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### Family & Children's Services of Guelph and Wellington County: A Community-Based Model of Child Welfare Service Delivery (SUMMARY REPORT)

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## **SUMMARY VERSION**

(The full length version of this research report can be found at [www.wlu.ca/pcfproject](http://www.wlu.ca/pcfproject).)

### **Family & Children's Services of Guelph and Wellington County: A Community-Based Model of Child Welfare Service Delivery**

*An Exploration of Parents', Service Providers', and Community Experiences of the  
Shelldale Centre*

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**May 2005**

## **Introduction**

Under modified mandatory reporting guidelines and new obligations to investigate in child welfare, the number of families eligible for investigation has increased dramatically, as have the numbers of children in substitute care. The challenges resulting from these shifts in Ontario are becoming well known. The costs of maintaining Ontario's Children's Aid Societies have more than doubled over the past six years; yet, 50 of 52 Societies projected a budget deficit in 2001-2002 (Ontario's Children's Aid, 2003). Front-line service providers feel overwhelmed by accountability and legal procedures and discouraged by their inability to spend sufficient time with families. Families are increasingly dissatisfied with the narrow service options and adversarial nature of child welfare involvements. Previous research by the Partnerships for Children and Families Project (2000-2005) highlighted serious concerns about the reception of families in child welfare as well as the challenging nature of child welfare employment.

Concerns emanating from the research spurred the Partnerships Project to seek out Children's Aid Societies that offered programming considered to encompass elements of a positive paradigm for child and family welfare such as (1) providing assistance which is welcomed by most of the children and parents involved; (2) offering assistance that is useful within the daily living realities of many of the children and parents involved; (3) including focuses on the long-term welfare of children and their proper physical, cognitive and emotional development; and, (4) protecting children from physical and emotional harm in their daily living environments. Locally, three Children's Aid Societies were operating innovative programming and service delivery by bringing services to where families and children lived and attended school.

The Partnerships Project endeavoured to understand the nature of these alternative programs. How do families experience these alternative programs? Do they make concrete differences in families' perceptions of child welfare? How do service providers working within these alternative programs describe and understand their employment experiences? Do their experiences differ from the experiences of service providers employed within the more traditional models of child welfare service delivery? An important facet of this research was to provide not only the agencies involved, but other child welfare agencies in Ontario and beyond, with richer descriptions of current programming innovations that are possible in child welfare and what makes them "successful" in the eyes of families, front-line child protection service providers, and the communities where they operate.

The Partnerships for Children and Families Project is a five-year (2000-2005) Community University Research Alliance funded by the Social Sciences and Humanities Research Council of Canada. Research activities focus on understanding the lives and service experiences of families and children served by Children's Aid Societies and children's mental health services in Southwestern Ontario, Canada. One of the purposes of the Partnerships Project is to foster improvements in existing child welfare and children's mental health policies, delivery systems, administration, and programming/interventions.

### **Overview of Key Findings from Our Previous Research in Child Welfare**

Previous research by the Partnerships for Children and Families Project in child welfare affords us the opportunity to enrich our understanding of the alternative programs under study by comparing this current data to the more than 400 child welfare service provider surveys and

approximately 140 parent interviews conducted by the Project in 2001. Previous research<sup>1</sup> includes:

- A study of the life stories of 18 women involved with child welfare services
- A study of 6 stories each co-authored by a parent, the matched service provider, and researchers about the experience of sharing a positive helping relationship in child welfare
- A study of the experiences of 31 mothers who had a child placed in care outside of the home (either voluntary or involuntary)
- A study of 8 families' experiences with child welfare services
- A study of the daily living realities and service experiences of 61 parents involved with child welfare
- A comparative study of 26 matched pairs of parents and their child welfare service provider
- A study of 29 families' experiences of receiving children's mental health residential treatment services
- An in-depth exploration of the experiences of 12 families involved with an intensive child and family services program for children with complex mental health problems
- A survey of over 400 employees working in child welfare and focus groups with front-line service providers, supervisors, and managers

This section provides an overview of some of the key issues facing “traditional” service delivery from the unique perspective of parents involved with child welfare and from front-line employees delivering services. Our previous research also offers a sense of the daily living

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<sup>1</sup>Please visit the Partnership Project's web site ([www.wlu.ca/pcfproject](http://www.wlu.ca/pcfproject)) for access to our full length research reports.

realities of families who become involved with child welfare including their economic realities, family relationships, personal challenges and sources of support.

