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# Exploring the Consequences of Parents' Trust and Distrust of Social Workers in Child Welfare Services: Social Workers' Perspectives in Finland

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## ABSTRACT

In this article, we explore the consequences of parents' trust and distrust of social workers in child welfare services. We collected data via qualitative surveys administered in 2022, to which 29 Finnish social workers responded. We used thematic analysis to identify the key themes of the consequences of trust in our data. According to our results, social workers described the consequences of trust and distrust primarily as opposing phenomena. The consequences of trust and distrust were visible during interactions between a parent and social worker as well as in parents' commitment to cooperating with a social worker. Parents' trust in a social worker also affected whether their children's situations changed for the better and if children felt safe around the professionals working with them. Our results demonstrate that parents' trust of social workers serves as the basis for so-called 'change work' in child welfare services, which aims to improve a child's and family's situation. However, we also identified critical elements of trust and challenges to establishing trust created by the child welfare service context, such as the power asymmetry between social workers and parents. This article furthers our understanding of the concept of trust and its significance in the relationship between parents and social workers. It also offers practical insights into key areas that social workers should prioritize when working to build trust with parents.

## 1 | Introduction

Trust has been perceived as a positive phenomenon and the so-called glue of societies, enabling effective interactions and co-operation between different parties and serving to uphold democracy and solidarity within a society (Kotkavirta 2000; Seligman 2000; Turtiainen 2012). In Finland, population-level trust in social and health services (OECD 2021; Karvonen et al. 2022) and child welfare services (Juhász and Skivenes 2017; Skivenes and Benbenishty 2022) has remained high, indicative of a perceived legitimacy and the high quality of these services (see, e.g., Karvonen et al. 2022). Finland has also been ranked as the happiest country in the world for the eighth consecutive year, partly explained by Finns' high trust in public institutions,

allowing individuals to feel safe and reduce everyday life uncertainties (Helliwell et al. 2025).

That said, the issue of trust is currently at the forefront in Finland. In 2022, the Finnish government launched a nationwide, comprehensive reform of child welfare legislation. A central theme of this reform lay in the trust of children and their close relatives in child welfare services (Finnish Government 2023). Specifically, the reform was initiated to ensure that legislation provided the authorities with a better means to resolve the current problems faced by children, thereby increasing confidence in child protection. Thus, the reform aims, for instance, to provide a basis for establishing comprehensive rehabilitation services for children who engage in serious criminal behaviour

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and give authorities better tools to address unauthorised absences of children placed in substitute care (Ministry of Social Affairs and Health 2025). These represent goals for early-stage reforms with further goals to be clarified later.

Despite the importance of and emphasis placed on trust, a lack of scientific knowledge exists on the concept and its consequences in Finnish child welfare services and in international contexts. We aim to fill this research gap by scrutinising the consequences of parents' trust and distrust of social workers in child welfare services. To do so, we focus on trust between social workers and the parents of children who are clients of child welfare services, recognising that parents play a crucial role in child welfare processes and impact a child's everyday life and well-being. According to the Finnish Child Welfare Act (2007/417), authorities must support parents and guardians in their child's upbringing as well as provide families with the necessary support to do so. The task of social workers in child welfare services involves working with both children and parents, including assessing and influencing parent-child relationships.

Social workers' perspectives on parents' trust are important because child welfare services are a demanding context in which to establish trust. A social worker operates as a public authority and the relationship between the social worker and parent is always asymmetrical (Heino and Jaakola 2025). In Finnish child welfare services, the starting point is co-operation based on consent. However, a social worker can act without the consent of a parent if a child's safety and well-being are threatened (Child Welfare Act 2007/417; Enroos et al. 2021). The possibility of intervention and control measures, false information about child welfare services and inadequate interaction between a social worker and a parent may result in parents fearing child welfare services. This hampers the trust-building process (Aarnio and Pösö 2023; Hietamäki 2025). Often social work interventions take place in crisis situations when clients are at their most vulnerable, highlighting those power inequalities (McMullin 2017).

Our study provides an interesting context for research on trust. On the one hand, Finland has a high level of institutional trust, whereby trust is highly appreciated and promoted within Finnish institutions and society. On the other hand, social workers in child welfare services occupy a power position relative to parents, and relationships may be involuntary, such that social workers need to make a conscious effort to build trust (Backer et al. 2024). Thus, studying trust in a society where institutional trust remains high while focusing on one of the most challenging contexts for trust can provide valuable reflections on the topic.

