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

Lirondel Hazineh
Wilfrid Laurier University

Gary Cameron
Wilfrid Laurier University, camerongary@wlu.ca

Karen Frensch
Wilfrid Laurier University, kfrensch@wlu.ca

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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

Authors:
Lirondel Hazineh
Gary Cameron
Karen Frensch

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Introduction

Changes in recent years have shifted Ontario's child protection system towards prescribed procedures and time lines for stages of interventions with families. These changes emphasize formal risk assessment and investigation of families. The number of families eligible for investigation has increased dramatically under modified mandatory reporting guidelines and new obligations to investigate, as have the numbers of children in substitute care. The challenges resulting from these shifts 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. Recruiting and retaining qualified service providers is a continuing challenge. 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.

Through a series of interviews, focus groups, and surveys with various stakeholders in each community (parents, service providers, collateral organizations, and community groups involved with the programs of interest) 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? The purpose was to gain an understanding of the impact that these alternative service delivery models can have on families', service providers', and communities' experiences of child welfare involvement. 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[1] 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

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[1] Full references for each of the areas of investigation can be found in Appendix A.

- 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 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

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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.

- Having more than one service provider while their case was open was commonly mentioned by parents. 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.[2] 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.

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[2] 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).

- 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:

- 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. 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 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.[3] 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 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

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[3] This staffing description was accurate at the time when the research was initiated.

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:

> "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.

The Shelldale Centre opened in the spring of 2000 and its 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 facilitating 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, and 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.

<u>Overarching Program Objectives</u>

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 creating 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. These service providers should be able to involve more families with help from formal

services such as Public Health or Community Mental Health as well as make better use of

community prevention programs such as Onward Willow Better Beginnings, Better Futures.

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 in 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*. All four of these methods are used at each of the three participating agencies. Due to the diversity in program structure across agencies, we have tailored the

procedures to fit each agency's program. What follows is a description of the specific methods and procedures used to study the community-based model of child welfare service delivered by the West Team of Guelph Wellington Family and Children's Services through the Shelldale Centre.

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.

The interview method (open ended and semi-structured questioning) does not allow for standardization in data gathering procedures across interviews. We identify several cautions here. There is substantial variance in how interviews were conducted across interviews and interviewers. Some interviewers were more systematic at covering topics than others and some parents were more talkative and insightful than others. If an issue is raised in one interview and not in another, we cannot be sure that this is not an artefact of the interview rather than a reflection of different family circumstances. Also, if one parent talks a great deal about a problem and another mentions the same issue only briefly, this does not mean the circumstances necessarily were more disruptive in one case than the other.

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 work with the community-based program were interviewed. The four were selected in consultation with the child welfare agency according to which players they worked with most closely. 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

What we have learned about employment experiences in traditional models of child welfare service delivery suggests that doing front-line child protection can be very challenging work both professionally and personally. A previous study (2003) of four Child Welfare agencies in Southwestern Ontario talked about contending with excessive workload, competing job roles, little time to spend in direct contact with families, and emotional exhaustion, all of which can contribute to job burnout and turnover in as little as two years.

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. The supervisor survey was not included in the statistical analysis because the focus of comparison was on front-line staff. Survey procedures were designed to ensure the confidentiality of individual responses. All survey responses reported herein are done in aggregate form. Due to the relatively low number of surveys we are working from, we cannot say 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.

Reporting average scores, however, can obscure the range of individual scores, particularly for small groups of respondents, and for that reason we also report frequencies of low, medium, and high levels of emotional exhaustion, depersonalization, personal accomplishment, and overall job satisfaction among community-based service providers. These frequencies are compared to low, medium, and high levels on the same indicators for a group of front-line service providers from four Children's Aid Societies in Southwestern Ontario (from our previous research).

In our earlier study of the experience of working in child welfare, one area where we heard repeated expressions of concern is about the amount of time front-line service providers are spending on documentation at the expense of time spent in face-to-face contact with the families they work with. Since one of the guiding principles of community-based child welfare is to increase accessibility of service providers by locating them within the community, we asked service providers about their perceptions of how much time they spend in face-to-face contact with families and conversely how much time they spend on documenting their work. While we instructed service providers to make sure that these two estimates added up to 100% of their time, it became clear that other job tasks were not considered such as attending meetings, sitting on committees, and other duties that do not involve direct contact with service participants. Consequently, some service providers may have estimated only the time they spend recording, and others may have estimated all of the time they spend in tasks other than direct contact with families.

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. A research team of three individuals then went through all the summarized data and engaged in a consultation process looking at common themes found in the data. After multiple read throughs 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 meta-themes.

Study 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. 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 effective they find it to be. 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.

Summary

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.

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 with 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 the local Family and Children's Services. 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 as opposed to across town. Some of the comments by participants suggested that

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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'd 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

seen as bringing boundary challenges as well. Many of the service providers also communicated

a connection to and empathy for the families and community they worked with, they thought was

enhanced through their immersion in the community. This connection, along with seeing some

of the successes of the model, are 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 though 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.

Expanded Results

Participants' Lives

Challenging Circumstances

The 21 service participants who were interviewed shared many of the themes found in our earlier research of families involved with Child Welfare services. The stories of almost all of the families interviewed depicted multiple challenges. The socio-economic factors described by this group seemed to be more marked than what was described at the sites in the previous studies. The themes that families most often identified were lack of resources, lack of practical and emotional supports, a history of family conflict, mental health challenges for parents, and many children having special needs. While these themes do not apply to each family, all families described at least three of these themes as significant concerns in their lives. Despite multiple challenges in their daily lives, participants also communicated resilience through their perseverance and efforts to improve their lives and their children's lives. About a third of those interviewed also spoke about being involved in their community and identified this as a source of positive connection.

Lack of Economic Resources

Lack of economic resources was reported as a major issue by all the families interviewed. Financial stress and financial instability were consistently mentioned. Lack of economic

resources translated to a lack of ability to adequately meet some of the basic and practical needs that families had. These disadvantages were common themes within the participants' families of origin as well.

Lack of educational and employment opportunities were a disadvantage that virtually all these participants faced. More than half of the women in this group had been unable to finish high school in their teens. Some of the reasons included leaving home at a young age due to issues in the home, teen pregnancies and learning disabilities. Many of the moms who had children as teens were neither able to finish their education nor get any experience in the workforce. It was generally acknowledged that returning to school as adults was very difficult to do with young children and a lack of income. One participant summarized the situation as, [P16] "I need work more than school at this point I think. I think schooling is very important-but I also need to keep my household going." One participant had post-secondary education from her country of origin but faced barriers to employment such as credentials not being recognized as well as language barriers.

In this sample of 21 participants, 13 were on social assistance, 4 were on disability and 4 were working. Those who worked were in low paying jobs, sometimes piecing together two part-time jobs which did not seem to provide much more income than social assistance. One single mom who was supporting one child reports, [P3] " I only make 8.94 at the factory and 8.75 at my other job. And to put both of them together I'm lucky if every other week I get almost 500 dollars." Fifteen of the 21 were single parents and none of these single parents reported receiving any income support from ex-partners. Often, where there were young children with high needs, single mothers did not see employment outside the home as a viable option. Three of the single moms on social assistance were involved with Ontario Works, which was generally

seen as an added stressor. In the two parent families, stable, full-time employment was rare.

Literacy issues, health issues and learning disabilities were mentioned as barriers for some of the

partners. Health issues such as physical disabilities, cancer, diabetes and HIV were mentioned as

major challenges to employment as well as to daily living for six of the families in the sample.

Agency statistics on families receiving services between January and June of 2004

supported the fact that the parents receiving services through Shelldale are a more financially

disadvantaged group than parents served by the agency as a whole. Forty-eight percent of

parents receiving services from Guelph Wellington F&CS were reported to receive wages from

employment; whereas, only 26% of families from the Onward Willow Road catchment area

were reported to receive wages from employment.

Many parents talked about concerns with meeting basic needs such as food, adequate

affordable housing, and transportation. This single mom who was working and had two children

and reported:

> [P11] I'd say rent and bills to run the house is a probably –a third of my income.
> You know, groceries are the rest of it basically. You know I make about twelve
> hundred a month, baby bonus included. You know, which is not very many
> things.

Some participants talked about having to use food hamper programs and other donations to be

able to provide adequately for their families, [P12] "I mean I use the food bank, I use the church,

I use my resources." One participant described:

> [P20] I can't do it on government, I was using the food bank every month. Um,
> and even then it just didn't seem like enough. Nor was it necessarily healthy food
> cause it's all cans.

Some families found it hard to use charities, for example, [P21] "I don't like using organizations

unless I really, really-I have to be a person that's gotta be bombed out of everything."

Agency statistics showed neglect of physical needs, as a reason for child welfare involvement, being somewhat higher for the Onward Willow neighbourhood than for the rest of the agency. It was the primary reason for involvement for nine percent of all open cases between January and June 2004 as compared to five percent in the rest of the agency for the same time period.

A large majority of parents had trouble securing affordable housing. In several cases, Family and Children's Services (F&CS) was able to assist interviewees in accessing affordable/adequate housing and, in four cases, inadequate/lack of housing was identified as the primary reason for F&CS involvement. Nine of the 21 participants identified a housing crisis and threatened or real homelessness within the timeframe of their involvement with F&CS and several participants also spoke about having inadequate housing for their needs as illustrated in the following quote: [P9] "I left the shelter and had to live in a one bedroom apartment with all my kids and it was really hard."

Almost all of the participants interviewed didn't have access to a car. Participants talked about difficulties in getting to appointments and activities, especially with young children or a child with a disability. This family had a child with a disability, along with three other children and they described:

> [P8]…that's probably our biggest problem right now-is the fact that yeah, we can't take them anywhere. [Child #2] can't walk either …-and he's too big for a stroller-fit in the wagon but our wagon's broken cause we had three- used to pull all three in the wagon.

Also, participants described recreational facilities and affordable grocery shopping being difficult to access and generally not within walking distance. However, the Shelldale Centre, the school and some services being close by were mentioned as positives by several families.

There was a common frustration of not being able to provide for children beyond basic

food and housing, and even providing these basic necessities was difficult for many.

> [P9] I was struggling a lot-I didn't have money for anything. I couldn't do any-
> sometimes it was hard getting groceries and clothing for my kids and birthday
> presents. And taking them out for dinner and buying them stuff, couldn't do that-
> actually still can't.

A major disappointment among parents was that they were unable to provide such things as

recreational activities, toys, and family holidays for their children.   Many parents expressed a

desire to spend more time with their children out in the community but identified a lack of

resources and transportation as barriers.

Isolation and Support

Many parents described lives that were relatively lacking in support from other adults.

This lack of support may include both social/emotional supports and concrete supports. There

was a very high proportion of single parent households in this sample (15 out of 21). Agency

statistics for the period of January to June 2004, showed that 34% of families receiving services

in the Onward Willow Road catchment area had only one caregiver as compared to 21% for the

agency as a whole.   Within the single parent families, most biological fathers were reported to

be out of contact entirely; but, there were a few fathers (five) who were still in their children's

lives, including two who were custodial parents of children. Most single moms interviewed

communicated having had little to no parenting support from ex-partners both historically and

presently. For example, one mom describes, [P12] "But he was absolutely no help. No help. He

never took an initiative in [Child #1]'s life unless I started a fight." And another mom describes:

> [P3] I wasn't getting very much help on how to deal with certain things…And,
> uh, he'd come home, have something to eat, and then go to bed. And then come

weekends he didn't want to do anything with the kids except for sit in his comfy chair, watch television and drink his beer. And go to sleep.