### **Daily Living Realities**

Families involved with child welfare confront a number of challenges and disadvantages that in combination make for complex and demanding life circumstances. The following paragraphs highlight some of the patterns common in our previous research:

- Of the approximately 140 interviews conducted with parents involved with child welfare services only a handful of families could be described as other than “working poor” or “low income families.”
- Many families described financial and living circumstances which left them vulnerable to disruptions. From our life stories study, all women at some point had been single mothers and typically this coincided with a substantial drop in their income. Most had been on social assistance at one time.
- Parents confronted issues of unstable living arrangements, poverty, abuse, substance abuse, problems with physical health, mental health problems, poor neighbourhoods, isolation, unemployment, and disability.
- Stories of hardships that included incidents of childhood abuse as well as incidents of abuse in adult relationships were mentioned by many mothers who had a child placed outside of the home. Some spoke of their personal struggles with addiction and depression.
- Long term relationships with partners were not discussed often. More common were a series of relationships with different partners over time. From the life stories, most of the children in these stories were not living with their biological fathers and many had minimal contact with them.
- Despite many of the challenges facing families, almost two-thirds of parents describe taking part in leisure and recreational activities in our study of 61 parents involved with child welfare. Common activities included low-cost family activities such as camping, walking, swimming, going to the park, and family trips. Less than one-quarter of parents mentioned sending their children to organized community activities or sports, most likely because the costs made this prohibitive.

## **Challenging Children**

Families trying to manage the extremely challenging behaviour of one of their children represent a major sub-grouping of families in our previous research in both child welfare and children's mental health:

- The constant daily living pressure on families with a child who has emotional or behavioural challenges is intense and unlike the experiences of any other sub-grouping of families in our previous research.
- Families, but mothers in particular, pay an extraordinary price coping with such pressure over many years in terms of emotional and physical health, break up of families, and lost work and educational opportunities.
- Our research raises serious concerns about longer term functioning for these children as they move through life transitions such as moving into adulthood.
- Very few families talked about receiving useful assistance from the Children's Aid Society. Clearly, many families facing the challenges of raising a child with emotional or behavioural difficulties become involved with child welfare and parents highlighted the absence of appropriate responses.
- In our study of families involved with residential treatment, two-thirds of families had experiences of working with both child welfare and residential treatment services. Thirteen of the families (45%) who had their children placed in residential treatment also had their child placed outside of the home by CAS in a foster home, group home, or emergency shelter.

## **Strengths of Families**

Often underrepresented in professional discourse, what emerged from talking to parents was a sense of the perseverance and strength of families as they strive to improve their lives. We noted that:

- In many of the stories, becoming and being a mother was central in these women's lives. Many talked fondly about "who their children are" and endeavoured to maintain a family and a home for themselves and their children, under sometimes very difficult circumstances.
- Relationships with extended family, especially with mothers, and other family members played a central role for about half of these women and their families. This was often true even in stories of abusive childhoods. Families were around for many of these women long after social services had gone away.

- The mandated job of child welfare service providers is to protect children by assessing and minimizing “risk.” The accompanying documentation emphasizes families’ problems and deficits. We observed little meaningful or useful identification of parents’ or families’ strengths, such as familial supports, links to community resources, stable housing, or steady employment in child welfare assessments.

### **Level and Range of Assistance**

Families received a variety of services and supports as a result of their involvement with child welfare.

- Services that parents identified as helpful included referrals that enabled them to access daycare, counselling, assessment, and/or treatment for themselves or their children.
- They also identified concrete help, such as food, shelter, and special education for their children as useful.

For some families, however, assistance was limited to a standardized range of service options and these helping strategies sometimes fell short in their usefulness for families.

- Parents described receiving a fairly standardized range of interventions: individual and group counselling of various types, anger management and parenting courses, and alcohol and drug testing and treatment were most common.
- This “one size fits all” model may limit the ways in which parents and service providers interact, as well as restrict the conceptualization of service plans that are perceived to be individualized, creative, or negotiated.
- Mothers and mothering received much of the attention in child welfare interventions. Mothers were frequently held responsible and accountable for making improvements in family functioning. More often than not, our research showed that even when there was a long time partner in the home, the male partner only became a focus of the child welfare investigation if he was a perpetrator of child or partner abuse.
- Mothers were repeatedly the focus of interventions, with particular emphasis being placed on addressing mothers’ unresolved personal issues, such as childhood trauma, alcoholism, or abusive relationships. Interventions were generally parent-focused with little support provided directly to children.

