challenging to positively engage with families who have high recurrence rates. Overall, focus group participants indicated that mapping conferences were having a positive effect on cases involving multiple openings. Mapping conferences gave workers the option to bring cases forward in order to either confirm their assessment or expand it, as well as providing an opportunity to hear different

perspectives. Participants made suggestions to develop the strengths-based practice with respect to families with multiple openings to child welfare.

Engaging families who have experienced multiple openings

Practice is an important aspect in engaging families. Participants made recommendations to develop a suitable environment for communication between caregivers and workers. Two primary themes arose during thematic analysis: strength-based practice and revising the mapping conference.

Strengths-based practice. Child welfare front-line workers expressed the importance of focusing on the current situation of the families, rather than constantly revisiting their child welfare history. Participants felt that too much emphasis is placed on families' histories without understanding the context of past investigations. Participating workers also indicated the need to explore the family's current circumstances and ensure caregivers do not feel their history is constantly resurfacing when the present concerns are different from those in the past. One worker noted:

> If there isn't the evidence right now you lose credibility with the family. It is good to review re-openings but you cannot lose sight about what is going on now and if it is a child protection concern.

Workers discussed being honest and *transparent* about their concerns or intentions as the best way to engage families who have previously had extensive past involvement with child welfare. Participants' experiences suggest effective engagement with families when workers are transparent and honest about their role and concerns. Furthermore, workers indicated that being open with families tends to relieve caregivers' anxiety about involvement with the agency and fosters a stronger rapport with the worker. One worker stated:

> In all honesty what engaged [the family] was my honesty … [the parent] appeared to appreciate it. Honesty is always what tends to get you a bit further in the relationship.

Participating workers and supervisors suggested that the investigating worker has a brief opportunity to begin to engage caregivers when working with families who have had multiple openings with child welfare. Generally, caregivers are either open to working with child welfare or decline to participate. The mapping conference model draws out discussion around families' strengths resulting in alternative planning and provides suggestions about how to engage when it has not been successful in the past. One participant indicated:

> When [the family] has dealt with us before there is a brief opportunity to say the right thing. That's part of the conferencing, maybe someone has tried some approach you haven't thought of that may or may not lead to success, but it's worth a shot.

Participants suggested that the nature of cases with multiple re-openings indicates an ebb and flow of stressors and the caregivers' ability to manage effectively. The use of community supports provides families with ongoing assistance after the child welfare file is closed. Even if the family ceases their involvement with the community agency, they may be more likely to return to them for support prior to experiencing more serious problems in the home. One worker stressed:

> In the harder cases, where [caregivers are difficult to engage], we need to rely on community support rather than just leaving it up to you [child welfare worker].

Improving the mapping conference. Another key theme that arose during the focus groups was recommendations to improve the mapping conference. Several sub-themes developed, all of which contributed to the desire to improve practice. An important aspect of fully embracing the SOS model is a full *shift in practice*. Participants were adamant about the need for a shift in practice and policy for complete engagement with families and the utilisation of strength-based practice. One worker noted:

> Marginalized families' [cases] will always reopen. Opening becomes a punishment. Sometimes I don't think [re-opening] should be viewed as a bad thing. The sheer nature of who they are and lack of resources will bring them back [to child welfare].

A full shift in practice for the agency was proposed, especially given that participants found it difficult to transfer files to ongoing child welfare service where the continuation of support was not consistent with SOS.

Participants indicated that the *customised approach*, part of the Differential Response, is more helpful in creating engagement with families who have had files opened multiple times with the agency. The customised approach is a more engaging method of investigation than traditional investigations and tends to provide families with a better opportunity to work with the agency. This strengths-based approach is effective with families who have typically declined involvement with the agency in the past. The transparency exhibited within a customised approach provides families with a more secure feeling about the agency's intentions. A worker discussed their experience with a customised approach:

> We're doing more customized [investigations] now, families have said thank you for not going to the school, [caregivers] have a different respect for us.