Over half of the participants talked about a history of isolation and feeling unsupported. For example, [P16] "I didn't have much help from anybody. No community support, nothing. At all- I didn't know who to go to." Another participant described her experience as, [P18] "I mean, after I was pregnant I wasn't in school anymore and, you know, I just kinda fell away from everyone." A third described just being accustomed to relying on herself, "…I've always been so used to there not being any help around. So it's just a thing, I don't ask." Many parents spoke of troubled pasts with negative family and social connections often leading them to cut off these connections entirely. One participant said, [P14] "Fresh start. No, I have no relatives here. So it's a very good place. I have no family here."

A current lack of close friends was an outstanding theme for about half of the participants interviewed. Half (11) did not make reference to any current friendships at all in their interviews and many explicitly commented on their lack of friends. One participant stated:

> [P17] I just stick to myself. I have..two friends that I met from where we used to live but-I don't really hang out with them that much because they're potheads. No you know, I have-have the family history of all that so I don't need it in my life right now.

Trust was described as an issue when it came to establishing friendships in the neighbourhood with several participants expressing a preference to "keep to themselves." Five participants expressed negative feelings and fears about the complexes they lived because of "nosiness of neighbours" or negative influences for themselves and their children.

On the other hand, about 50% (10) of the participants spoke somewhat positively about social connections and mentioned a number of informal supports in their lives including some family members, friends and community groups. Nine out of the 21 participants identified an

extended family member or members as a source of some support. This support was usually in the form of someone to talk to or for emergency child care. However, none identified extended family as a source of financial help. Participants who were involved in some of the community programs and volunteering represented about a third of the sample. Some of these participants talked about becoming close with their neighbours, being connected to the community centre or community activities, and several suggested that they enjoy the community and the opportunities that it does offer. For example, one participant stated, [P21] "the Shelldale workers, volunteers, mostly are all very great. A few I know, they make me feel wanted and needed for the community." Participants who had made community connections tended to speak more optimistically about the neighbourhood.

Mental Health

There was a high incidence of poor mental health reported among this group of participants. Twelve out of 21 parents (57%) interviewed talked about struggles with a diagnosed and/or medicated mental health problem. Some level of mental health concern was reported by an even larger proportion of the sample and ranging from severe longstanding issues sometimes requiring hospitalization to mild depression. A few examples of the range of difficulties included:

> [P-4] I can be in a good mood and then depressed and then like I –I go back and forth and I've always been that way.

> [P12] I suffer from chronic depression, um, panic and anxiety attacks all the time.

> [P-8] I do take an anti-depressant so. I've been taking it since-for two years I guess now. Only two years but changed my whole life.[…] Yeah, I don't want to go back without it because I mean I've suffered through really severe depressions from the time I was 12 or 14

[P-14] …like I said, I was hospitalized for three weeks cause I was suicidal ideations so my worker put me in the hospital. And then put me in a nut ward.

Three participants reported suicide attempts in their past. Depression and anxiety were the most common mental health complaints. In many cases, participants talked about histories of sexual abuse and family violence that they felt still affected them. Experiences with family trauma in parents' own pasts were shared in over half the participant interviews. Here two different participants linked their mental health troubles to past trauma:

[P-4] Oh this-these are what you call sores. And this is all related to stress. A lot of these scars was from my dad because he used to burn me with, um, cigarettes….Yeah, I scratch them all the time when I'm under stress.

[P-18] I had it [depression] severely I guess you could say […] it was ju-it's more from, uh, the abuse that I've had from my father in the past and growing up. I've been working that out in therapy since I was sixteen…"

Seven of the participants talked about past and ongoing struggles with addictions. For some, staying clean was a continuous challenge exacerbated by the other stressors in their lives. One participant described living in the neighbourhood as stressful because there are, [P1] "too many drug dealers-too close to our-like, um, my doctor's re-wrote a letter for me to get outta here because it's tempting with all the drugs and everything."

Family Conflict

While the majority of these participants were currently living on their own, many of the women reported a history of abusive relationships and domestic violence. For most of the participants, historical patterns of family conflict were evident in both stories about families of origin and past partnering relationships. Some of the more extreme situations described by participants reflecting on families of origin included, [P2] "My dad's an alcoholic and he was

like, violent and stuff a lot"; [P14] "I come from a family of abuse…my father was-he was physically and mentally-like raped and beat me cause I had no mother"; [P16]"he was an alcoholic so growing up we got beat up, my mom got beat up"; and [P11] "a family member molested me for years." Also, patterns of abuse in relationships with partners were prevalent. Some examples illustrate these histories:

> [P-12] My boyfriend and I are yelling and fighting. He's a-he's a mentally and physically abusive.[…] And things were good before I got pregnant with [Child #1]. And that's when things started to go a little whooshy-washy- I was being thrown up against walls […] then-I there was a fight and he punched me in the mouth while I had the baby in my arms […] Like he threw the coffee table at my son and I-you know? Like stuff like that.

> [P1] It was violent in spurts, you know, nothing that was ever really too bad. I figured I could handle it cause I'm strong. […] Not like he never punched me or hit me. I was never hospitalized from it,[…]. But there was a lot of shoving, grabbing, choking, you know.. a lot of verbal abuse-

> [P2] …[Child#1]'s father was really verbally abusive and stressed me out so much that, after the second one was born, I started like, drinking again. And every time I tried to get me to leave he would start threatening me and stuff, and I just felt kind of like, trapped, like I couldn't get rid of him, and he was just, trying to scare me,…

> [P7]…one of the reasons we moved to Guelph was because of her father was stalking and harassing me,…

> [P18] And that's when I called the police. And then the-I we tried to get back upstairs again. And he threw me down the stairs. Yeah, and uh, then, um, the police arrived and he went out first and talked to them and I was shaking and I was bleeding. And I was crying when they saw me. And they said 'you know what? We're gonna have to take you guys outta this home now."

In total, 19 of the 21 participants told stories of domestic violence or abuse in either their family or origin and/or in partnering relationships.

Agency statistics suggest that family violence between adults as a reason for child welfare intervention is more common in this neighbourhood than in the agency as a

whole. Adult conflict was the primary reason for child welfare intervention in 25 % of

the open cases in the Onward Willow neighbourhood from January to June 2004, while it

was 16% in the rest of the agency.

Children with Special Needs

Almost 3/4 of the children in the sample were reported to have some sort of exceptional

need outside the "norm." According to parents, almost half of the children in these families had

special needs such as learning disabilities (most commonly ADHD), developmental delay, or

mental health issues requiring psychiatric support. A quarter of the children were reported to

have significant behavioural challenges including issues of violence, anger, drug use, running

away and trouble with the law.   Special needs and behavioural challenges were key issues where

families identified needing assistance for their children. Many of the families suffered from the

double impact of having few resources and having children who had special needs. One mom

stated:

> [P20] It was just awful, it was horrible, and nobody would help me with this kid.
> I had appointments every day with somebody never mind going down to the
> school, meeting with teachers and principals and this kinda stuff. So it was very,
> very stressful for everybody…

The fact that resources are limited in these families and children often have special needs adds

complexity to family functioning.

Hope and Perseverance

Parents were asked about their hopes and aspirations and one of the strongest themes that

emerged were their hopes for a better life for the sake of their children. In addition to specific

hopes for their children's well being, parents' personal goals such as finding better employment

or furthering their education were often linked to helping their children. There was also an expressed desire for closer, better relationships and more time with children.

Generally, children were talked about as very important in families' lives. One mother described:

> [P-23]…my kids have been my life. You know-I put my kids before anything else-even before myself. Um they needed anything, I got it for them any way I possibly could kinda thing. Um, I-I could never picture my life without my kids now that I have them.

In fact, parents often communicated that children were their main focus, both by choice and necessity. [P4] "But I have to say the only thing that's keeping me going is my kids." Being a parent was described as a positive motivator by virtually all interviewees.

Parents credited their children as a source of motivation for wanting to maintain stability, deal with personal issues and improve their financial situations. Most parents described overcoming many personal and familial obstacles to be able to continue to parent their children, even before Family and Children's Services involvement. The stories parents told were very child-focused and many made references to not wanting to give up on their kids, or give up on themselves as parents. One mother expressed her hopes as, [P-17] "Most important, I want to be my son positive[…] And I hope, to be, good mother. For my son to, I teach him the right way." In one case, children had to be given up for adoption but even here the mom was very concerned about the process and who would raise her kids. Despite many hardships, these participants expressed many positive feelings about being parents. As one mother said, [P14] "I wouldn't change a thing. I love being a mom. Yeah, I love my kids unconditionally."

Overall, parent interviews revealed that most parents seemed to invest a great deal of time and energy in their children. Several parents indicated that their children's immediate needs took precedence over finding work or pursuing educational and personal goals. Many parents

reported spending a great deal of time attending meetings about their children (i.e. school, legal, counselling), focusing on behavioural management of their children, and trying to find services and activities for their children. Generally, this group of parent's stories revolved around their children. Children were often cited as the motivation for parents' continuing to struggle and persevere through difficult lives.

Overall Profile

The overall picture was of a more disadvantaged and challenged group of parents then seen in our previous research. In particular, the high frequency of severe economic disadvantage was striking. Unemployment was an issue for most of the families in our sample (81%), and poverty was an issue for almost all the families. This socio-economic profile is more challenging than what was seen in previous studies of child welfare populations as well as sites in the current research. Concerns with isolation and lack of support, mental health issues, family conflict and children's exceptional needs are also common characteristics of this sample as well as recurring themes in our past research.

Not represented in the group of parents interviewed is the relatively large proportion of families in the Onward Willow neighbourhood who are new Canadians. Due to a lack of translation services, only two of the service participants (10%) are from an ethnic minority group. Agency statistics collected between January and June of 2004 show that 19% of families in the Onward Willow area were identified as ethnic minority groups. An additional 42% of families were "not identified," this means they are not categorized as either "Canadian/Caucasian" or from a minority group.

What Participants Say About the Services

Feedback about involvement with child welfare services through the Shelldale Centre was a main focus of interviews with the service participants. Some of the themes that emerged in the interviews involved the range and fit of services, a different approach to service provision, the quality of relationships between participants and service providers, accessibility, shared responsibility, and a shift in perception of the agency. Several participants had experiences with child welfare agencies elsewhere that they contrasted with their Shelldale involvement.

A Wide Range of Services and Supports

Overall, the responses indicate that families who became involved with Guelph Wellington Family and Children's Services through Shelldale had access to a range of services and supports. Most often mentioned were support services for children such as child care, the "Friends" program, camps, after-school programs, and counselling and one-on-one support services. Second most mentioned were a range of tangible supports such as transportation assistance, food vouchers, and essential household needs. Some other highlighted services included referral to groups and counseling for parents and housing advocacy. In general, participants indicate that they are being linked to services that they feel are appropriate and meet their needs. The following quotes are illustrative of some of the types of supports families find helpful:

> [P19]….she got [Child #2] into, um, day-care and she got- she helped me get him into the TAP-C program cause you're trying to get in the TAP-C- you only get into the TAPs-C if you have a referral. I think you need two referrals. So my Children's Aid worker and the ECE worker both gave me a referral-uh- and that's how we were able to get in there. […] And, um, so they did those two things and then since then, um, they've told me about after- after-school programs. Um, like this year at school, um, I, uh, I was having a lot of financial difficulties and they helped me- …Yeah. For the boys for school. Um, they helped me, like they paid for, um, indoor shoes for them.

[P5]…my husband's off work temporary so money we have stretched as far as it can go. And there's times where it didn't go out far enough, which left me short and where the baby was on regular milk. So I had to make sure I had milk in the house all the time. And they managed to come up with the funds to give me a food voucher for, well actually gift cards to Zehrs or No frills. So, you know, it's a small amount but enough to do us. Th- 'til those couple days go by.