### **First Contacts**

In our previous research, descriptions of first contacts between parents and service providers were mixed. Many parents expressed fear around the first time child welfare became involved with



their families. Parents appreciated service providers who acknowledged their fears and clearly explained what was going to happen.

- Clear and direct communication about the reasons for child welfare involvement and clear explanations of agency expectations was thought to alleviate parents' fears.
- Service providers who came to the door with an attitude of support and receptiveness were able to create less adversarial interactions with parents.
- Parents voiced dissatisfaction around first contacts with child welfare that were perceived as overly intrusive and coercive. Intrusive interventions described by parents included unannounced home visits, the accompaniment of police upon the initial visit, immediate apprehension of children, and searching through a family's home, including kitchen cupboards and the refrigerator.
- The use of early intrusive interventions was perceived as an impediment to establishing effective service relationships by both parents and service providers.

### **Relationships with Service Providers**

The study of co-authored stories of successful relationships indicated that it is possible and important, although sometimes difficult, to establish and maintain good helping relationships in child welfare. Other findings about relationships between parents and service providers included:

- Parents most often appreciated having someone who would listen to them and who believed that they were doing their best. Service providers were also appreciated for offering useful advice and finding helpful resources.
- Traits of a "good" service provider in child welfare identified by parents included being informal, down-to-earth, friendly, genuine, respectful, empathic, supportive, encouraging, and hopeful.
- Parents appreciated service providers who "went the extra mile" by sharing feelings, doing things that were perceived to be outside of their jobs (such as driving a parent to an appointment), and being realistic and flexible with parents. Service providers themselves noted that these "extras" were the more enjoyable aspects of their child welfare work.
- Obstacles such as little time available to help families, formal timelines and recording requirements presented challenges to building relationships between families and service providers.
- Many parents identified infrequent contact with their service provider and the difficulty in getting service providers to return their calls.

- Parents commonly mentioned having more than one service provider while their case was open. Parents expressed frustration around “telling their story” over and over with each new service provider. For service providers, the frequent transferring of cases was associated with feelings of not ever really getting to know a family in the little time that they work together.
- Some mothers talked about being made to feel guilty until they proved themselves innocent. This sense of being criminalized by the system could be intensified or ameliorated by different service providers.

## **Child Placement**

Between 1997 and 2001 there was an unprecedented 40.2% increase in the substitute care population in Ontario. At that time, over 13,000 children and their mothers were experiencing the various impacts of substitute placement.<sup>2</sup> Our study of 31 mothers who had a child placed in substitute care by the Children’s Aid Society showed that:

- Frequently mothers experienced the voluntary placement of children as a welcomed intervention. This was particularly true for families struggling with a child who has an emotional or behavioural disorder. Mothers described a natural sense of loss, but also expressed feelings of relief. They believed they coped as well as could be expected under difficult circumstances.
- Situations of apprehension (involuntary placement) were associated with intensely negative feelings including grief, fear, and shame. Some mothers were confused about why the apprehension occurred and felt accused of being a “bad” mother.
- In situations of apprehension, service plans were primarily focussed on changing mothers’ behaviour and mothers felt that they were left with little choice but to comply. Legal processes often reinforced this helplessness.
- Collaboration with service providers and foster parents was important to creating a positive placement experience.

## **Service Provider Experiences**

From our study of over 400 child welfare service providers, it is clear that working in child welfare can be a challenging and rewarding job both professionally and personally. Our research highlights a number of issues central to the experiences of service providers:

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<sup>2</sup> As of April 1, 1999 there were 13,343 children in substitute care arrangements in Ontario (Secretariat to the Federal/Provincial/Territorial Working Group on Child and Family Services Information, 2002).

- 46% of all employees who responded to the survey indicated high levels of overall job satisfaction, and even among front-line service providers, 42% reported high levels of overall job satisfaction. Focus group comments suggested that feelings of gratification were associated with believing one’s work is important and meaningful. Dissatisfaction was linked to increased documentation and less time for direct contact with families.
- The current emphasis on standardized risk assessment, documentation, and court preparation appears to have impacted the way many employees experience child welfare work. Service providers described struggling to reconcile their “policing” role with their “social work” role.
- 43.5% of front-line service providers reported being highly emotionally exhausted (as measured by the Maslach Burnout Inventory). Thirty-nine percent of all employees who responded to the survey reported high levels of emotional exhaustion, suggesting that high levels of stress affect a significant proportion of individuals working in child welfare.
- Among front-line service providers, 39% reported high levels of “depersonalization” (an unfeeling and impersonal response) towards the families they worked with. Only 33% of front-line service providers scored in the low range on this measure of depersonalization. Feelings of depersonalization are thought to be one way of coping with high levels of emotional exhaustion in one’s work.