## 2 | The Context of the Finnish Child Welfare System

As described in earlier studies of child welfare systems (Pösö 2011; Pösö and Huhtanen 2017), Finnish child welfare is viewed as falling within the welfare and family service model, with a growing focus on children's rights. The Finnish child welfare system provides universal services and benefits to children and families to support children's well-being, upbringing and education, a shared principle across the Nordic countries. Children and families are directed to two types of services

based on their needs for services: family services regulated by the Social Welfare Act (SWA 1301/2014) and child welfare services regulated by the Child Welfare Act (CWA 417/2007). The preliminary assessment is called 'assessment of the needs for services,' based on the SWA. If needed, the SWA assessment includes determining a child's needs for protection as defined by the CWA. As a result of the assessment, which is conducted within a period of 3 months or less in urgent cases, children and/or families are selected to receive either family social services provided by the SWA or child welfare services provided by the CWA or eventually directed to other services. Services provided by the SWA are voluntary for families, whereas certain child welfare measures falling under the CWA can also be mandated against the wishes of parents and/or children.

In this study, respondents did not specify which services in the child welfare system they spoke about in particular. Instead, they provided an overall picture of the consequences of trust and distrust in general in child welfare services more broadly.

## 3 | Defining Trust and Distrust in Professional-Client Relationships

In this study, we adopt a broad approach to trust as positive expectations and distrust as negative expectations of another person's intentions and actions (Offe 1999; Christensen 2013). We draw upon Luhmann's (1979) definitions of trust and distrust as functional equivalents, where trust refers to positive and distrust refers to negative expectations. Specifically, we are interested in how social workers describe the consequences of both trust and distrust, whether as separate and distinct phenomena or as extremes along a single trust-distrust continuum.

In theoretical discussions, the relationship between trust and distrust has been viewed from several perspectives. Firstly, these concepts have been approached as polar opposites situated along a continuum, such that distrust is understood as the absence of trust (Bigley and Pearce 1998). However, this interpretation has been questioned. For example, Hardin (2002) describes trust and distrust as similar constructs, albeit emphasising that an ignorant or neutral state consisting of no trust may lie between the constructs. Such a state has been labelled untrust (Marsh and Dibben 2005). Trust concepts also vary according to specific languages. In some studies examining English-language constructs, distrust and mistrust are distinct, such that distrust is a settled belief based on experience or reliable information, while mistrust merely reflects a doubt towards someone or something (see, e.g., Bertson 2019). However, in the Finnish language, a distinction is made only for trust versus distrust. Because we collected our data in Finnish, we only refer to the trust-distrust dichotomy in our study. However, we are interested in respondents' own definitions of these concepts.

Notably, Luhmann (1979) described distrust not as the opposite of trust, but as its functional equivalent. Accordingly, he meant that both trust and distrust seek to reduce complexity. With trust, reducing uncertainty is achieved through the positive expectations of another person. In distrust, reducing uncertainty can be accomplished through negative expectations of another person as well as through strategies such as defining another

as an enemy and attacking them. Thus, distrust requires more resources than trust because it results in constant vigilance and defensive actions (Rempel et al. 1985; Sztompka 1969; Christensen 2013).

A common definition of trust distinguishes between trust in persons (particularised or social trust) and trust in abstract systems (confidence or institutional trust) (Luhmann 1979; Seligman 2000; Spadaro et al. 2020). In social work, these types of trust are often intertwined, such that the social worker represents the institution of social work, where social worker actions are guided by legislation and various national, organisational and professional ethical guidelines. In addition, the practices of an institution can foster trust in the individual professional working in that institution and vice versa—that is, positive experiences with an individual professional can foster trust in the institution itself (Turtiainen 2012; Christensen 2013; Alecu 2019).

However, interpersonal trust requires special attention, including discussing the relationship between social workers and parents, because, regardless of the institutional context, trust is built and realized during the interaction between individuals. Interpersonal trust demands a willingness to be vulnerable, because a trustee (person who trusts) always somehow depends on the trusted (object of trust) (Ma et al. 2019). In a relationship where an asymmetrical power relation exists between different parties, distrust can be used as a means to reduce one's own vulnerability (Scheman 2020). Distrust can also stem from previous negative experiences in personal relations or in relationships with authorities and may be perceived as a means to protect oneself from similar experiences (Mason et al. 2020).

#### 4 | Research on Trust-Building in Professional-Client Relationships

Trust-building processes have been studied in many professional fields, many of which have focused on healthcare settings (see, e.g., Petrocchi et al. 2019; Adekunle et al. 2023). According to literature reviews (Chandra et al. 2018; Lerch et al. 2024), trust in a relationship between a patient and physician demonstrates that a patient's trust leads to openly sharing personal information, better compliance with medications, following medical advice such as submitting to testing and adopting health-promoting behaviours, as well as general patient satisfaction and positive health outcomes.