[P4] So far a best friend for my two kids. Um, uh, she got some cleaners for me to do some cleaning of the place. Um, she wrote a letter for me, um, on how to- about why I wanted to move outta here and what situation I was in. And that she wanted me to be more closer for school for the kids so they can finish their year. Um, she's given me vouchers for food, um, for a cab. Um, um, she gave me a little bit of money like a cheque thingamajig for hydro.

[P6] Well they got, you know, my daughter into, um, you know, as I said, they got her into things I could never afford, um, like day camps and-and psychologists. Um, so that was pretty good.

Quite a few of the services mentioned by families involved assistance with basic needs and accessing local services out of the Shelldale Centre.

Some participants expressed appreciation for the Shelldale Centre as a whole and with the variety of services it offers. Participants whose children attended groups or activities at the Centre were particularly satisfied with it. A mother mentioned three different ways her family benefited from the Centre:

[P7] The day care, day camp in the summer time, […] Yeah she went to anger management there. We went to parenting classes over there.

Another participant praised the staff as well as the programs at Shelldale:

[P15] A youth worker here at Shelldale centre, she was very, very good. I must give credit- a centre is really outrageous with all the programs. Family Services takes part in a lot of program.

Participants also talked more generally about a sense of 'support' or 'help' they felt coming from the F&CS office at Shelldale. Some examples of statements from participants included:

[P20] I've learned that there's more support out there thanks to Children's Aid.[…] …they've showed me more support out there than I thought was even out there.

[P15] …they've been very helpful with me. […] they came once and helped me at Christmas time when they knew times were struggling…

[P4] I have Children's Aid as my support.[…] Um, Children's Aid is like my-it-it is true, they are like my second home.

[P21] She said, whenever you need me, I'm there to help you. If you need us to talk to you, we're there for you, any time. You know, which was nice to hear.

[P18] And, you know, she was very helpful. And she told me like there's very good people here to help and very good counsellors that I can talk to. And I felt safe….

This theme of "feeling supported" is also reiterated in many of the statements about relationships with service providers discussed later on.

Even though many of the services offered are preventative, one family suggested Family and Children's Services could go further:

[P11] …- we didn't have an open file, but the worker we had was like kind've letting us, you know, making sure my daughter got to a summer camp and- and paying for rides to family therapy out in Milton. But that ended cause they couldn't justify it anymore to the, you know, accounting department probably because it's not, uh, if you don't have an open file- there's no real money for you.[…] If I had- if they'd a kept the counselling going, I probably wouldn't have landed in the problems I wa-I-I-I've been going through with her this last six months. They don't do prevention. They do crisis management. Well if you're always managing a crisis, you always will be managing a crisis. You know? So that's the biggest thing I've got- that's the biggest fish I've got with the system.

The service provider did try to assist beyond an open file but ultimately the system did not support this degree of prevention. Another suggestion from a family highlighted that it is still difficult to access some services in as timely a way as would be helpful:

[P18] Um, I think it's mainly, like the waiting time. Like, um, when you wanna get involved in like a program or you need some help with something- you have to wait a while before it's all set up before you can go and do it. And- cause

sometimes depending on what it is, I think that the waiting time is like the critical time.

This mother was referring to formal services outside of the Shelldale Centre, which can be difficult to access when needed.

A Less "Formal," Less "Intrusive" Approach

Participants talked positively about the approach of the agency and service providers and described them as being less "intrusive" and more "informal" than expected. They expressed that service providers seemed to prefer to put supports in place rather than remove children from homes. Here a participant highlighted the approach they felt was communicated by service providers:

> [P15] And that they'd rather- my workers always told me- my both workers [Worker #1] and [Worker #2] always told me if they can't help ya, they will get you the help. And they would rather be that way than take your child. They'd rather help you than take them. Which is- I see their, like you know, sure there is, there is times they have to remove, but they don't remove anybody unless they really, really have to.

Another participant talked about experiencing a supportive approach:

> [P6] Yeah she's a- very nice. She's very upfront, very, um, helpful. She's not here to take away the family or split everybody up or traumatise my kids. She's here to, uh, help them and help us. […] Cause they know, like, well you heard the background right? And they know there's been a lotta hard times. So she's here to help, not split anybody up. Like families- supposed to be together not- you know what I mean? Especially like young children, you- […] More [Child #1] and [Child #1] likes her. She doesn't fear her at all.

This interview data suggests that service providers were seen as making an effort to avoid apprehending children. There were 3 cases among these 21 families where children were removed from the home by the F&CS team from Shelldale and one case where a child was given up for adoption in hospital through a voluntary agreement. In 4 other cases, participants had been involved with apprehensions in other regions or through the main office of Guelph

Wellington F&CS. Participants only had negative things to say about their past experiences, but in the case of the apprehensions that happened through Shelldale, positive comments were made in two of the cases. One participant mentioned appreciating the fact that the police were not called in:

> [P8] And no- I have nothing but good things to say about Shelldale. And even from the beginning, you know, th-they- they were almost gonna call the police on my husband cause he was upset and he was swearing and yelling at them. And threatening, well you know what they call threatening.[…] when [Husband] calmed down they talked to him nice and they said 'oh, yeah' they- they said they won't restrain him, prevent him from coming you know. And then when they talked, they were fine. […] Oh they were good. They were good. I gotta say they sh- they- they were trying. You know, they were trying to be really good about it. And they were, even the supervisor. We each went and talked to her. She was really good. And, um, actually, um, my phone bill almost got cut at the same time too. And they paid it for us. And they paid half of it for us. So that, um, I could keep in touch with them and you know, and [Child #1] got to call me every night so.

In the above example, the children returned home after a week, and the parents expressed that overall the apprehension or "break" had been helpful for them. In another example, the participant also had positive things to say about the approach of the Shelldale staff during an apprehension:

> [P16] He just seemed really like- I think, of course, initially I'm gonna hate him cause they'd just taken my kid. So I think it's like that first - but then, you know, he tried to explain things to me and he just seemed- he was really nice about it. And really helpful.

In this example, the child was returned to the home once appropriate housing was secured. Parent perceptions were that the child welfare staff at Shelldale were less intrusive in their interventions than what parents expected from a child welfare agency. There was a belief that these service providers were not quick to apprehend, and when apprehensions happened, some parents stated that they were done with an approach that was supportive of the parents.

Some of the participants talked about the "informal" relationships and activities that service providers engage in. According to program objectives, the presence of workers in the community is intended to increase familiarity and comfort with service providers and the agency. Participants talked about enjoying seeing workers in a less formal role. For example:

> [P10] "And you get to see the workers on a different basis, like even if it's your worker- when you see them at the centre, it's not your worker. They're not in their worker role. Like of course they have their oath, they have everything else, like they hear anything they have to report it. […] So like no, it's-it's fun. Especially seeing them like in, um, they're no in their job mode. Like when they're doing barbeques and stuff in the summer for carnival…

Feedback about the informal relationships with agency staff where it was mentioned was always positive.

Relationships with Service Providers are Important

Families identified positive relationships with their primary service providers as being highly important to satisfaction with services. These primary relationships seemed to have a great influence on the families' overall experience with the agency. It is an area where participants had much to say.

Families appreciated workers who they perceived as "respectful," who were flexible, and went "beyond the call" to help. In this sample of families, participants reported many more positive than negative experiences with workers. Nineteen out of the 21 participants identified at least one "good" relationship with a child welfare worker at Shelldale. In some cases, participants talked about sharply contrasting experiences between a service provider who was not a good fit, and with a worker who was a good fit. In 5 out of 7 of these examples, negative experiences were with F&CS staff in other regions or from the main office and these were contrasted with more positive experiences that they had through Shelldale.

The importance of service providers developing respectful relationships with participants was a major theme in the feedback from participants. This theme of "good relationships" incorporates a variety of qualities including being non-judgemental, believing in the participant, taking the time to explain things, being a good listener, using a non-authoritarian approach and establishing trust. Here one participant talked about not feeling judged:

> [P4] Actually to be quite honest with you, she was very respectful. Very understanding, um, she never judged me by-by what the cops had to say. Um, she did look at my fridge and sh- and I told her straight out the hock she didn't even get a chance to speak I said 'I'll clean it up. I'll have it cleaned up right after you leave- I'll have it cleaned up.' And, uh, no she was really- she was really good with me- really. I didn't- I did not have a problem with her at all. She was quite understanding.

In the following example, a participant contrasts her experience with a Shelldale worker with the experience she had elsewhere where she did feel very judged:

> [P1] I didn't feel that she [Worker#2] was attacking me or judging me. She was just like, 'you know what, I'm here to help you and that's just what I'm here for. I'm here for you. Whereas [Worker #1] was more of a – you're a- horrible mother, you're a drug addict, you're this, you're this, you're this.

A sense that the service provider "believes in" the participant was identified as important by a number of parents. Here the same participant talked about how she feels that doubt expressed by social workers about the parent's ability or potential to be a good parent can become "self-fulfilling:"

> [P1] The more, the more you doubt somebody and express the fact that you doubt them and don't think they can do it. They're not gonna. They're not gonna at all. So I think social workers in general need to remember when they're dealing with cases, that they're people. And how you deal with them will really effect the outcome of their situation.

The next example illustrates how a service provider who believed in the mother was seen as making a big difference to the mother.

> [P4] She-had-I don't know. It's- what was special about her? She was just- she

was a social worker but she was like a friend. Like she- I could tell her what was on my mind. I didn't have no fear of nothing, you know, like she knew- she always made it very clear- she knew I was a good mom, she knew- she was always reassuring me that, you know what? Even though you're going through this hump right now- you're a good person. You're a good mom. You're doing the best you can. Your house might be a mess, whatever, but you're still a very good person.

Service providers who take the time to talk things through and problem solve were appreciated as illustrated in the following example:

[P5] Yeah, he was very helpful. He was a good worker, like the two workers- between [Worker #1] and him, we-like we didn't have no problems with them at all. Um, didn't have- like they'd had complaints against us, but with solving it- they came over and talked to us about it and make sure everything was okay, you know, check the kids and everything was fine.

Service providers described as good listeners and good communicators were commonly considered important and respectful. A participant coming from another culture talked about her vastly different experiences with various service providers. In the first example, the service provider came from another office. The participant experienced this service provider as non-communicative and disrespectful. The participant highlighted the need to promote understanding as paramount when working with someone from another culture:

[P17] But, I had before, worker, she's not really helpful. From Family Children's Services. She's not. I was not happy with her at all. She won't give answers, she won't call, she just, like, sorry, she was so mean. I, don't tell anything to her. Nothing, nothing. […] The attitude she had, like, I don't know if my opinion, if you worker, if you want to help someone, you have to very nice and polite with the family or the customer coming to you. You don't, you can't be mean with the people. With the, especially, work with the family. You cannot be mean with the people. Especially you come different cultures, you don't understand you, and new everything for them, you have to explain to family.

In a second example, the same participant talked about a very positive experience she had with a service provider from Shelldale whom she found to be respectful of her and her culture, and willing to take the time to explain things and listen:

[P17] She's more friendly. She, more listening. […] Like, she came, she, the way

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she talks, the way she say hi, hello and sitting, talking with me, talking with Son. And she really, like she knows I'm different culture, she respects my cultures. And- […] And when, like, I don't know, I know I'm different culture, and some is different, but she explain to me the way it goes in Canada, their culture. Here culture. She explain more, and said, oh I respect you, I know your culture is different, but we have to do this, this, this. Here it's different. We work differently and, she explains me more about and she, more, yeah and she listening more. What I'm saying, after that she listen. And she explain me back say, oh your cultures, this, I respect you culture. Nothing wrong, your culture, but Interviewee, Canada's different. I help you, and the way she explain, the way she respect my culture. And, the way explain her culture.