## **A Description of the Community-Based Child Welfare Service Delivery Model at Shelldale**

Shelldale Centre is the home of the West Team of Guelph Wellington Family and Children’s Services (F&CS). The agency’s service teams are divided to serve four geographic areas<sup>3</sup>. Members of the West team are responsible for all of west Guelph, including the Onward Willow community in which Shelldale is located. The Shelldale Centre is a multi-service centre that is a partnership among social, health and other agencies, community organizations, and neighbourhood residents committed to the well being of children, youth, and families in the Onward Willow community in particular, as well as western Guelph. The Shelldale Centre houses sixteen social service agencies, and offers a wide array of services including early

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<sup>3</sup> This reflects the organizational structure at the time of the study in 2003.

childhood development, family health care, clinical counselling, child protection, family support, adult education, employment training, recreation and leisure, and community safety and crime prevention. Half of the Centre is devoted to “community space” which includes community run initiatives and informal services and activities.

Fifteen staff divided into two teams comprise the West Team of Guelph Wellington F&CS<sup>4</sup>. The intake team, which initially investigates allegations of child maltreatment, includes six front-line intake workers and one supervisor. The ongoing team is responsible for ongoing protection cases and is composed of six ongoing workers and one supervisor. There is also an administrative assistant and a manager working with both teams.

According to program description data received from the agency, the Onward Willow Road neighbourhood has the highest concentration of child protection cases in the region. The community has relatively high incidences of mental health issues, low income housing and new Canadians. The Onward Willow neighbourhood has approximately 70% of its families on social assistance. The area has comparatively high unemployment and crime rates. It is considered to be the most economically disadvantaged neighbourhood in Guelph.

### Intended Program Model

This description highlights the vision of how child protection work would occur within the Shelldale Centre. It was synthesized from preliminary interviews with child welfare supervisors and managers at Shelldale and from available written documentation about Shelldale.

### *Agency Philosophy*

Family and Children’s Services is a part of the Shelldale Centre because of the fit with agency philosophy:

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<sup>4</sup> This staffing description was accurate at the time when the research was initiated.

*“Our mission is to provide for the protection of children. Together with others, we will support and encourage families, and promote caring communities that share responsibility for the well being of all children.”*

Shelldale is seen as a more developed version of the agency’s general emphasis upon community connections and service partnerships. The agency’s philosophy was the catalyst leading to the creation of the Shelldale Centre in the first place. Family and Children’s Services’ prior sponsoring of the Better Beginnings, Better Futures prevention project in the Onward Willow neighbourhood, and its working relationships with local residents, led directly to their cooperation in the Shelldale project. Family and Children’s Services took the initiative in approaching other social agencies to locate at the Shelldale Centre.

In keeping with Family and Children’s Services’ philosophy that it takes a community to raise a child, the expressed intents for the Shelldale Centre include:

- enhancing the accessibility of Family and Children’s Services to families in the Onward Willow neighbourhood;
- facilitating cooperation among service providers from Family and Children’s Services and other agencies;
- making Family and Children’s Services more visible and better known within the Onward Willow neighbourhood;
- reducing fears and misunderstandings about the nature of Family and Children’s Services.

Family and Children’s Services West Team is considered to be an example of the “community focused” service philosophy in practice. This “community-based approach” as it will be referred to for the remainder of the report, is intended to make it easier for child protection employees to connect families with services and supports as well as facilitate cooperation among service providers. Service providers at Shelldale should have more opportunity to create close relationships with other professionals and community group members due to the ease of informal and formal interactions (e.g. coffee breaks, hallway chats, service

planning meetings for families). Some of these benefits are anticipated to culminate in the increased protection of children. It is hoped that the West Team's presence at the Shelldale Centre will help to demystify Family and Children's Services. Greater trust and expanded relationships among workers and community members may also increase community members' feelings of responsibility for child safety and increase their willingness to enter into partnerships with Family and Children's Services.