Multiple recognized factors promote trust. These include spending sufficient time on patient–physician encounters, the perceived competence of the physician, solid communication skills including listening to the patient and engaging in dialogue, nonverbal behaviours, demonstrating empathy and care, including patients in decision-making processes, and professional behaviours such as honesty and availability (Chandra et al. 2018; Lerch et al. 2024).

In studies on the relationship between a patient and psychotherapist (see, e.g., Allen 2022; Krupnik 2023), trust is described as the basis of the therapeutic alliance—that is, a cooperative relationship—which, in turn, is at best a mediator of positive

change in a patient's life. Trust reduces patient vigilance, enables vulnerability and allows patients to share their thoughts and openly reflect upon them with a therapist, potentially leading to changes in patients' lives (Allen 2022; Krupnik 2023).

Child welfare differs from healthcare settings, because it often involves nonvoluntary assessments and possibly other interventions necessary to address issues related to child welfare. While co-operation with a child's parents is always a goal, we know that addressing resistance and noncompliance among parents is a component of child welfare services (see, e.g., Shemmings et al. 2012; Fævelen 2024). This also creates challenges to co-operation and to establishing trust with parents. Previous studies on trust in child welfare services focused on trust from the perspective of children and their parents. According to studies on children and young people, trust in professionals enables co-operation, transparency and open discussions resulting in children's participation in their own cases (Cossar et al. 2014; Dahlø Husby et al. 2018). According to Lefevre et al. (2017) and Valenti et al. (2020), trust in professionals also results in a child's willingness to accept support as well as enabling better outcomes from an intervention. However, results indicate that trust requires sufficient time from and must be actively built by the professional.

In studies among parents, trust in the child welfare context is described as leading parents to be more open about the family's situation, while distrust causes a resistance to cooperating with professionals (Sinai-Glazer 2020; Bacon et al. 2023). In one study (Mason et al. 2020), researchers focused on mothers and found that a mother's distrust of social workers was linked to her own trauma. Moreover, a breach of trust in their personal relationships or in relationships with authorities led to the perception of social workers as dangerous to the family. In addition, the social worker's position of power, stress resulting from interactions with social workers, difficulties in accepting social workers' assessments of a family's situation and experiences of shame associated with the involvement of child protection services all deepened mothers' distrust. More specifically, the results of a study from the Finnish child welfare context (Heino et al. 2024), which relied on interviews with social workers, young people and parents involved in child welfare services, found that an asymmetrical relationship between the social worker and client and a huge caseload hampered building trust. Factors promoting trust consisted of equality in communication, showing care and granting time to a client.

#### 5 | Data and Methods

Our research relies on a qualitative survey, to which 29 social workers working in child welfare services responded in 2022. The total dataset comprises 69 pages of text. At the time of their responses, social workers were studying in a professional specialisation program at the University of Helsinki and the University of Tampere. This specialisation program is intended for licensed social workers who hold a Master's degree in social work (Act on Social Care Professionals 817/2015) and who work as social workers. The survey was a pre-assignment in an initial course of the program, for which the first author was the instructor. Thus, the researcher was not yet closely familiar with the

respondents. Respondents were informed about the survey via Microsoft Teams and were provided with information about the study in electronic format. They were all informed that allowing their assignments to be used for research was entirely voluntary, and 29 of 30 students provided their consent to participate. Pre-assignments were not graded, but only accepted in order to remove any perceived pressure to participate in the study or to provide specific answers. In the extracts used in this article, all details which might identify participants have been omitted. We refer to respondents only using a randomly assigned number.

All respondents were working in child welfare and family social work services. More specifically, 27 respondents were working in public social work institutions as a social worker or senior social worker, while two respondents worked in nongovernmental organisations. Respondents worked in 11 regions: nine in the Helsinki metropolitan region and the remaining 20 evenly distributed across another 10 regions in Finland. Respondents were between 28 and 57 years of age and had between 3 and 20 years of working experience in social work; 26 had at least 5 years of social work experience.

The theme of the survey was trust in child welfare services. It consisted of background questions in addition to 12 open-ended questions on the definitions of trust and distrust, factors influencing the construction of trust and the means to build trust. We relied on open-ended questions because we were interested in respondents' own definitions and descriptions of building trust in the context of child welfare. In this article, we concentrate on the following questions from the survey:

- Describe trust and its meaning when working with parents in child welfare. Why and in which situations is it important? Are there some situations where it does not matter?
- How does parental trust manifest itself and affect client work?
- What concrete ways do you try to build trust in client meetings?
- How does parental distrust manifest itself and affect client work?
- Do you think that whether you trust parents is relevant to client work? If yes, in what ways?
- What factors inspire trust in you and what factors result in distrust?
- In your opinion, what are the specific characteristics of the context that determine trust from the point of view of both the client and the social worker in child welfare services?