Another participant talked about qualities she found missing in some workers. This participant has also had both good and bad experiences with workers. She also highlighted "not feeling listened to" as a major negative factor for her:

[P9] Not helpful? I would have to say sometimes some of the workers don't feel like they have a heart. […] Well they're only doing their job and they don't care about you. They're- they're caring about your children, which is fine I guess when they're not their children. And, uh, I don't know. Like I said, they believe stories and they don't wanna listen sometimes and that means they don't have a heart because if they had a heart they'd actually sit down and listen and know where you're coming from instead of in-assuming things that they don't know.

Participants appreciated Service providers who took non-hierarchical stances and non-authoritarian approaches. Some statements from parents indicated a sense of mutual respect between the service provider and the participant:

[P10] I just like that she will learn from me as well as I learned from her. And she went out of her way to do the internet stuff and find me stuff. […] she'd say hi to me and stuff when I was at Shelldale and stuff like that, like everybody knew we were worker and client. Like it didn't matter-

[P19] She's always, you know, like I-um any problems that I've had I've talked to her about and she doesn't tell me things I have to do- she tells me things that I can do. Um, different ways I can go about things. Um, the fact that she doesn't try to run my life- that's what I like about her. Um, other than that, I mean, like she-she's been great to me and the kids. You know like she'd be walking down the street or something and the kids would be like 'oh hi [Worker #1]!' and she's like 'Hi guys!' You know, make a great big deal about seeing them, you know. Makes them feel good. You know- and that's what I like.

In the following example, a participant sharply contrasted her experience with Family and Children's Services in another region with her experience at Shelldale. She identified feeling 'like a partner' in her relationships with Shelldale staff whereas she found the other agency staff to be quite uncooperative with her:

> [P7] So it was just horrible, it was an absolute nightmare just finding out where they were, and what was going on and the total lack of, what I perceived their co-operation to be, really pissed me off, you know? That I seemed to have really good relationships with the staff here, in Wellington, and I didn't see them responding in quite the same way that staff here had that I really felt stonewalled, that it was a very, um, here I felt like a partner, over there I felt like, I don't know what, I was some little something to scrape of the bottom of your shoe or something, I was a real nuisance, and you know?

Trust was also a theme within relationships that seemed closely connected with mutual respect. While participants did not define exactly what it was that built trust, they did identify trust as important and present in many of the relationships. The following two quotes allude to a perceived honesty, directness, or openness in the service provider that to contributed to trust within the relationship:

> [P17] And she laugh, she smiles, she's good lady. And, if she can help me, she help me right there, if she cannot, she, tell me and she call me, I usually don't take long, to wait. I know she's really busy. I respect her. If she calls me after two, three days, I know she's busy, but she call me, and, she doesn't say, she don't ignore me, yeah. She's a good worker.

> [P19] I found her very easy to talk to. Um, and I found with more- more and more talking to her that, um, I could trust her because there was times where we would talk and she'd say 'okay, well off the record, you know- how do you feel about this?' And I've actually requested to look at my- my file and she's had no problems showing it to me.

Here a participant talks about the relationship between trust and feeling valued by the service provider:

> [P21] Well she just seemed to, her personality, she didn't seem, with some people, come, can, just some people's looks can even, you know what I mean? She's got like a happy face, you can tell when they talk to children, when they

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come in and they say nice things about your home. You know what I mean? And they understand, when you talk about you being sick, they're worried, they're not just there to cut you down, you know what I mean? Like, which is nice. You know. That's one thing. And when you have a, a CA worker saying, I really don't believe these allegations are true, but I needed to check in on it. You know, that's a good feeling.

Mutually respectful relationships between service providers and participants seemed to be important as they are extensively talked about by the participants. There were numerous examples given of mutually respectful relationships is promising.

Service provider flexibility was another quality that was appreciated by participants. In the following example, a participant contrasted a service provider who "goes by the book" with a worker whom the participant considered to be more accommodating:

> [P15] Okay, about the first worker I had. Well the first worker was a very ignorant worker, he had to do everything by the book. It was book, book, book. And then, and then I had him for about 6 months. That was before they moved here. They were operating out of Delhi office. […]And then, I said to [Director], I says, um- …I said what's the possibility of getting one of the workers in this area….This was shortly after they moved over here. […] And he says, 'well' he said 'I'll see what [Service Provider's] load's like.' I think he did some shuffling to get me out of that other worker and that. And this- ever since then we've had a good relationships.

In the above example, the Director of the agency was also very flexible and accommodating to the participant's request for a new service provider. In the following example, a participant talks about a service provider's flexibility:

> [P7] She, like I said was very sympathetic, worked very well with me, really, you know, pushed everything through and maybe bent a few of the rules and regs, like I said, she's obligated to give the paperwork, but I saw no reason why she couldn't phone and give a verbal, with paperwork to follow. And she said, ok, you know what, we don't usually do it that way, but this is extenuating circumstances …

Service providers who were willing to go "beyond the call," taking extra time and trouble to help participants, received very positive feedback. It seemed that "little things made a big

difference" to participants who were struggling with tough everyday realities:

> [P8] She went above and beyond the call, to help me. She saw a woman and a family, and this was a small thing for her to do, was a nothing little thing, you know? But because I didn't have a car and it would have taken me three hours by fuckin' bus, oh here, we'll go, it'll take me five minutes, right? A small thing for her to do meant the world to me.

Another participant talked about a small gesture that had a huge impact on her family's

relationship with the service provider:

> [P19] Like she'll sit down and she'll talk to them. She'll- you know she's gotten down on the floor and played cards with them and stuff like that. Um, like there's one day last summer where she came to talk to me and the kids are like 'well why can't you stay and play. She goes 'well I'm very busy, but, you know, maybe Monday or Tuesday I can come back and-and we'll play it with you.' And she did. She came back just to play. Not to have a visit- just to play. You know. And I thought that was great. I mean that's one thing that I like about her.

Service providers who were flexible and able to "do a little extra" for families seemed to

make significant relationship gains with participants.

Five interviewees identified the issue of having multiple workers. The Shelldale model

uses the same intake/ongoing worker split used in the traditional child protection model. Having

multiple workers was generally seen as a negative. Sometimes participants mentioned having

bonded with their intake worker and then having to lose this relationship. In other cases, the

simple fact that they had to tell their story over again to someone new was mentioned. In this

example, the participant alluded to the fact that it made it more difficult to establish meaningful

relationships with service providers when there was change:

> [P20] Yeah, although they've all- they're all great people. But you're not with them long enough to realize how great or not, you know? So because the other two workers I just told you about- other than [Worker #1], it's been short periods. And-and I can't really say much. Except they're the one- [Worker #3] was the one that started the ball rolling in the first place. [Worker #2] took over [Worker #3]'s place. I believe, so- I think that's how it works. [Worker #1] was the one that actually comes into your house and maybe helps you think of a routine or something.

Having multiple workers may be confusing for participants and certainly there are some losses the relationship.

With multiple service providers, lack of consistency between service providers was identified as a concern by a several parents. A few were highly critical of a change in workers and expressed that they did not feel they had the same level of support from different workers. This participant was frustrated by the fact that she was denied a request to get another worker when she did not feel the new worker was a good fit for her:

> Like it's not like it was when I had [Worker #1][…] Like it's not at all what it was.
> And I would- no I wouldn't recommend it, unless it was gonna be [Worker #1]
> they would be working with. Because, yeah, I have no-no-no use for them
> especially when they tell me that if I'm not satisfied with my worker, they can get
> me another worker and then the supervisor plain out tells me 'no, I'm not getting
> you another worker.'

Age and experience of workers was also identified as a concern by a number of participants. Service provider profiles outlined in the previous section demonstrate that Shelldale front-line staff, similar to other child welfare staff in our research, tended to be under 30 and without children. Here one participant talked about appreciating that her worker did have children, [P1]"My family support worker-She is fantastic. I love [Worker#2]. [Worker#2], um, is a mom, which right off the bat is good. Cause she understands." Another participant mentioned her worker not having children and this being a negative, [P12] "And then Children's Aid tries to give you a worker who has not had any kids and has no idea what it's like to raise children." A third participant elaborated on the some of the concerns parents may have with young workers who do not yet have children of their own:

> [P9]And what really ticks me off mostly about some of the Children's Aid
> workers is that a lot of them are either young and just outta school, and I don't I
> don't like to put any offence on anything, but it's true. A lot younger than me,
> I've had some workers that don't have any children just coming into my home
> and telling me how to raise mine. Doesn't look very good for me, for one, but for

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them it's- for me looking at them wondering like wh- 'how do you know what you're talking about? You read it through a book, you went to a class, so did I, you know, but I have my children- I have them here everyday.

On the other hand, this mom had a positive experience with a young worker, just out of school with no children of her own:

[P10] Um, at first I thought that it was pretty weird having somebody that doesn't have a kid, straight outta university coming to my house. Not only that, but she doesn't have a degree in social work- she has a degree in psychology. Um, so all those things really kind've- cause a lot of the social workers now don't have any kids, don't have any experience in the field. […] - so I was really iffy about her I think and that she was just gonna be like one of those 'noses up in the air'. I was very wrong. […] the first thing she said to me when she met with me was-…'this is my opportunity to learn from you and your opportunity to learn from me.' So she was actually listening to my experiences, taking what I did from the experiences and stuff like that.

However, recent feedback in general showed that participants preferred workers with children of their own and relevant life experience. One participant offered a suggestion about training of front-line staff to help them gain life experience with children:

[P12] And I think that before you should even be able to work with-with F&CS, you should, um, do day-care for a year. Do you know what I mean? […] Well get some ex-experience with kids and families before you just jump right in there and start reading from your textbook and, you know?

Clearly, service provider age, life experience and family situation was relevant to parents and lack of these factors did emerge as a concern for some parents.

Overall, the human element was seen as very important to success by the participants and as affecting parents' openness to using supports. When the relationship with a primary worker was described as "good," families tended to be very appreciative of the help they received. For example, [P8] "And she's been excellent. She's been really, really helpful. Actually we needed someone like her. So I mean that's why now I don't wanna lose her, you know? 'No, keep it going, we need ya-." Positive relationships also seemed to minimize the need for coercive interventions. Many families talked about cooperative relationships with their primary workers.

<u>Accessibility</u>

The accessibility of service providers is a feature of the community-based model that was positively highlighted in participants' comments. Accessibility was generally seen as very good by this group of participants; however, there were a couple of negative comments as well and the desire that workers could be even more accessible.

A mother participant expressed how having the office in the community made it easier for her family to come to the office. She also talked about how Shelldale service providers were usually open to coming to her house. The fact that the service providers do not have far to travel made these sort of home visits more practical. Finally, the participant felt "a little more connected" knowing that the Family and Children's Services staff were in her neighbourhood:

> [P7] Um, I guess it's just a little more convenient, because if we ever had to go in for an appointment, like we can walk here, might be a, a bit of a walk, but we can still make it, whereas the other one, like on Delhi, we would have to take the bus.[…] but most of them, have been flexible enough that they've been willing to come to the house, so that's, it's worked out, usually that's what we do. I mean, sometimes it's unavoidable, that I would have to come in here, but yeah, I think they did try to accommodate us that way, that they were willing to come to the house.[…]I guess, I, I don't know, my own perception I'm sure is just nonsense, but the fact that they work in this neighbourhood, helps me feel a little more connected to them, rather than, oh they're way across town, and, what do they know?