### Overarching Program Objectives

#### *Community Involvement in Child Protection*

Shelldale is meant to facilitate community involvement in child protection. The community has resources to help children and families (e.g. extended family members, friends, neighbours, community groups, etc); and, if Family and Children's Services can connect with these resources, children can be protected and families can be supported in more helpful and less intrusive ways. The hope is to promote a community environment where the safety and well being of children are held as shared responsibilities.

#### *Cooperation Among Service Providers*

It should be easier for Family and Children's Services and other service providers at Shelldale to refer families and children to one another. This is intended to allow more families at the point of an initial child protection investigation to receive support from other services perhaps reducing the need to open an ongoing child protection case. When an ongoing child protection case is opened, Shelldale should facilitate the creation of service plans in partnership with different service providers, many of whom are located in the Centre.

### *Access to More Resources*

Child protection personnel are expected to have quicker and more varied access to supportive resources for children, parents, and families at Shelldale than at other agency locations. Cooperation with community programs may increase child protection workers' access to informal supports through extended family and neighbourhood residents to help families. Access to daycare and other child and parent-child programs at Shelldale should also increase service providers' capacity to protect children and support families. Ideally, this should lead to less use of more coercive interventions with families such as police escorted visits to the home and involuntary apprehensions of children. This proximity may help child protection employees and community and agency partners to be more creative helping children and families.

### *Greater Familiarity and Easier Access*

Child protection staff should have more informal contact with many of the families with whom they are involved by meeting them in the common areas of the Shelldale Centre or by dropping in on various program activities at Shelldale. Child welfare personnel should become more visible and better known to members of the Onward Willow community. This may make it easier for parents to approach the local team for assistance and reduce parents' fears if they are contacted by the agency during a child protection investigation. Parents may also receive emotional support and useful information from members of local community programs about approaching Family and Children's Services and what to expect during their involvement with the agency.

## Methodology

### Data Collection

Four primary methods of data collection are used in this study: *individual interviews* with parents, managers and representatives of collateral organizations and groups involved with the projects; *focus group discussions* with service providers and collateral organizations and groups involved with the projects; a *survey* of community-based service providers; and, the collection of *general agency statistics*.

#### Individual Interviews and small focus groups

##### 1. Parents

Twenty-one parents engaged in an individual interview with researchers to explore dimensions of their everyday lives and reflect on their service experiences within the community-based program model. Using a list of all parents who were currently involved with the program or had been involved with the program between January 2002 and January 2004, an agency representative contacted parents to inquire about their interest in having a researcher contact them to take part in an interview. The agency representative was able to reach 65 parents. Some parents could not be reached either because they did not have a phone or because they were unavailable/not home. Of the 65 parents contacted, 47 agreed to be contacted by the researchers. Researchers ended up contacting the first 30 people on this list of 47. Four individuals declined interviews and another 5 either cancelled or did not show for the interview. Unfortunately, language barriers eliminated several parents from the list. As a result, the ethnic diversity of the neighbourhood is not well represented in the parent data.

Interviews were approximately two hours in length and usually took place in participants' homes, though several parents chose the option of meeting at the Shelldale Centre. The one time



interview was typically with a family's primary care giver (usually the mother) and followed a semi-structured interview schedule. In addition, interviewers collected a small amount of demographic information from parents at the beginning of the interview such as age, gender, marital status, number of children, and so on. All interviews were audiotaped and transcribed. Parents were given a gift of \$25.00 for participating in the study. Following the interview, parents were sent a copy of their interview to keep.

## *2. Service Providers/Managers*

Child Welfare service providers engaged in small focus group dialogue and semi-structured interviews with researchers to explore their experiences and views of the implementation and operation of the community-based program model. The two supervisors at Shelldale participated in a joint one and a half hour interview and the manager in an individual one and a half hour interview. Front-line service providers were contacted by their supervisors and asked to participate in focus group interviews. Two separate focus groups were held, each two hours in length, one for the intake team and one for the ongoing team. Seven of the ongoing protection workers (the entire team) came to a focus group and two of the intake team came to a focus group.

## *3. Collaterals*

Four representatives from collateral social service organizations that worked closely with the community-based program were interviewed. Collateral informants included the executive director of Onward Willow, Better beginnings Better Futures, the Coordinator of the Shelldale Centre, and representatives from public health and community mental health. The representative from community mental health was the only collateral who was not located in the Shelldale Centre, but whose office was nearby in the community. Collateral informants engaged in one-

on-one dialogue with researchers to discuss their views of the benefits and challenges of the community-based child welfare program. Interviews were approximately one hour in length and took place at the workplace of the collateral representative.