The desire to *involve families* within the mapping conference was of utmost importance for participants. A greater understanding of the family's circumstances would be feasible if caregivers were involved in the mapping process. Certainly, there would be a greater engagement with the agency, and recognition of the families' strengths if they were present at the conference. Participants believe the families' input would add richness to the discussion, better engagement with the agency and a greater likelihood of goal fulfilment. Indeed, hearing several people talk about their

own strengths may promote feelings of self-efficacy and an increased ability to parent effectively. One worker expressed:

> Mapping needs to be used with families, I don't know the outcome [of mapping] because we are taking bits and pieces. To get a good understanding if this is going to work I'd like to see families become involved.

Participants expressed the belief that conferencing cases during the investigation are not as effective as it would be prior to the investigation. The importance of engaging with families who have had multiple openings is to utilise a different approach. There would be a greater chance of change in investigative approach if the mapping conference was held prior to the worker meeting with the family. A worker explained:

> I just brought a case in [to conference], went out to investigate and the same thing happened, if we did the conference prior it may have changed something.

Limitations

Although the findings are important and may lead to policy and practice change, there are limitations. The quantitative findings do not suggest any causal relationships between variables. Therefore, there is a possibility that extraneous variables are the source of the outcome measures. However, the measurement of differences between intervention and control groups is important in the analyses. Additionally, even though the control group was randomly selected from cases investigated with a history of at least four child welfare investigations, the intervention and control groups did have significant differences between them prior to the mapping conference. Thus, any differences in outcomes may be attributable to these variances. Qualitative results are important for understanding experiential information. However, the number of participants was limited and the results are not necessarily applicable to the greater child welfare population.

Implications for Practice

Child Welfare Worker Needs

Mapping conferences have begun to alter practice at an individual large child welfare agency in Ontario through a structured and focused approach lead by trained facilitators. Underpinned by SOS philosophy, mapping's use of a strengths-based approach with a clear focus on child safety provides the child welfare front-line worker and supervisors with a broader accountability net. The increased accountability that the mapping process provides is viewed as a benefit of the conference. Multiple re-openings results in workers feeling helpless about effective practice and an ability to provide support. The inclusion of different child welfare staff, external community agency staff and experts during the mapping conference has broadened the ring of decision-making and provided a more comprehensive framework.

Therefore, the collaborative process resulted in workers feeling more supported and less isolated in their decisions.

The number of cases brought forward to the *mapping* conferences suggests that workers desire an alternative form of decision-making mechanisms and greater collaboration. The cases brought to the conference process suggest that workers favour team decision-making when the case is complex or the case situation has the capacity to result in the same poor outcome. Indeed, research illustrates that workers prefer team decision-making as opposed to individual decision-making in a child welfare context (Spratt, 2011). The use of team decision-making in child welfare confirms the complexity of many cases and the need for collaborative input from various sources of expertise. Although moving away from accountability in child welfare may be difficult, team decision-making assists in drawing away from blaming individuals. The mapping process directs decisions to be made in a team context, where rationale and evidence inform the final decision. Rather than focusing on individual practice, a shift to collaboration has occurred within this child welfare organisation. Team decision-making is a change and moves toward embracing the principles of social work practice versus an individualistic professionalised service that child welfare has a tendency to shadow. The team decision-making process confirms that child welfare is not necessarily objective and decisions are not made through linear thinking. Rather, the differences in expertise and experiences inform the collaborative process of confirming the future steps of the investigation.

Although the primary purpose of the mapping conference was to discuss cases that had a history of re-opening with child welfare, a large number of cases that were considered complex (e.g. allegations of sexual maltreatment, serious physical maltreatment) were also brought forward for discussion. The mere fact that workers brought complex cases forward illustrates the need for collaboration and advanced team decision-making for a variety of situations in child welfare. Mapping conferences have provided an option for cases where the worker and their supervisor have exhausted all options and sought new ideas or additional routes for case planning.

The high rates of verification for cases that have been discussed within the mapping conference cases perhaps suggest a greater understanding and collaboration during the conversation. Research illustrates that in Ontario in 2008 a total of 36% of child welfare maltreatment and risk case allegations were substantiated (Fallon et al., 2010). Indeed, the near 100% verification rate in the mapping conference is significantly higher than the provincial average. However, the context of the cases must also be taken into consideration. The cases discussed during the mapping conference are necessarily more complex and have a greater history of child welfare involvement than the average case. Conversely, research measuring the association between risk level and substantiation rates illustrates no correlation between the variables (Geen, 2000). Nonetheless, substantiation decisions vary based on provincial and agency practice (Drake & Jonson-Reid, 2000). Indeed, the decision to substantiate influences the future (path) of families. Using the mapping process for

substantiation consultation has provided an effective avenue for discussion and knowledge about the situation at hand. The inclusion of multiple workers and their experiences, specialised workers, supervisors, external collaborating service workers, and directors has provided a wealth of knowledge that may have otherwise been bypassed.