Participants felt freer to "drop in" or call their worker. Participants appreciated service providers' openness to being called upon for help. For example: [P16] "…I can call her- well it's kinda big. Like I can call her up on any day I'm just having a bad day. And just like talk to her. And it's not like a-a big issue." and [P15] "like I said if they ca-if you need them, they'll come. They'll come and I can come back here any morning, rap on that door and say good morning to

them." Here a participant commented on the accessibility of support at the centre specifically for her child:

> [P14] I think it's great. […] Well because of like- for [Child #3] for instance, if she is upset- there is somebody there that she could talk to. […] And I think it's great. And it's convenient for me cause I'm just across the street. Like they do a lotta great things with kids with programs and- […] And like there's always somebody there for the kids to talk to. Like whether it's a Shelldale worker or whether it's a Children's Aid worker. There's somebody on that they could feel safe enough to go and talk to. And they're very open with them.

Generally, participants were happy with the frequency of their contact with the agency. Contact seemed to vary depending on needs. In many ongoing cases participants reported that they approached their worker when they needed something and they were quite comfortable doing this. Participants also made reference to service providers checking in with them periodically.

While there were quite a few comments praising the accessibility of workers, there were a couple of negative comments as well. The following was a very negative opinion of a worker's lack of contact relating to a child not being returned to her home after a visit with the father due to concerns about her parenting: [P3]"I was devastated and ticked off and especially with them leaving the message on the answering machine." According to the participant, the service provider said she tried to reach her in person but the parent felt that the worker had not tried hard enough, especially given the magnitude of the information. So while accessibility seemed to be greatly improved with this model, there are still participants who report negative experiences.

Accessibility of the community to the worker is another factor that may be increased with this model. In this quote, a participant indicated that the Shelldale team, being immersed in the community, "knows everything" that is going on. It was suggested that having such connection

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and "accessibility" to the community, in addition to giving service providers more information enriches the staff's experience in some way:

> [P10] Now the west end team has no choice but to know everything. But it's grown on them, like it's just- it's there. And I truthfully think if they had to pick where they wanted to work they probably wouldn't pick anywhere different than there. Because it's just- it's different. You'd have to go there to check it out and actually hang out with all of them.

Participants who experienced service providers as accessible communicated that this had a positive influence on the quality of their relationship with the service provider. High accessibility of service providers also appeared to contribute to a positive reception of the agency as a whole.

Shift in Perception of the Child Welfare Agency

Many of the participants interviewed communicated that they experienced a change in their perceptions of Family and Children's Service. Parents talked about how their recent experience with the local office has dispelled certain fears and stereotypes that they previously held about child welfare agencies based on their past contacts with other offices or simply based on "myths" in society. In most cases (18), families' perception of the agency before their involvement was generally negative.

Many families found it difficult to engage with Family and Children's Services initially because of their fears. Fears triggered by stereotypes and hearing about the bad experiences of others were a barrier to initiating contact with the agency. This mom who initiated contact because she needed help stated that it was, [P20] "Difficult. Yep, because I thought nothing but bad about them." A sense of "fear" of the agency is communicated in several stories about perception prior to contact, such as in this one:

> [P19] Um, i-in the beginning I did because I've heard nothing but bad reports

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about Children's Aid. Um-Just maybe I was doing something wrong. Maybe I wasn't doing something good enough. Maybe, you know, oh but- almost everybody I know- like all the young mothers I know- they don't have their kids anymore. All their kids have gotten taken away. And it's ve- you know, um, majority of them was because Children's Aid had gotten involved. Um, but I kno-I know the- the difference was I wanted my file open and the ones that I know had to have a file opened. Um, but I- so that was always in the back of my mind- what if she doesn't like this? What if she doesn't like that? What if she doesn't like me in general, you know? Um, if I don't meet her expectations- things like that.

Coming from another country and hearing negative stories or stereotypes can heighten fear even more:

[P17] Ok, the beginning, is very scary. Because we, I never involved in, I don't, don't know anything about the agency, and everybody told me different story about them. That if you do something, to your son, or you talk to them, or they're, oh they're gonna take your son right away from you. They don't care, they, they, I was really scared. Really because I am different culture. […] I had, lot of difficulty with my son. I scared to talk to anybody. No one. Even the, and I involved with the Gateway, the Shelldale Centre, I was scared to talk to them because they told me these people worked for, for this agency too, if you say something to them, and they gonna tell right away to them, and they gonna come to your house and-[…] Yeah, the way then I just backed off from this agency, I don't tell anything. But, one day I had friends from [my community], she had, she's working 'til now […] said, this, that's not true. You go tell them. You need problem, you sorry, you need help. And, they will help you. When they take your child from you, if you hurt him really bad.

While "community gossip" was the source of some of the fears, community also seemed to communicate some positive awareness of some of the practical assistance and support the agency could provide. However, most of the participants were not aware of the range of supports and services they could receive until they became involved.

Some families (5) had negative past experiences with child welfare in other regions and their perceptions were based on these experiences. The following example illustrates a participant's past experience with another office:

[P6] Terrible. Um, my daughter was born, um, it was some anonymous person phoned and told Children's Aid that, um, her father had hung her upside down and started, um, hitting her. Um, they came in- she was only about two months

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old. They came in- four cops surrounded her father and they took her out. Um, they put her in the hospital for the weekend. Um, her father and I were constantly supervised by people in the hospital. We were never left alone with our daughter. Um, and I fought tooth and nail for 6 months. […] And that's where I believe my daughter's problems started. They say that children really don't know what's going on when they're that age, but I believe they do [….] Well she was ripped away from me, you know, two months into being born.[…] And, yeah, it was miserable. They had her crying half the night at the hospital. […] I was but I was supervised. I was watched like a hawk.[…] They made me feel like a criminal. I felt terrible. At one point I had contemplated, uh, you know, sneaking her outta the hospital. Um, that never happened so- cause I'm still here. I-it was- it was very terrible. Uh- I wouldn't wish it on anybody.

The same participant said that after her experience with the Shelldale office she has come

to believe:

> [P6] That maybe they're not there to really destroy people's lives. Um, that they can help you get things that you really can't afford. Um, like if it wasn't for Children's Aid- my daughter wouldn't have had a psychologist, who was very good. Um, she wouldn't've been able to- to get such help that she had.

Here another mother contrasted her past perception, based on having her pre-school age

child apprehended on more than one occasion in another region, with her new perception

of the Shelldale based team:

> [P18] I told them, uh, my situation in [other region]. And she was just like 'well you know what? The Guelph CAS- they, we don't work that way. We want the mother and the child to be together. That's the way we work here. We're not gonna take [Child #1], um, you can trust us.' And I felt very safe and, um, you know, she was- she was thankful that I called her. And like it wasn't the other way around. And I was too. And I just, uh, like I knew that, uh, if I was just truthful with them, with the CAS, and I told them my situation that they could be there to help instead of being there to take [Child #1] away sort've.

In the majority of cases, parents communicated a marked shift in their perception and

understanding of the agency after involvement. This shift was to a more positive perception and

an awareness of the ways in which the agency could help meet their needs. This mother

reflected on the ways in which the agency, contrary to her initial perceptions, was helpful to her:

> [P16] Um, well I got here. So I guess like- in the beginning I didn't find them too

helpful. But I guess really they are. Like, you know, they help me get into the shelter […] Cause really Women in Crisis is for abused women. I wasn't abused. So they sorta, you know, worked their magic there and- and got me in. And then also that's- they got me in here. Housing. […] So F and CS, you know, sent a letter to housing pretty well saying, you know, she needs a place or she doesn't get her son. Soon as she has a place, she'll get her son. And I needed a 3 bedroom and so I got in here. So they've helped out quite a bit. They- you know, a lotta bad things happened but I guess I can't really blame them- they were just doing their job.

This mom talked about how she felt that being the one to initiate contact with the agency made a positive difference:

[P20] Like I- like I wanted you to know I had a bad experience with them and I had a good experience with them. And I could tell my good experience was because I was the one that took the initiative to be honest and say 'this is trouble.' And before it gets any worse and then before I do hurt my child, cause that's how I feel, it doesn't mean I will. But I don't wanna take that chance. […]So- but like I said, it makes a difference to be able to say, you know, I'm having trouble.

This perception that initiating contact, asking for help, or simply being open to help resulted in a more positive outcome was mirrored by six other participants.

A mother who had to give her child up for adoption suggested a positive shift in her perception of the agency, its intentions and its helpfulness. Here she commented on what was helpful in her recent experience:

[P2] I guess just putting my kids in a place that, they're gonna be okay. Yeah. And helping me realize that I have a lot of problems, why I can't take care of them. […] Because I, I didn't realize it when I was taking care of them, that I couldn't.

In summary, a shift to a more positive perception of the agency, at least of the Shelldale branch, as a source of help was evident in many participant statements.

Shared Responsibility

Participants suggested that a sense of partnership between participants and Family and Children's Services, and a shared responsibility or even community responsibility for child

welfare was occurring in this local model of child welfare. Some participants talked about themselves as partners in the relationship with child welfare. This is illustrated through some of the language used such as "friends" to describe the service providers. For example, [P6] "Um, I go and talk to them on a daily basis where, um, I can just sit down and have a friendly chat with them and-and not feel, um, that I should be on the defensive. Um, they've been more like friends to me." The word "friend" was used by five different participants to describe a service provider and the word "partner" or "partners" was used by two.

While 5 families engaged voluntarily with child welfare from the onset, 11 out of 21 of the cases were voluntary agreements at the time of the interview or were voluntary at the time of ending (two of the cases recently closed). Most families reported that through the process, they became less resistant to receiving help and more comfortable contacting child welfare when they had a need.   Participants often talked about their own actions making a difference rather than the agency "doing to or for them." This was particularly evident in self-referrals: [P18] "I took it upon myself to call CAS here in Guelph and just tell them- […] I did, yeah. And I told them about my situation and I s- I started seeing a counsellor at Shelldale." In total, five of the participants in the interviews were self-referred and an additional two participants self-referred on the second opening of the file. The high number of self-referrals and voluntary agreements in this sample show significant initiative on the part of families to take responsibility for the welfare of their children through a partnership with the agency.

A number of participants also talked about their responsibility as community members and gave examples of how they had reached out to others to offer help. Three interviewees had already encouraged friends and neighbours to access support from child welfare.   One reports, [P10] "I have already. Looked like it was gonna bomb, backfire but it ended up being pretty

good." Nine participants stated that they would be inclined to recommend that a friend use

Family and Children's Services, two participants also mentioned that they had placed calls to

F&CS because of concerns about other families, and two participants described actively trying to

support neighbours with their problems with their children:

> [P19] I already have. I- my neighbours- they, uh, they had a problem with their older son's cursing, swearing, um, him and his cousin starting fire in the basement. Um, she brought, uh, her son over here and I showed her pictures from- I showed him pictures from my fire- from the apartment. I showed him what happened. I told him all the- you know everything- all thoughts and emotions and things that we went through. I told him what all we lost, how it was so hard to get started over again. Um, I told him, you know, he lived right next door to me. Do you think that if you start a fire in your basement it's gonna stay in just your house? There are- all these houses are attached together. It's gonna affect every single person. I said and i-if it gets too bad it could affect the whole complex cause the whole complex could have to be evacuated. And he's just like 'oh I didn't know that.' But two weeks later he did it again. So she asked me 'now what can I do?' And I said, 'well here- here's the name and number of my worker. Maybe she can help you out.' I said 'cause look at [Child #2].' She's like, yeah I can't believe that he was the one that did that. I'm like 'neither- neither can a lot of people. He's changed so much since then.' So now they're involved too. And she-she says that she doesn't have a problem- they've helped them out a lot too.

In general, there was evidence that many of the participants noticed child care concerns in their

neighbourhood and some were willing to get actively involved. There seemed to be a heightened

awareness of child welfare as a community need and one that can be assisted by the presence of

Family and Children's services in the community:

> [P15] Well, ah, I really love them in the community. I do because if something did go wrong- not saying there is- I know 99 percent of the time there is always something going wrong. And if we didn't have them in the community to help out with people ah- help our people in the community - I think the community would be losing a lot of kids.