Our study adheres to the ethical research guidelines ascribed by the Finnish National Board on Research Integrity (TENK, Finnish National Board on Research Integrity 2019). Ethical review and approval were waived for this study because the study does not contain elements requiring ethical review according to guidelines in Finland. Ethical review in Finland is required if the focus of the research is on minors under the age of 15, conducting the research could involve a threat to the safety of participants, or the research involves a risk of mental harm that exceeds the limits of normal daily life of research participants. None of these characteristics

applied to our study, thereby waiving the requirement of ethical review for our study.

In this study, we aimed to address the following research questions:

- How do social workers describe trust and distrust in child welfare services?
- How do social workers describe the consequences of trust and distrust in the relationship between a social worker and a parent in child welfare services?

To address these research questions, our analysis proceeded according to a reflexive thematic analysis (Braun and Clarke 2022). Among the three authors of this study, the first and third authors taught in the programs in which the respondents were participating. The second author was involved in the study during the data analysis stage. All of the authors are licensed social workers, child welfare researchers and social work lecturers at three different universities. This study is part of a broader research project on trust (Building trust in child protection, LURA) in which all of the authors were working. We acknowledge that our positionality and previous knowledge on the subject guided our interpretation, providing tools that helped us render our data meaningful. To minimise our bias, the first author pseudonymised data before analysing it, and we consciously chose to analyse descriptions of trust and distrust by respondents not using existing definitions of trust during data collection.

In the data analysis, the first author initially read through the data and separated descriptions related to trust and distrust into individual files. During the second stage of analysis, we used an inductive process to code the data according to our research questions (descriptions of trust and distrust and the consequences of trust and distrust). Initial codes consisted of descriptions of *trust as belief*, *parents' behaviour when there is trust (positive) or distrust (negative)*, *the effects of trust and distrust on children* and *the negative consequences of trust*. During the third phase, the first author examined how many times each code appeared in the accounts from different respondents and combined them into broader themes. During the fourth stage, the first author checked whether the themes identified described the data and whether other themes could be found in the data. In the fifth stage of analysis, all authors discussed the core content of each theme and whether the themes corresponded to the research questions posed. Based on our analysis, together we identified and named five broad themes in the data: the *definition of trust*, the *definition of distrust*, the *consequences of trust*, the *consequences of distrust* and a *critical perspective on trust*. Finally, the co-authors summarised the results of the study based on the information in Table 1.

## 5.1 | Consequences of Trust

### 5.1.1 | Commitment to Cooperating With a Social Worker

Respondents described trust as the basis for all successful cooperation with parents. The consequence of a parent's trust was referred to as a commitment to cooperating with a social

TABLE 1 | Thematic categorisation of the data.

Trust	Distrust
<b>Definition of trust</b> Belief that a social worker has a willingness and the competency to help a family	<b>Definition of distrust</b> Belief that a social worker is neither willing nor competent to help a family
<b>Consequences of trust</b>	<b>Consequences of distrust</b>
<b>Commitment to cooperating with a social worker</b>	<b>Lack of commitment to cooperating with a social worker</b>
<b>Positive consequences of an interaction</b>	<b>Negative consequences in an interaction</b>
— parents' honesty about a family's situation	— parents' dishonesty about a family's situation
— parents' self-reflection	— parents' avoidance of a social worker
— mutual respect between parent and social worker	— parents' criticism of a social worker
<b>Positive effects on children</b>	<b>Negative effects on children</b>
— child's situation changes for the better	— child's situation remains the same
— child's sense of safety	— child is constantly hypervigilant
<b>Critical perspective on trust</b>	
— conflict between parents' trust of a social worker and social worker obligation to ensure a child's safety	
— increasing responsibility of a social worker resulting from parents' trust	
— difficulty building trust in the child welfare service context	

worker. This commitment entails *parents' honesty about a family's situation, a willingness to self-reflect* and a *mutual respect between the parent and the social worker*. According to respondents, trust is established gradually and requires familiarity with and predictability surrounding social workers' actions. As the following example illustrates, the target of trust is defined as the social worker's willingness and competency to help the family:

In my experience, parents' trust is expressed in positive attitudes towards a social worker and the perception that the social workers genuinely want and are competent to help the family. This makes it easier to work together for the benefit of the child and to set common goals. Trust helps individuals to commit to what has been agreed upon together and allows a parent to be open and honest about what is going on and to bring their own suggestions about how to change the situation.