In addition, the Onward Willow neighbourhood group, which operates out of the Shelldale Centre was selected by the researchers as an important collateral source. Onward Willow group members were invited by the researchers to a focus group at the Centre. Four members were able to attend the two-hour focus group.

#### *A Survey of Community-Based Service Providers*

Using recognized and standardized questionnaires, we surveyed levels of emotional exhaustion, depersonalizing feelings towards service recipients, personal accomplishment, and overall job satisfaction among community-based service providers. We then compared these reported levels to average levels among a group of front-line service providers from four Children's Aid Societies in Southwestern Ontario working in traditional service delivery models.

Each of the fifteen staff of the Guelph Wellington Family and Children's Services West Team were sent a survey, an information letter, and a postage-paid return envelope and a draw ticket for a prize of a spa treatment was also included in the package. Seven service providers, six front-line and one supervisor, returned completed surveys to the researchers. We cannot be sure, however, that these service providers are representative of all service providers working in the community-based program and therefore must approach these survey findings with caution. Survey procedures were designed to ensure the confidentiality of individual responses. All survey responses are reported in aggregate form only.

### Agency Statistics

To enrich our understanding of the differences between the community-based model and traditional models of service delivery, we requested some general statistics from each agency regarding the program of interest and the agency as a whole. Several of these statistics are integrated into the results section where they match themes found in the qualitative data.

### **Data Analysis**

Information from parents' transcripts was coded using a qualitative data analysis software package called N-Vivo. The coding process resulted in 21 individual parent summaries. Each summary contained excerpts from the original transcript and was organized by a standardized set of topic areas, which mirrored the original interview schedule. Topics included information related to descriptions of daily living realities for families such as access to opportunities and resources, personal functioning for parents and children, family issues, social connections, and hopes for the future. Topics specific to families' service involvements included descriptions, perceptions, and assessments of services provided by the community-based program.

Summaries of parent interviews were read multiple times by the research team (3 individuals). Researchers then engaged in a group consultation process to discuss common themes found in the data. After a number of iterations, a series of central themes emerged. These themes were then described through the writing process and, where appropriate, direct quotations were used to highlight themes and sub-themes.

Information from service providers, collateral informants, and focus group discussions came directly from the full length transcript. The same process of consultation and refining of common themes occurred for this data. Survey responses were analyzed using a statistical

software package (SPSS 10.0). Finally, the team looked at the three sources of data; parent, service provider and collateral sources, for common overarching themes.

## **Overview of Results**

The following results sections provide an overview of service participant, service provider and collateral perspectives on the Guelph Wellington Family and Children's Services community-based model of child welfare service delivery based in the Shelldale Centre<sup>5</sup>. We begin with an overview of the service participants lives, looking at some common themes shared in interviews. Following this is a summary of the feedback about the service model shared by these families in the same interviews. Next is a summary of the feedback by service providers, regarding their perspectives on working within the model and how they find the model is working. Finally, the input of the collateral service providers working in the community, as well as a group of Onward Willow community members involved with the Shelldale Centre, is summarized. While each group provides a somewhat different perspective, there are many common themes captured by the information that is shared. These common themes stress some of the strengths as well as some of the challenges of the model and may have some implications for the future of the model.

### Service Participants Lives – Challenging Circumstances

We begin with an overview of the families in our sample, who they are, their histories, and their hopes. Participants' lives illustrate some of the same themes found in earlier research of child welfare involved families across Ontario. However, the socio-economic challenges of families receiving service in this neighbourhood seem greater than average families in the prior research.

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<sup>5</sup> Please see the full length research report for an expanded discussion of study results.

Lack of economic resources is a major issue for virtually all of the families in the sample. Parents expressed concern with meeting the basic needs of their families including food, adequate affordable housing and transportation. In addition to a lack of economic resources, many parents discussed histories of social isolation and lack of support, poor mental health, and family violence. Physical health issues also came out as a theme for several of the families. Finally, there was a theme of children with special challenges, including behavioural, emotional and school/social difficulties in many families and parents needing support on these issues.

It was also noted that there were stories of hope and perseverance, despite many obstacles. Parents talked about their hopes for themselves and for their children.