Local residents, through one of the committees, even requested information sessions from

Family and Children's Services to assist community members in better understanding child

welfare policies and concerns. One participant reported on this initiative:

[P10] Well we've had two seminars in the last, what? Year or two years from Children's Aid. One was teaching us how Children's Aid does their job. Yep. And- which was really interesting to know that. Because it- now we all know that they work from the exact same book. Everybody works from the exact same book and, like nobody knew that. They knew that obviously there's books and ethics and this, that, and the other thing. But they actually brought it in and said 'this is how it is.' And laid it out on the line- quite a few of them. And then we just had another one where we got to ask all the questions. That was just done recently in like February.

Another participant talked about Family and Children's Services being the catalyst for an informal group that she attends:

[P9] I also went to a parenting program through Family and Children's services, um, teen- uh, […] Yeah, it's a night group for parents of teenagers and it was a great group. Um, the people that were running it and the parents cause we all had the same problems again- but these were people I didn't know this time. And usually I would walk in the room and not say anything, but I started talking after a while. Some people were shocked that actually I had a son my son's age. And, uh, some of the things that he's been doing because they said they have kids that done the same things. So it was easy to talk to them about it after a while. Yeah. […] I learned a lot in there. Like, um, other parents having the same things- I knew that it wasn't all my fault, which sometimes I feel guilty because I think 'well why is he doing this? What did I do wrong?' But then obviously it's not only me, so that's good to know.

Shared responsibility was to be a significant theme that emerged in the community in a number of ways. This was evidenced through participants talking about themselves as partners, through self-referral, through referring friends, through heightened awareness of community needs, and through community self-help initiatives.

Overall Participant Assessments - Selected Criticisms and Highlights

In summarizing the feedback from all the participants, it seems that eleven of the group were highly satisfied with their child welfare experience, seven reported mixed but mostly positive experiences, and only three were highly critical of the agency. The highly satisfied group were very enthusiastic about their entire Shelldale experience. In the mixed positive

group, it seemed that four of the six participants had negative experiences with other child welfare offices which initially coloured their view of the agency. However, in these four cases, predominantly positive experiences were described with Shelldale. The other three families in the mixed positive category had some negative experiences relating to an apprehension, inconsistency among service providers, and some historic reservations about the mandate of the agency, but overall had more positive than negative things to say about their Shelldale experience. For the three parents who reported overall negative experiences with the agency, a few selected criticisms stood out. Two of the families talked about being frustrated by inconsistency among service providers. The same two families also had experiences where they felt that a worker had "sided" with their ex-partner and their ex-partner's views on issues involving the children. The third parent who was predominantly critical of the agency talked about the agency not doing enough prevention, not being helpful enough, and not being responsive enough to their needs.

Overall, participants had predominantly positive things to say about the range of services, the "less intrusive" and "less formal" agency approach, relationships with primary service providers, service accessibility, changing perceptions of the agency, and shared responsibility for child welfare. While there was some mixed feedback, it seems that most participants were satisfied with their overall experiences with the Shelldale office.

What was most marked in participant feedback was the enthusiasm with which some of the participants who had very positive experiences described these experiences. For example, [P7] "They're good. They're good. The- I call them and-and talk to them, um, they give me sound advice. […] And, you know, it's really nice- really nice to know that somebody's there."

Also very promising was the fact that a number of families could comment on some

concrete changes that had occurred in their families through their involvement with the agency.

For example:

> [P17] More communication. A lot more communication. […] Even with [Child
> #3]. Where before it was just basically we ignored each other and did what- you
> know, if I was upset or one, uh, somebody else was upset, we just kept to
> ourselves and we'd go in our room, whatever. Now it's like 'okay, I got a problem.
> And I wanna talk to you about it.' We talk about it now.

This participant talked very sentimentally about having to finally close her relationship with

Family and Children's services:

> [P12]Um, well actually I would have to say that it was pretty sad when we had to
> end it. Just because it was a chit-chat fest every once in a while for me. Once a
> month it was a chit-chat fest. Like I'd seriously just sit with her and talk about day
> to day things or whatever. And nothing- sh- she just finally looked at me and she's
> just like 'I've been here for the last how many times' and she said 'there's no child
> issues anymore.' She's like 'so we- we gotta end.' I was just like 'oh, come on- it's
> just a couple more months to make it to Christmas. I want to go on the adopted
> list.' She's just like 'we're ending.' Okay.

This kind of enthusiasm suggested that positive service engagements happened at

Shelldale from the perspective of many of the families involved in this study.

Service Provider Feedback

A Brief Profile of the Service Providers

Some demographic data information about the front-line workers was gathered, however, researchers were only able to obtain this data for six of the twelve staff. This data showed that the front-line staff tended to be young, without children and had a high level of education. Four of the six staff profiled were under 30, five of six did not have children, and four of six had Masters level degrees while the other two had bachelors degrees. The fact that a large proportion of the front-line service providers were young and without children was highlighted in our previous research as common in Ontario child welfare. Child welfare staff at Shelldale appeared to have a relatively high level of education compared with other sites in our research. This profile of service providers must be taken with caution because the sample only included 50% of the front-line staff at Shelldale.

Child protection caseloads were not usually reduced to accommodate the time community involvement may take. The West Team was considered to have the highest ongoing caseloads in the agency. At the time of our data collection, intake service provider caseloads ranged from 10-18 cases, compared to an agency expectation of 8-10 cases. Similarly, ongoing child protection caseloads averaged between 16-18 at the time of our data collection, instead of the projected 12.

The community-based child welfare service provider job encompasses some additional responsibilities not seen in mainstream child welfare. All child protection staff at Shelldale, including front-line staff and supervisors, were expected to participate in the community in some capacity, perhaps by helping out at a barbeque, helping to administer the breakfast program or engaging in other activities going on at the Centre. There was also an expectation that child

welfare staff would participate in committee work at the Centre and invest in relationship

building with both community members and other service providers in the community.

Management has to be flexible about working hours to encourage workers to participate in

community activities. However, child protection caseloads could not usually be reduced to

accommodate the time community involvement took.

The Community-Based Approach – Service Provider Perspectives

Service providers talked about the strengths they saw in the community-based model, as

well as the challenges in the work. Some of the strengths identified included the opportunities

provided by a less formal, more flexible approach, greater visibility and accessibility, the

creation of new resources, and community shared responsibility. Service providers also talked

extensively about the enhanced quality and effectiveness of their relationships, including their

relationships with service participants, other service providers, and within their own team.

Overall, service providers seemed to believe that the model "works" when it comes to providing

better service to families and ultimately better protection for children. However, there were

some significant drawbacks for service providers in terms of workload, boundary setting, and

high stress levels. Survey results underlined a concern with emotional exhaustion in particular

and suggest that overall job satisfaction is not high. The challenges of the work caused staff to

call into question the sustainability of the model.

Service Providers See Significant Potential in the Community Model

"Less Formal" Approaches

The community-based model was generally seen as a broader, more flexible, more

creative, and less formal approach to child welfare. Service providers expressed an appreciation

for the opportunities created by this approach. Many of the front-line staff talked about being

able to support people in a variety of ways that they were not able to do to the same extent in a

traditional child protection model such as in the following example:

> …they need a drive to a food bank, or wh-right, in our vehicle they go, and down
> we go. Um- More than other offices, yes. Oh definitely. As much as we'd like to,
> no. I took two people last week- took them to needles, right? ..- but it's because I
> think we're here we do some of those kind've things. Uh, I think moreso than
> other places, go sneak 'em some bread, go get some diapers in there. Yeah, yeah.
> Um, I-I think it's very real.

Service providers talked about a more hands on, intensive approach to helping a children

and families.   It was also clear that the community-based approach involved extra work and a

different service provider philosophy from other child protection settings. Here a front-line staff

talked about how her supervisor supported the idea that service providers take a broad approach

to helping:

> Yeah, I think if one of our clients calls us with a problem, we'll go to our
> supervisor and it's not like she'll be like 'sorry, we can't help.' It'll be like
> 'alright, we can't help, so where do we refer them and what do we do?."

Several staff expressed personally enjoying the less formal approach to the work:

> …it is- li-a lot blurrier, but the enjoyment I think is so much more. It's so much
> more informal. Yeah. I find that that's the biggest thing here is we're more
> laidback- Yeah. -we're more creative. It's informal, and it's more down and dirty,
> like- you know, it's not- Yeah. -'I'm up here, you're down there, and here's what
> you need to do.' It's-it's beginning where the client is, which is basic social work
> kind've stuff, right? So I think I'm attracted to that part of being here.

Staff also talked about a work environment that is more casual and less restrictive.

Some indicators of this less formal atmosphere were parents and children "dropping by," staff

attending community events, and service providers being able to interact with families

informally:

> And you can have a conversation with them that's got nothing to do with child
> protection, 'wh-what'd you guys do last night?' 'Oh, that sounds fun.' Seeing the

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kids, and just chatting with them as opposed to always having to be 'rah, rah, rah, rah' like-what are you doing?

But it does feel like I'm in a community here. - Yeah, oh definitely. Oh definitely. I mean oh- I can walk in here, it doesn't matter the time of day, it's like 'Hey [service provider], how are ya?' Or, you know, it's always and the little kids running around 'hi, how are ya!' You know, and- you know, so the clients- cause they come for breakfast club, you see them all getting ready for school and- you know?

I think we said like for me it's being-being creative and being less intrusive and being able to just go and have a coffee with your client and sit there and-and spend that time, I think that's neat here. It's more relaxed.

Service providers alluded to the less formal approach allowing child welfare involvement

to feel less intrusive or less threatening to families:

…I just went in very casual, the same way [service provider #1] would and, uh, a lot of my other colleagues. And I said 'we're gonna keep this ongoing, and are you okay with that?' And she said to me 'I have never had a more down to earth worker than you.' And I know that's kinda common with a lot of us, they're just shocked in terms of how relaxed we are, and how, um, our approach is.

Service providers talked about apprehending children less frequently and engaging in

more voluntary agreements with families than they might in another setting. Some of the intake

workers in particular believed that they would be doing a lot more apprehensions in a traditional

setting. As one worker states: "I think we'd be apprehending a lot more than what we do here,

that's what I feel anyway." Another worker contrasts the approach of her office with other

agencies:

I even spoke with a-a woman that was, um, working in [another] CAS and she told me their philosophy, uh, and the reason why she quit subsequently was that 'apprehend first, sort've talk later.' She said that they-their philosophy and other people have told me that from [other CAS], they'd apprehend the kids, have their client's essentially jump through hoops and then still wouldn't return them, which is-and maybe I think that's just specific to Guelph that we have a really sort've 'keep-the-family-together' kinda model, do all we can, where other agencies don't work that way.

A similar philosophy seems to hold for voluntary agreements. Service providers said that they promote voluntary agreements and believe that "they work." The following quote illustrates more specifically how staff may be able to keep some cases out of court by taking a creative and flexible approach:

> I find this team too I-I find the west to be really creative with their, like [service provider] was saying to try and keep families, um, in situations out of court. I mean I think we really push voluntary agreements, really try and support families, trying all we can to keep them together, but in unique ways. And I think that comes from getting to know families and patterns because there's some creative ideas that have happened I think with 'this family struggling with this, what can we do?' 'Hmm, have you tried this?' And we really try and brainstorm different options instead of playing the heavy right away.

One supervisor emphasized the scope for creativity by staff:

> I think for those who've been doing it awhile, it allows them to be, to be more creative and try different things, like not just going to court, not just, you know, you must do this because this is our mandate, and this has to change, and here's your, here's your CADS, Community Alcohol and Drugs phone number.