(4)

As the above shows, one consequence of trust is that a parent is *honest about a family's situation and their own opinions*, even when negative changes occur within a family's situation. This requires sharing personal and sensitive information as well as being vulnerable. When a social worker receives trustworthy information, they can suggest support measures suitable for the specific situation of that family. Furthermore, when a parent is open and honest, the social worker can also trust the parent, which in turn increases parents' trust. In this way, trust was

represented as a so-called positive circle, bringing mutual understanding and respect to interactions.

Respondents also described child welfare services as oriented towards change, because typically co-operation with parents began because of some challenging situation in the family's life. Thus, the goal of co-operation with child welfare services is to change that situation.

Client work in child welfare services is based on goal-oriented change work. That is, the family has challenges and a change is pursued through various means of co-operation and interventions. The idea is that the parent's trust will emerge when they, together with social workers, are able to openly reflect on what might be going on, are able to receive feedback on their own actions, and are able to set goals for their own change work.

(19)

According to the respondents, trust enables parents *to reflect on how their own actions can affect a child* without being defensive. This includes accepting feedback from a social worker, considering different interventions and setting goals for personal changes or changes related to their interaction and relationship with their child. However, reflection demands vulnerability and observing oneself. According to respondents, it is important that a social worker is transparent in their interpretations about a family's situation and their expectations of a parent. Establishing trust also requires time and stability in

the relationship between the social worker and parent, which is challenged by high caseloads and turnover among social workers in child welfare services.

Finally, respondents described an important consequence of trust as the *mutual respect* between the parent and the social worker, rendering co-operation practically easier as well as more enjoyable. When based on respect, co-operation is '*smoother and faster*' because of the positive expectations among both parties and without needing to remain alert. In addition, respect towards a social worker carried professional meaning, indicating that the social worker is perceived as competent to provide services that can help a family.

Respondents described the ways in which they attempt to build trust with clients. For social workers, transparency in all actions and trustworthy actions were described as crucial:

I do not promise things that I cannot deliver and I tell parents if I do not know something or need to clarify something and need to get back to them later. I describe very clearly the goings on in my work, for example, what are the work tasks that are defined by the Child Welfare Act. It is important that the client has experiences in which they feel they have been heard, and my aim is to give words to clients' experiences. For example, I recount the story back to my client, saying "I hear that this issue provokes a lot of feelings in you."

(1)

Other ways to build trust consisted of listening respectfully to parents and taking into account their points of view when possible even in relation to the smallest decision-making processes, such as setting an agenda for the meeting. In addition, showing empathy verbally and nonverbally through eye contact and facial expressions also served to build trust. Making this possible required booking sufficient time for meetings and reducing any sense of hurrying. Acting professionally was also described as an important factor. This included openly raising difficult issues regarding a family's situation, discussing realistic options for parents, taking care of things quickly and being available when parents contacted social workers themselves. By contrast, demonstrating a caring attitude by bringing refreshments and pastries to a meeting or even meeting in a cafeteria or going for a walk with a parent were described as good trust-building practices in some cases.

### 5.1.2 | Positive Effects on a Child

Respondents described how a parent's trust in a social worker is tightly intertwined with a child's trust of a social worker, which *has positive effects on a child*. In addition, if a child is placed in care, a parent's trust in a social worker and child welfare services in general affects a child's trust in their foster parents and in other professionals. Respondents described this interdependency between parents' and children's trust as resulting from the fact that a child is most often loyal to their birth parent(s). In

order for a child to place their trust in a social worker, another professional and foster parents, their birth parent must 'allow' the child to trust others.

When parents have trust in a social worker, they trust that a social worker and other people involved in the situation will work in the right direction with the child and the parents grant their "permission" for the child to also trust them.

(22)

In respondents' descriptions, trust resulted in several positive effects on children. As described above, when parents allow a child to trust the professionals working with them, that child can form a relationship with a social worker and freely discuss their situation during their meetings. In addition, when both the parent and child are open and cooperative, professionals can form a reliable picture of a child's situation and provide suitable services for the entire family. Furthermore, if a child is living in foster care, parents' trust in professionals is particularly crucial, whereby the child can feel safe there and find a way to attach to a new living place and their foster parents without experiencing tension related to their loyalties.

I feel that, in child welfare services and foster care, trust is important throughout the client process/client relationship. Parents' trust in the social worker is a prerequisite for the success of a child's placement. If the parent does not trust the social worker, the child will not be allowed to form an attachment to a foster family or another institution related to placement.

(9)

Respondents clarified that parents' trust in a social worker does not mean agreeing with the social worker all of the time. Instead, trust relates to believing that a social worker has good intentions and the ability to act in the best interest of a child in all situations. Thus, trust becomes even more important in situations when parents disagree with a social worker's interpretations. In such cases, they can still believe in her professional competence and good intentions.