#### What Participants Say About the Services.

Twenty-one service participants were interviewed about their experiences with Family and Children's Services of Guelph. Families talked about a variety of services they had been able to access through their involvement with the agency. Participants also perceived the approach of the local agency as being somewhat unique and different than what they expected. Many talked about a more supportive, less intrusive approach to agency interventions. Participants identified relationships with service providers as being highly important to a positive experience with the agency. Accessibility of workers to the participants and to the community seems to be one of the unique qualities of this local model. Most parents had positive things to say about their ability to "call up" or "drop-in" on their worker and receive support. Some parents also identified that they liked seeing their worker informally around the centre or in the community and that there was a positive sense of "connection" in knowing the service providers are based in their community. Some of the comments by participants suggested that there was a sense of "shared responsibility" developing between these families, the community, and the

agency. Finally, there was evidence of a positive shift in families' perceptions of the local child welfare office, because of their involvement. In summary, participants had many constructive things to say relating to access to a wide range of services, a "less formal" approach to child welfare, positive relationships with primary service providers, service accessibility, shared community-agency responsibility, and changing perceptions of Family and Children's Services.

Participants shared both positive and negative experiences they had with child welfare, however, families' perceptions of the agency were substantially favourable and generally shifted toward more positive opinions with greater contact. Approximately eleven of the families reported very positive experiences with the Family and Children's Services office at Shelldale, six reported mixed but mostly positive experiences, and only three were predominantly critical of the agency. Also promising is the fact that a number of participants commented on some very concrete positive changes that had occurred in their families through their F&CS involvement.

#### Service Provider Experiences

Service providers talked about the benefits they saw in the community-based model, as well as the challenges in the work. Service providers perceived both an increase in community resources as well as an increase in expectations within this model. Employee survey results flagged concerns with emotional exhaustion, depersonalization, personal accomplishment, and overall job satisfaction. Service providers, similar to parents, identified the quality of relationships, both with service participants and collateral service providers as key to success. Relationships were seen as a strong point in the community-based model but the approach was perceived to bring boundary challenges as well. Many of the service providers also communicated a connection to and empathy for the families and community they worked with. This connection was thought to be enhanced through their immersion in the community, and,

along with seeing some of the successes of the model, is what they said motivated them in the work.

### What Community Partners Say About the Model

A variety of other service providers, both at the Shelldale Centre and elsewhere were interviewed regarding their perceptions of the Guelph Family and Children's Services community-based model. These "collateral" service providers reinforced the idea that the "relationship building" aspect of the model has great potential. They also saw benefits arising out of the "demystification" of child welfare and child welfare workers. Several perceived greater trust and less fear of Family and Children's Services among community members. Committees were seen as important to building relationships, particularly between F&CS and the other service providers in the community.

In addition to collateral service providers, a group of local community members were interviewed. Several complementary themes came from this group. They identified that they have discovered through their process with Guelph F&CS, that "it is possible to have a good relationship with child welfare." The group talked about the actions of several Family and Children's Service staff who "went out of their way to help" as having had a huge impact on their perceptions and they generally saw the agency as "responsive" when they had a specific request. The community members believed that they had played a significant role and taken some initiative in the process with F&CS. The group identified that there were still some barriers and they expressed hope that F&CS can do more. Community outreach and "advertising" of services were seen as needing improvement. On a positive note, the community group saw potential for long term gains with this model that might even effect future generations and their ability to access help.

## **Comparisons with the Previous Research**

The community-based child welfare differs in important ways from the patterns in mainstream child welfare services delivery described in the introduction to this report. The level and range of assistance, first contacts, and relationships between service participants and service providers in this community-based model all seem to differ qualitatively. Service provider experiences parallel issues identified in mainstream services; however, some unique benefits and challenges of the community-based model were also identified.

The Onward Willow neighbourhood was described as high density, socio-economically challenged, having a high number of single parent households, a high number of mental health concerns, and a high number of new Canadians. Overall the families participating in this study faced more difficulties than common in the earlier research with mainstream services. On the other hand, there were unique strengths identified within this “organized” community and an engagement with families’ well being not found in our previous research.

Our previous research identified a narrow range of formal services offered families in mainstream child protection settings and suggested that many interventions were not congruent with the needs of families. This child welfare model seems to be able to connect service participants to a broader array of formal services and informal community supports. Participants suggested that the services offered were generally helpful. Services such as daycare, breakfast and after-school programs, parent-led support groups, and concrete assistance with food and transportation seem to fit with the daily needs of families and were among the most appreciated by parents. Our earlier research also talked about the many barriers to accessing services for families. Many of the services used by this community-based model were local and easily accessible.