Greater Visibility and Accessibility

Greater visibility and greater accessibility of service providers were seen as two objectives promoted in the model. This philosophy is illustrated in the following quote:

> It, it's just that, to have a healthy community, you need to know that community. And the services need to be accessible. So this model forces all these service providers to, to interact. It does force us to interact, and we like it. But you can't, you can't have, you can't have the client, if our client's the vulnerable child, we need to get their parents into the services really quickly. This, this works. This being co-located in the same community where your, your families are. It allows you to do that really quickly.

Another service provider brought attention to the fact that the model makes families more visible to the service providers, allowing for better child protection:

> It's, it's hard for some of the parents. Parents can hide better in different communities. It's hard for some of our parents to hide here, and that's good. 'Cause isolation is the worst thing for anybody with challenges.

Greater visibility to community members was seen as a means of "demystifying" service providers and decreasing community fear of child welfare:

> I think that they're not as, um, clients aren't as scared of us- I think that's the best thing, like knowing I can walk in and, you know, probably they've even heard of me already or- you know, th-either- their neighbour has a worker.

Service providers were considered to be more accessible to families as well in this model and this was identified as a significant strength. These quotes from two different service providers show how children and families can take advantage of greater access to the service provider, as well as how service providers might reap benefits from this aspect of the model:

> I see my client- the kids who are on my caseload a lot more often than I might if I was in-in the east office and I'm doing my once a month, or once every three week home visit. Because I'll come out of my office, they'll be here in after-school programs, um, they walk by the school so if you're out getting outta your car, you can sit and have a little chat with the kids, and I think that, um, for me, and the pressures of interviewing can be-can be really heavy for us, and-and making sure you're doing a good interview with the kids when you need to an investigation. And so it makes it a little easier when you have such a good relationship with that child because they see you kind've in this fun, Shelldale centre environment. And you get to see them more often, like I know if I'm walking to the school there might be like there's often kids on the-on the playground who are on my caseload that will like 'hey [Service Provider]!' waving at- whereas that might not happen if you're only seeing the child once a month. You're kind've this person that comes in and mom bitches after you leave, or, you know, like they see you in more than one environment.

> I know that I was really surprised like I've never worked anywhere else, um, child welfare agency, but I remember thinking like I had this image in my mind of what it would be to be a child welfare worker. And it'd be like everybody would hate me, you know, and I'd come in, and I'd be all intrusive and whatever, but I have clients who stop by, like just like you were saying, like I have some that stop by two or three times a week like the- because they're, you know, in stress right now. But they-they come as a family and they sit down and, you know, I'm here- like they- and I don't mind that. Like it-it does get sometimes, you know, I get like 'oh, I don't have the time,' but I mean them actually come in and just sit down, like I see the-those kids- like the baby there I was a little concerned about, three times a week, I never have to worry about it. And they're comfortable, like they

say they like stopping in cause then they can check in with what they're doing and- cause they have no phone. So this is the best way. Like that part I was really surprised at. Like I don't know how many times I've had people stop in and just more just to check in-

It was believed that service participants were able to see their service provider and have their needs addressed quicker and easier. Service providers were believed to be able to do more informal interviewing and to get to know and enjoy families more. Service providers also talked about improved implementation of the child protection mandate by families being more visible, service providers having greater access to information, and providing more timely interventions.

Creating Resources

Feedback from service providers supported the idea that the community-based child welfare model enhanced the internal resources of the community and the co-location and collaboration of different social organizations enriched the variety of services available. The community-based model was also perceived to facilitate better access to existing resources.

Service providers saw informal supports in the neighbourhood as supporting the child protection mandate. Service providers suggested that some of the informal programs in the Shelldale Centre, such as the breakfast club, the after-school programs, the camps, and the parent support groups provided supervision of children and families and greater involvement of both professionals and non-professional helpers in families' lives:

> Well I think even like i-if your concerns are about lack of supervision or-or neglect, I mean, there's a breakfast club right here, so you can go right down and register that kid for breakfast club, so at least you know they're getting breakfast. And then you can eliminate the issue of lack of supervision by registering them for after-school programs or summer camps. I mean all that stuff is right here, and so you can help the family get all those kind've safety nets in place, so that the issues aren't as pressing as they would be without all the stuff right here. And you know that they can walk to access these things, rather than having to drive or get public transportation, which, um, you know, in other areas of the city- they might not get their kids to breakfast club every day, but it's easy here so it's one less

thing that you have to worry about the family. So it becomes less of an issue I guess.

Another service provider commented on how informal community organizations and child welfare professionals can work effectively together:

> I had one case where, um, something had happened with a family of mine, and somebody from Onward Willow had noticed that, they spoke together, they came together so the family and the-the worker from Onward Willow came, reported to me together….- so the support was in Onward Willow, plus coming to me, and then it-and it hooked back, like so then I could talk to the clients and said 'if you need anything, go to Onward Willow here.' And then reversed back, so they got their food and, um, you know, different, uh, financial supports that they needed.

Helping families with practical supports was another example of creating resources where the child welfare agency both provided some help and also linked with other organizations. In this community-based model, child welfare service providers not only recognized this as a concern but had some ability to help families with these resource limitations:

> And when you talk about food vouchers, gift certificates for Zehr's, right? We, we started off with this, you know, ten dollars here, ten dollars there, because families, some of those things, you just assume families are able to do without. You know? And when you realize, when you see the kids coming to the breakfast club and, and you see some of the kids who aren't well dressed, or in the winter don't have warm mittens or hats, we walk past the breakfast club every morning. And so we get to know those kids, and so you know the families who truly are in need. You know what they're living on. You know how much it is, and how far it doesn't go. So we respond …

> We also have the highest rating in the West part of Guelph, we have the highest rate of people with mental health difficulties. And so we have people sometimes, who need medication for their mental health, and yet, they don't have a drug card, and, and they, they just don't have enough money. Or maybe they're not on assistance, they're, they're working poor. So sometimes we pay for it. I mean it becomes a, a real risk issue if someone's bipolar…

Service providers recognized an increased ability to connecting clients to resources when they are in the neighbourhood. For example:

> …the workers can walk them down here, give them a tour of Shelldale, I can think of a number of workers that have done that. Young moms can come over

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here to go to the Women in Crisis group if they're in an abusive relationship, or if you've just left one. So it, it, it allows you to say, here is the program. This is what it looks like, this is the person, introduce them….

Also identified was a greater opportunity for collaboration with other service providers and organizations: "service providers are very, you know, housed together so that we can, we can interact, we can interact very closely and also, we can connect clients really quickly." Service providers talked about a "shared services model" where service providers could improve both the access to and the scope of services available to parents:

> …like we talk about we have a shared services model with agencies working together, which is-is- works very well in this community. Yet I've worked in other communities where you call mental health and tell 'em it's their problem, they call public health and say it's your problem, and everybody's just moving it around. Nobody's quite solving it or helping. …Whereas we have the shared service where we sit together and come up with a plan, which really is quite unique… And those shared services are neat just because you can usually get so much- so many more resources for your clients after you attend.

Community Shared Responsibility

The community sharing responsibility for children's welfare is one of the expressed objectives of the model. Service providers suggested in their feedback that it is an objective that is being achieved in this community. Service providers commented that community members felt a greater sense of responsibility to report situations of concern to F&CS as illustrated in the following two quotes:

> That if there's anything going on, we hear about it. Um, that neighbours will call, they will intercede, they will help out and get us to do that. So that there-there's a safety for these children in that because some of them, again their problems, if you're dealing with addictions, and-and mental health, and poverty- they can regress very quickly. So they can go from being very okay one day, so very at risk the next day. Um, but it usually doesn't last for long that, um, the neighbours, for the most part, will call us then putting the child first and saying 'you need to respond.'

I think they do kind've feel somewhat responsible for their neighbours and the kids in their neighbourhood and that kinda stuff. So I do- I think that that does happen…. the referrals I've had even in the last week of people being concerned about other community members and referring in…one, um, client even said yesterday 'I feel such responsibility, these are our kids too.' Like that's what- and so I think that sense is there of wh- of watching out for their community, like the kids in their community.

Service providers saw themselves as having access to more information because of the community sharing responsibility for child protection. This expanded access and information was believed to enhance child protection as illustrated through the words of this service provider:

It's very safe for the children I-I think, as much as it's-it's difficult for us, we're getting lots of information, sometimes more than we want. Um, the other thing that we're usually fairly confident in- if anyone of our families, and there's some outside, but most of them within the tight catchment area, if they regress quickly, we'll find out quickly too.

Shared, community responsibility engaged not only individual community members and families but also other community agencies and organizations:

I think they all share even down to the, well the schools are here, the centre, um, it's a- you know, we've had kids left unattended, that kinda thing- well they come and hang out here for hours. Right? Somebody finds a way to get a- babysit, look after them, feed them, do that. Um, uh, you just hear stories at the school all the time going above and beyond what they need to do. Um, and I think probably because everybody's doing that, so they're all located around the- Yeah. -the shared services. People are willing to step up cause you know everybody else will too, and it makes that easier. Um, so I-I think from all levels we got, yeah we got neighbours where you walk in and they'll just nod to ya. You- they know where you're going, they know what it's about- the nod means things are okay over there. Um, a-and so I-I think people really do have permission and they-they take responsibility for it.

Sharing responsibility for child protection with different agencies was not without its challenges, as suggested by this supervisor:

So where the safety and well being of children are held as shared responsibilities. Oh, oh there's lots of examples about how well it happens, and it, well it doesn't always happen smoothly, but people are always working at it. I means sometimes there's, there's, you know, we butt heads, you know, the service providers do sometimes because somebody thinks, you know, this person should be doing it

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that way and, and somebody else thinks we should perhaps be more intrusive, and you know, but, but, but we keep working at it, and, and the, the conflict doesn't kind of deter us.

This service provider suggested that conflict between different players in a community model need not be a deterrent. Through dialogue much can be worked out and understanding promoted. In summary, community shared responsibility was seen as a desirable and a realistic objective by the service providers.

Better Relationships

Service providers emphasized the importance of cooperative relationships in child welfare and suggested that the community-based model facilitated better relationships with families and with other service providers. They also talked about the importance of supportive relationships within their own teams.

All the service providers interviewed believed that relationships with families and community are highly important to the work. As one supervisor put it, "It all comes down to relationship. To have healthy community you need to know that community." Many service providers suggested that they tended to "know families better" than they would in a traditional setting. The following quote from a front-line child protection worker illustrates an appreciation for cooperative relationships:

> I love when you see, it's- kinda relates back to what you said about the kids dropping by, but when you're- you're walking to Willow and you got kids going 'hi [Service Provider]!' And like I love the fact first of all that they- I guess that they remember my name, that they know who I am, and that they're, I don't know, they-they think of me kind've some-sometimes as like th-as a friend. That's a friend kinda feel- it's kinda neat- just to have the kids waving at you and stuff. So that'd be it, I like that.

Intake workers have an added challenge when it comes to forming strong relationships with clients because they have the initial often stressful contact and their work is time limited.

Nonetheless, the intake workers interviewed usually talked about strong relationships with

families:

> …Yeah, and I have very amicable relationships- … Yeah, yeah, and I don't
> wanna go anywhere else. -with the people and yeah, and initially it was quite
> confrontational and ugly, but then when we work through- Yeah. -the family
> issues, um, a lot of them are now here. They've become part of- Yeah. -the front-
> line for Shelldale. Yeah.- And these are the people who a- would slam their doors
> in our faces, and did whatnot- and now it's like 'Hey [Service Provider #1]! Hey
> [Service Provider #2]!' And you know, and they've said very nice comments like
> 'yeah, she made- she made me get my shit together.'

All staff interviewed, whether intake, ongoing protection or management, spoke about

positive relationships with service participants in this community-based setting. One ongoing

protection worker stated,

> The relationships with people has been a, a very positive thing. If you have, you
> know, a centralized system, where workers can come, can go anywhere in the,
> across the city, it's hard for families to you know, develop consistent relationships
> with people.