## 5.2 | Consequences of Distrust

### 5.2.1 | A Lack of Commitment to Cooperating With a Social Worker

Respondents defined parents' distrust as suspicion of a social worker's intentions or ability to help a family, a suspicion that may stem from a fear of losing custody of their children. In addition, respondents explained that several factors impact parents' distrust, such as negative media and social media representations of child welfare services, parents' unfamiliarity with child welfare services, previous negative experiences with social workers or other authorities, and other traumatic experiences in which an individual's so-called basic psychological trust in people was shattered. Distrust was described as greatly hampering a parent's commitment to cooperating with a social worker. A

noncommitment manifested as *avoiding a social worker*, *dishonesty about a family's situation* and *criticism of a social worker*.

Parents' avoidance emerged concretely through evading a social worker, such as not attending a meeting or not answering the phone. During meetings, avoidance also emerged as a reluctance to discuss a family's situation, as illustrated by the following example:

The consequences of parents' distrust include cancelling meetings and difficulties keeping in touch, lying, tantrums, blaming the social worker, and trying to find mistakes in a social worker's actions. When there is distrust, co-operation with parents is not going to move forward.

(16)

According to respondents, in cases involving avoidance, all of a social worker's resources go towards motivating a parent to cooperate rather than figuring out how to change a family's situation for the better. Thus, so-called change work becomes impossible. *Dishonesty about a family's situation* is another way in which distrust becomes visible.

The parent is selective in what they say. They do not dare to openly disclose the situation in the family to a social worker. They cover up negative actions and situations and do not share them. Such a parent does not want meetings and does not want to accept support. They do not dare to let the child get close to the social worker.

(13)

Parents' dishonesty about a family's situation renders social workers' work more difficult. When a parent does not trust the social worker and is dishonest, the social worker, in turn, cannot trust the parent. When a parent is not honest about their situation, the form of the intervention usually changes multiple times. At times, there may be periods when no interventions take place at all. When there is distrust, there is no agreement on what should change in the family to allow the child a safe environment and to create a situation whereby child welfare interventions are no longer necessary.

Distrust is also visible through constant *criticism of a social worker*. This criticism can take the form of direct negative comments during interactions about 'all of the things that a social worker does or does not do.' It can also take the form of constantly submitting official complaints to the supervisor of a social worker or other supervisory authority, such as regional state administrative agencies, about suspected wrongdoing or negligence in a social worker's actions.

Distrust is expressed in negative and even hostile attitudes towards child protection. The parent may completely refuse to cooperate—that is, they refuse to meet the social worker, insist on having discussions in writing (and since this is not a way to do client

work, the work cannot be carried out), and demand all discussions are recorded, among others

(9).

Constant criticism from parents demands a lot of resources from a social worker and parents and causes frustration for a social worker. In addition, without valid information about a child's situation, the social worker must constantly worry about the safety of a child, potentially leading to an increase in control measures. Distrust can also lead to attacking a social worker via verbal or physical threats. In such situations, the social worker needs to remain constantly alert for their own safety, which at worst prevents them from concentrating on the child.

#### 5.2.1.1 | Negative Effects of Distrust on the Child.

Respondents described parents as gatekeepers to a child's ability to trust a social worker, other professionals working with that child and foster parents if the child is placed outside the home. This results in a *child's situation not changing* despite efforts from several professionals and to a *child remaining in a constant state of hypervigilance* suspicious of professionals' intentions. Respondents described how parents bringing up their own negative perceptions about child protection and other authorities during meetings also attended by the child hampers co-operation between a child and a social worker:

Parental distrust is directly reflected in a child becoming stuck in a situation and the work not progressing. Parents do everything they can to sabotage a social worker's efforts to establish a trusting relationship with a child. (2)

If a social worker does not have a trusting relationship with a child, it is impossible to do change work with that child. According to respondents, this profoundly affects the child, because their situation is not necessarily changing for the better and the child will remain in a constant hypervigilant state, suspicious of professionals working with them or experiencing internal conflicts if their own perceptions differ from what their parents tell them. This can lead to situations in which children remain clients of child welfare services for excessively long periods with no change in their circumstances. Simultaneously, the criteria for foster care may also not be met. If a child is placed outside the home, it is difficult for that child to form relationships there:

It can be difficult for a child to remain in a foster care placement if the parent does not give them permission to trust the decisions made. It can be difficult to cooperate with a child, no matter what the social worker does.

(1)

At the same time, a social worker cannot return a child to their home if there is no co-operation between the parents and the social worker or if the social worker cannot trust the parents' commitment to change including through rehabilitation. In such cases, that child will continue living in foster care without

completely feeling safe. Because of distrust, it may not always be possible to organise services and support measures to help the family. Thus, distrust can lead to involuntary solutions in order to ensure that the best interests and well-being of the child are met.