Similar to the previous studies, first contacts with child protection were often difficult for families. However, there were some significant differences. First, there was a higher level of self-referrals in this study. Second, apprehensions, the most traumatic kind of first contact, differed in quantity and quality in our earlier research. Participants and service providers both believed that the agency strives to minimize apprehensions as much as possible. When apprehensions do occur, it was reported that they are rarely police accompanied. Furthermore, several parents describing their apprehension experiences emphasized that the service provider put extra time and effort into supporting the parents. In contrast, past research described apprehensions as usually police accompanied, highly intrusive, and service providers were described as unsupportive of parents during and after apprehensions.

All stakeholder groups in this study talked about the importance of relationships. Our previous studies highlighted the importance of “good relationships” between service providers and service participants. At the same time, “good relationships” were the exception not the norm in this research. In the Onward Willow neighbourhood sample, there was a substantially higher level of satisfaction with helping relationships with 19 out of 21 participants describing at least one “good relationship” with a Shelldale child welfare service provider. Similar traits of a “good helping relationship” as those identified in our earlier research were described including service providers who were informal, friendly, genuine, respectful, empathic, good listeners and believed in the parent. Also, there was also almost no dissatisfaction expressed by the parents in this study about the frequency, length, and quality of contacts, a finding dramatically different from our previous studies. The high accessibility of service providers at Shelldale centre was overwhelmingly seen as favourable by parents. However, the issue of having multiple workers

over time was similar to concerns raised in our earlier research about mainstream child welfare services.

Service providers in this study had similar concerns about excessive workloads and showed comparable high levels of emotional exhaustion and depersonalization as the mainstream workers in our prior research. They spent comparable proportions of their time documenting their work. Higher levels of accessibility, fewer professional boundaries, and additional community service expectations were seen as unique sources of stress in this model. While service providers talked a good deal about the unique aspects of their jobs that they found more satisfying than mainstream work, the survey results did not show greater job satisfaction than found previously for mainstream child protection service providers. Overall, the community-based service providers' jobs do not appear any more "sustainable" and staff burnout and turnover continue to be significant concerns.

Service providers in this study talked about how their understanding of families' experiences has been enhanced by their informal contacts with the community. They felt more aware of the structural inequalities affecting many families receiving services and thought they had a greater capacity to respond than child protection service providers in our prior research. These service providers also made more frequent reference to community and family strengths, conversations mostly absent in our previous studies.

### **Potential of the Model**

Previous research by the Partnerships for Children and Families Project highlighted serious concerns about the reception of families by child welfare as well as the challenging nature of child welfare employment. The purpose of this study was to gain an understanding of the impact that alternative service delivery models such as the Guelph Wellington Family and

Children's Services Shelldale Centre Project had on families', service providers', and communities' experiences of child welfare involvement.

Feedback from key stakeholders groups suggests that the Shelldale community-based child welfare project is meeting many of its objectives and illustrating elements of a more "positive" and appreciated child welfare paradigm. In particular, there is evidence that the assistance provided is more welcomed by families, less adversarial, and more congruent with daily living realities than in mainstream child protection settings. In addition, the model appears to increase access to service, improve relationship building and shared responsibility for the protection for children and support of families. Furthermore, this study illustrates a mutual accountability between child welfare service providers and community residents not seen in any of our earlier research.

However, concerns with challenging child welfare front-line employment do not appear to be alleviated within this model. Indeed, the level of demands on service providers may be higher than in mainstream settings. Solving these employment challenges, whether by providing higher levels of support or by modifying the requirements of the job, seems integral to the long-term viability of this approach. The incongruities between the philosophy and methods of this model and Provincial child protection expectations and procedures are evident.

Our conclusion is that the Shelldale project is a substantial success. It clearly illustrates that even within existing fiscal and legislative constraints it is possible to create a more generous and welcome approach to child welfare without compromising the mandate to protect children. Indeed, with the level of community and service engagement in this child welfare enterprise, it is reasonable to surmise that children are more protected and families receive more assistance within this model. In our opinion, it is very important that this approach be more broadly

understood so that others can learn from and emulate these experiences. We hope this research will aid in that enterprise.