The mapping conference rooted in strengths-based practice has provided front-line workers with a new method for engaging families and building relationships. Certainly, the mapping process has provided workers with options to promote engagement within the worker and service user relationship. Building relationships is important to the child welfare outcome (Horvath, 2001; Lambert & Ogles, 2004). The implementation of a strengths-based practice has allowed workers to develop their organisational skills in presenting cases during the mapping conference in front of colleagues, as well as developing their social work skills in engaging families and providing the support that families require.

Child Welfare System Needs

The mapping conference implementation and evaluation has had significant implications. The process has been found to be effective for families, workers, and the child welfare agency as a whole. The use of a strengths-based intervention illustrates positive outcomes and has lead to the implementation of SOS in its entirety throughout the agency.

The use of the mapping conference has resulted in higher rates of transfers to ongoing service. The provincial rate of child welfare case closure in 2008 was 75%, where the remaining 25% of cases were transferred to ongoing service (Fallon et al., 2010). The inclusion of ongoing service child welfare workers in the conference process has provided a sense of continuity of service for workers, and perhaps families. The collaboration prior to transferring the file to ongoing service provides an opportunity for discussion about service needs. The mapping process has been effective at directing families to more appropriate services, where a file will be closed if ongoing services cannot provide the required support, and remain open if needed. The transfer to ongoing services and maintaining service with families perhaps lowers the rate of re-openings for a family. Maintaining contact with a family and providing support on an ongoing basis allows for relationship-building and increased self-efficacy of the family, rather than a case being consistently closed and re-opened.

An important implication for the child welfare agency with regards to the implementation of the mapping conference is the lowered rate of re-openings. Although recurrence rates vary depending on agency and province, the 94% closure rate a year after closure is significantly lower than the implementing agency's average. Thus, the mapping conference has been effectively used as a strategy to reduce recurrence rates in this instance. The reduced recurrence rate outcome has the potential to significantly impact families, workers, and agencies. The reduced number of investigations has the potential to have a positive impact on families and their belief in their own capabilities. Indeed, the amount of prevented child maltreatment

cannot be measured exactly. However, the reduced recurrence rates are perhaps a good indicator of increased child safety, access to social supports, and supports in the community. Importantly, excessive recurrence rates are generally considered high risk to children, and the reduction of re-openings is an important consideration for the field.

A further implication for child welfare is the use of a hybrid strengths-based intervention. The implementing agency failed to appreciate the importance of partnering with families during the mapping process. As such, focus group results suggested the need to involve families in the process. Consequently, although workers mapped cases they may have returned to families using the traditional methods of child welfare practice, neglecting their use of power and working in an individualistic style. Given that the majority of workers proposed full implementation and the desire to engage families and employ strengths-based practice, the full SOS model would be implemented into the entire child welfare practice. Although the hybrid is a positive partial shift in practice, it was only partial. The current state of child welfare needs strengths-based practice in full, where workers are able to engage families and work collaboratively in order to promote the well-being of all family members. These families know the child welfare process and perhaps have had negative experiences in the past. Strengths-based practice provides a new opportunity to engage caregivers in order to enhance service and collaboration.

Conclusion

The implementation of a hybrid strengths-based intervention in the child welfare investigative process has been an important learning experience. The mapping conference evaluation suggests positive results, as well as recommendations to enhance strengths-based practice in child welfare. Although mapping conferences have proven effective at reducing recurrence rates and engaging families and workers, the key to strengths-based practice in child welfare is full implementation within an agency. Certainly, mapping is important, but it cannot stand on its own. Strengths-based practice is immensely positive and engaging within child welfare, greatly influencing both families and workers. The need for full implementation of strengths-based practice in child welfare is key. In order to encourage child safety while engaging families, complete incorporation of strengths-based practice is necessary and will promote sustainable outcomes for families and workers alike.

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