### 5.3 | Critical Elements of Trust

Beyond simply highlighting the importance of trust, respondents elaborated upon the critical elements of trust. These elements include *conflict between parents' trust of a social worker and a social worker's obligation to ensure a child's safety, an increased responsibility of the social worker resulting from parents' trust and difficulty establishing trust in the child welfare context.*

Most respondents raised the issue of a *conflict between parents' trust of a social worker and a social worker's obligation to act in the child's best interest.* As such, a social worker at times must make decisions with which parents disagree. In such cases, trust may be lost in that particular moment:

Whenever there is an urgent need to assess the placement of a child outside the home, the importance of trust should not influence the decision in that moment; only the safety of the child should be considered.

(19)

All respondents highlighted that the fear of losing parents' trust can never be a barrier to intervention if the child's circumstances are seriously compromising their safety. In such cases, establishing trust will continue after decisions regarding a child's safety have been made.

Respondents also explained that in some cases, *parents' trust increases the responsibility of a social worker*, particularly if a parent can significantly rely on a specific social worker. This can mean that a social worker takes care of things that lie beyond the scope of their job description. As such, a social worker may feel that they must be available to parents regardless of how burdensome their workload is and regardless of the needs of other clients:

Parental trust makes the work smoother and allows the worker to try out different interventions and ways of working and to work with all family members. On the other hand, trust sometimes makes the social worker's job more difficult, because the client may not accept other social workers and the social worker from child welfare ends up doing a variety of things to help the client. Gaining trust also gives the worker a sense of responsibility for the client, which can be emotionally draining at times.

(6)

As described above, trust can also lead to some level of dependency from the parent. This raises the question of whether a

social worker should establish boundaries to protect her own resources or if she should accept the responsibility accompanying that trust. The social worker may need to determine her involvement in parents' everyday lives beyond what is outlined in her job description if that involvement can support the family.

Respondents also explained that *building trust is difficult in the child welfare context* for several reasons. First, the context itself creates tension between support and control as an embedded feature of child welfare services:

Specific features create tension between support and control. The right to privacy is one of the fundamental rights enshrined in the Constitution and this also creates specificities for the work in terms of building trust. The public authority is mandated to violate this constitutional right on certain grounds. When the protection of one's private life must be violated, it is understandable that a client may not trust the social worker.

(8)

According to respondents, the relationship between a parent and a social worker remains asymmetrical, because the social worker has the right to use public power and intervene in a family's life and since during interactions the social worker is assuming a professional role. This increases parents' vulnerability. Furthermore, in an asymmetrical relationship, trust does not necessarily seem reasonable to the parent. Other challenges to building trust related to parents' own life situations and experiences. According to respondents, the parents with whom they work often have traumatic experiences of their own, such that parents 'basic trust is broken' in their personal relationships or in relationships with authorities, leading to situations in which parents cannot trust a social worker, all authorities or other people in general. In addition, establishing trust was described as difficult or impossible in cases where parents have serious mental illness and/or substance misuse problems, which significantly impact how a person relates to others and can influence their own behaviour. In these situations, a social worker can still be open in their communication and try to show parents that they have good intentions and that their aim is to support the family.

## 6 | Discussion

In this study, we asked how social workers describe parents' trust and distrust as well as the consequences of both on child welfare services. According to our results, respondents defined trust and distrust as parents' *belief about social workers' willingness and competency to help a family.* Thus, in order to trust a social worker, a parent must feel that the social worker genuinely wants to and can help the family.

It is important to return to Luhmann's (1979) work, which we cited at the beginning of our study. Luhmann's theory emphasizes that trust is not simply a psychological state, but is also a social mechanism shaping our interactions and, in a broader

sense, the structure of society. In addition, subjective experiences of trust, while personal and individual, can be simultaneously interpreted as expressions of an underlying systemic logic even in different institutional contexts. When comparing our results to previous studies in child welfare and healthcare settings, the basic elements of building trust are apparently similar to those in the context of health care (Chandra et al. 2018; Lerch et al. 2024; Allen 2022; Krupnik 2023) and social work (Cossar et al. 2014; Dahlø Husby et al. 2018; Heino et al. 2024). These elements include being transparent, giving another person time and attention, acting in a way that reflects being trustworthy and demonstrating empathy.

Our results demonstrate that both institutional and interpersonal trust are tightly intertwined in child welfare services, because the interaction between the social worker and the parent takes place in an institutional context where the social worker acts as a licensed professional and as a public authority (see, e.g., Spadaro et al. 2020). However, both parties also act as individuals in their relationships and during interactions trust becomes interpersonal. Our results also illustrate the importance of parents' trust in a social worker, because trust is an instrument of co-operation. This finding agrees with previous studies (Christensen 2013; Cossar et al. 2014; Dahlø Husby et al. 2018; Heino et al. 2024), suggesting that distrust requires constant vigilance and defensive actions, which demand many resources from both parents and the social worker. Thus, parents' resources go towards resisting a social worker, while social workers' resources focus on motivating a parent to cooperate, while the family's situation does not necessarily change. Notably, parents' trust or distrust directly impact the child's well-being. If a child is experiencing tension related to their loyalties, they cannot establish trust with a social worker and other professionals or with foster parents if they are placed in foster care. Luhmann's (1979) theory of trust, when applied to the individual and intersubjective level, suggests that trust is a mechanism allowing individuals to navigate a complex and uncertain world by simplifying it. Trust centres around managing uncertainty and making it tolerable by forming expectations about the future and the actions of others. Understanding distrust in this way can increase understanding and empathy towards parents who are resistant to cooperate. This point also highlights the importance of making co-operation with a social worker as predictable as possible for parents.

Furthermore, our results carry practical implications. When social workers attempt to build trusting relationships with parents, they must find ways to demonstrate their good intentions and professional competence to parents, requiring both time and continuity. Parents' trust can also increase social workers' responsibilities towards parents, especially if parents begin to rely on a specific social worker in matters not strictly within the scope of a social worker's job description. This means that social workers must be allotted the necessary resources and time required to build and sustain trusting relationships, even if it requires additional effort.

Transparency and predictability in social workers' actions were highlighted in our results. This means that a social worker needs to be quite clear when discussing interpretations of a family's situation and any expectations related to parents' actions.

Openly discussing not just social workers' perceptions but also creating space for a discussion of parents' possible fears towards child welfare services, dissenting views and setbacks in their personal lives are crucial for building trust and for change work (Hietamäki 2025; Enroos et al. 2021; Heino and Jaakola 2025). In order to build trust in the relationship between a social worker and a parent, the social worker must be aware of the power imbalance in their interactions (Scheman 2020; McMullin 2017). The social worker should consciously work to mitigate this imbalance through transparency, openness, trustworthy actions and encountering parents with empathy and respect.

Our contribution to social work research is to define trust in child welfare services based on empirical findings given that trust is often taken for granted in this field and the concept is rarely clearly defined (Heino et al. 2025). Once we understand what trust means, we can find ways to build it, focusing on how social workers can demonstrate their willingness and ability to help families. Our results highlight critical elements of trust and demonstrate how child welfare services contextualise and challenge trust-building processes. The tension between support and control is part of child welfare services (Scheman 2020). However, it is necessary to consider the ways in which the power asymmetry between the social worker and parent can be diminished during interactions. This can be approached, for example, by setting an agenda for meeting together with a parent or at times meeting outside the office if possible.

## 7 | Limitations and Future Research

One limitation of our study is our small qualitative dataset, featuring respondents reached through only one educational program. However, our data are sufficient for qualitative study, because our aim was specifically to understand the phenomena rather than to generalise the findings. Moreover, data saturation was visible given the ways in which the respondents in this study approached trust, and we could adequately answer our research questions. Another limitation is the researchers' dichotomous formulation of survey questions about trust and distrust as polar opposites lying along a single continuum, which may have influenced the ways in which respondents perceived these phenomena when responding to our questions. However, in our view, the dichotomous division between trust and distrust could also have helped respondents focus on and elaborate upon specific features of trust and its consequences in comparison to distrust. Thus, the results of this study may be beneficial in future study designs where the construction of trust and distrust are approached in more nuanced ways.

Overall, our study provides important insights into the meaning and consequences of trust and distrust in the context of child welfare services from social workers' perspectives. Future research on trust in the context of child welfare would benefit from examining the theme of trust in more nuanced ways, concentrating, for instance, on a specific phase of clientship and how diversity in social workers and clients' backgrounds or clients' different circumstances affects the trust-building process. In addition, it would be interesting to examine whether mothers, fathers and children involved in child welfare services hold different perspectives on trust compared to those held by social

workers. In our study, respondents strongly reflected how different factors, such as the institutional context, the situations of the families and parents' previous experiences affected the trust-building process. However, they did not reflect at length on their own attitudes, another important focus for future research. Finally, considering the importance of trust, subsequent studies should also examine the ways in which establishing trust during interactions is possible.

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## Conflicts of Interest

The authors declare no conflicts of interest.

## Data Availability Statement

Research data are not shared.

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