A number of the service providers suggested that positive relationships led to more trust and

cooperation with service participants:

> And it turns out there was three women who came in and two of them I had
> worked with and had come in to say 'we're really concerned about this other
> family' down where they're living because they believed that she's on crack
> cocaine and there's children there.' So-so that I think is like the trust cause they
> know that they can come straight to me and that I'm gonna listen to their concern
> and say 'okay, well we'll see what we can do about it, what we need to do.' But
> they took it in- to come into the centre, to come to the office, you know, so it-it's-
> that's all trusting cause they know that it's safe to do that and they're not gonna
> be snubbed.

> Service providers also highlighted the issue of authority in relationships with families.

Some service providers felt they were not seen as authoritarian or threatening:

> I think it readjusts it. I think we're respected as, um, people who are working in
> this building as professionals, but we're also people and that we can be
> approached. Um, I don't feel a loss of power at all. I just feel that I've had to- but

again it's a good fit for me because that's who I am, um, just to come down a peg or two.

In general, service providers talked extensively about the ideal of "respectful relationships." Some described how being immersed in the community setting has given them greater empathy and positive regard for the families. This service provider talked about how being immersed in the community work has given her a real sense of the hardships some of the families experienced:

> I think I see you can appreciate the-their circumstance a little bit more, and maybe be a little bit more sympathetic to how, like that community is so stressful for a lotta people. […]And it-there's funny dynamics there, and I think that without us, you know, having a large number of clients in that community or being so close to that community and kinda hearing from like the 'lay' home visitors or like the people working at Onward Willow, and-and Family Gateway and all that stuff, we might not have as much of an appreciation for-for the stressors that they have I think. And seeing the, I don't know, I feel like I'm more sympathetic to their circumstances since working in this office, than in the other office…

Relationships with other service providers were also identified as highly important in this model. Being located in the Shelldale Centre helped to facilitate relationships with the other co-locators; however, there are other community organizations with which child welfare service providers also connected regularly. Here one front-line staff talked about close ties with the neighbourhood school:

> The school over here, Willow, has a lot of our families there. We can walk over there, the teachers know the workers. The workers go in and take the time, they know the secretaries. They know the individual teachers.

A number of service providers also made reference to very strong relationships within their own team. It was suggested that the community setting contributed to, or perhaps necessitated a close knit team:

> …-we always, there's not a time when kids have been brought into care that someone's having a bad day that there won't be five people there saying 'how can I help?' or you can count on everyone. It's never, you never feel like you're alone

in your work, and especially if something really hard for you is going down, you have the support. And that, I think is unique and special in this location. I'm not saying it doesn't happen elsewhere, but it's-people know everyone's clients quite well.

Overall, this group of service providers identified cooperative feeling relationships and service partnerships as centrally important in the model of child welfare.

<u>Success Stories</u>

A number of service providers made reference to "success stories" they had seen with service participants that they felt were a result of the community-based model. The fact that parents receiving services often became involved in their community as volunteers is one outcome that was considered unique to this setting. Sometimes these are parents who were seen by service providers as "highly resistant" in the beginning. A number of service providers elaborated on these types of stories:

> …and, you know, so you just see all- and you see the parents, I mean there's a mom that I just mentioned, she's here everyday. At one point you couldn't even get her outta the house and now she's here, she's involved in the breakfast club. She's in-she's on committees. Like- And that's not-not say- necessarily saying that's all us, but it's-it's part and parcel of- Well we've impacted their lives.

> …-point of this place, to bring everybody in, right? Um, like [Service Provider #1] was saying they start off in the programs and then before you know it they're leading it. Um, one of the moms that I was working with a year and a half ago I couldn't even get her in the car into the office with me. She was screaming at me and you- f-ing this, and f-ing that. And now she [volunteers here].

> That's what balances, cause you know, you know as much as this work can be really shitty sometimes, and-and we do some really hard stuff and-and we can be-and-and families, and you see the grief and-and the trouble families get in, those are the kinda things 'okay, we do make a difference.' It may take some time, but at some points we do make a difference.

> Yeah, it's certainly joyful to see the handful of clients that we've worked with and they're now running the place and they're now- to remember them when they were in their time of crisis, when they were just at such a low point in their lives

to now being so upbeat and just enjoying life, and just flourishing. That's certainly a reward…

There was also a common theme of service providers seeing "positive change" in families that they believed was not always easy to see in child welfare. One front-line staff stated: "Some of the families I've seen here that have changed, I don't know if they would have changed in another agency."

Service providers identified "success stories" as one of the rewards and also as a motivator for their work. There was a sense of appreciation for not just the community-based child welfare model but also for the individuals it allowed them to come to know in the community.

A Difficult Job

Along with the many perceived benefits of the community-based model, the observation that managing their job responsibilities can be very difficult came out strongly in the service provider interviews. The community-based approach was described as putting extra expectations on service providers. These additional responsibilities were described as coming from a broader, more open-ended job description, the new expectations of an involved community, and high self-expectations of staff because of seeing so many community needs. Service providers likened the pressure of being in a "fishbowl" effect with service providers being so visible and accessible in the community. This subsequently produced a challenge for service providers in setting boundaries and limits in their work. The Shelldale service provider survey data pointed to high levels of emotional exhaustion for front-line service providers, comparable with levels in our previous research. Finding balance and prioritizing between competing needs was certainly

portrayed as a central as in our previous research, and one that caused service providers to call into question the sustainability of the job.

High expectations

The typical front-line job in child welfare is demanding, as highlighted from our previous research. The community-based child welfare workers job was described as "child protection plus." Service providers talked about the work seeming "unlimited" with the community-based model. The following quote is a good illustration of the added burden of the broader community-based child welfare worker role:

> I don't think that our-we face more challenges than other offices as far as cases, but I think it's just a different dynamic here. And-and sometimes it's frustrating for, I know, for myself- I don't- I might not speak for everybody, that we are expected to do a lot more, you know, our-our cases loads- our-our caseloads are high, and if not higher, equally as high as other offices, but now I-I sit on the summer planning committee, we do forums in the evening, you stop and talk to community collaterals and it-it's like almost added on job expectations that other offices don't have.

The many roles and tasks of the community-based service provider were perceived to put greater time pressures on service providers. As one worker put it, "it almost feels like having been in this community setting, we have to take on a second shift."

The formal case documentation requirement in Ontario child welfare absorbed comparable levels of front-line service provider time at Shelldale as at the other alternative models in this study (sites B and C) and in a sample of front-line service providers in traditional settings. Table 1 provides an estimate of the proportions of time service providers in the different groups estimated they spent in documenting their work and in face-to-face contact with service recipients. It suggests that Shelldale service providers spent at least as much time as the other groups in formal documentation requirements and no more time working directly with

families. Figures 1 and 2 show the distribution of these proportions for Shelldale front-line

service providers compared to front-line service providers in non-community-based settings.

Since only about half (6) of the Shelldale front-line service providers repeated this survey the

results must be seen as only suggestive. Nonetheless the Shelldale model does not appear to

increase the proportion of front-service provider time available for direct involvement with

families.

Table 1: Time in Documentation and Face-to-Face Contact for Front-line Service Providers

	What % of your time do you spend documenting your work with (or on behalf of) service recipients?	What % of your time do you spend in face-to-face contact with service recipients?
Guelph	70% (N=6)	30% (N=6)
Site B	64.4% (N=8)	34.4% (N=8)
Site C	57.5% (N=6)	42.5% (N=6)
Total Sample of Community-Based DSWs	64% (N=20)	35.5% (N=20)
Sample of non-Community-Based DSWs (2004)	60.5% (N=145)	38% (N=145)

Figure 1

Comparing Shelldale and Non-community Front-line Service Provider Proportion of Time Spent Completing Documentation

Figure 2

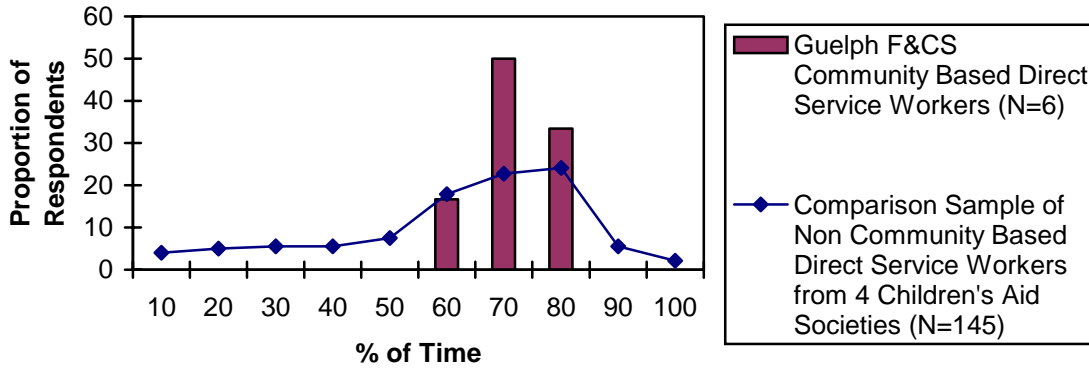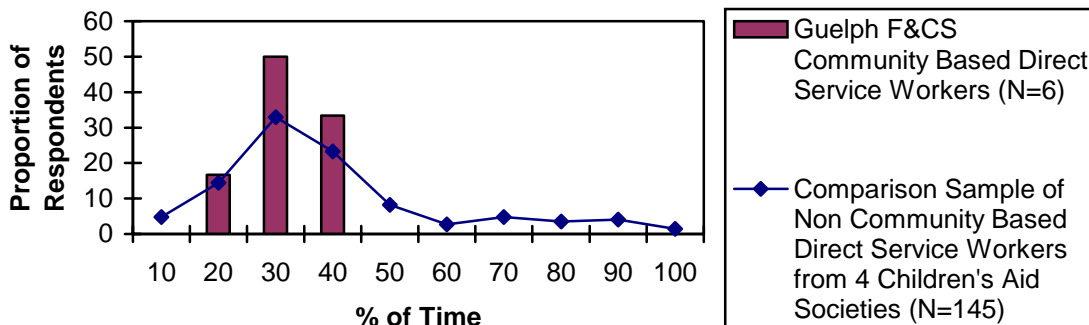### Comparison of Shelldale and Non-community Front-line Service Provider Proportion of Time Spent in Face-to-face Involvement with Families

The high time demands of documentation were seen as conflicting with the Shelldale service

philosophy:

> [in reference to the paperwork] I think in and of itself, even if I worked at Delhi I think it would be a pr-a problem because it almost makes the social work, um, robotic. It makes it inhumane to me. It- I- it just removes the human element from the work that we're supposed to be doing.

> …we've been all grumble about our-our recording packages, some of the ministry standards always the-…we're spending half our time or more doing that a-and, um, not that that's any easier over time, I think we've just accepted you wanna be there, so we-we need to deal with that, um, to do s- and that's a whole other big stress, like there's all- so especially when you have all these extra little things in the community, um, putting pressure on you to do- to talk to somebody, and then you still have all the other requirements that any other place would have to, or around recordings and-and doing that, right? So sometimes the system's not very flexible.

> Service providers also identified that they felt greater expectations coming from the

community because of the community development commitment.

> What I find sometimes is that we're the agency that people look to say well, why don't you guys just offer this program? Or just you know, provide this service, or you know, why wouldn't you be the ones to, you know, provide some financial assistance so that we can run this. You say that it's something that, you know, is needed in the community. So there's a sense somehow that we're resource rich. And I, I find that frustrating sometimes, because of course we'd like to do all of those things. But we're as limited in our capacity to be able to respond as some of the other agencies are.

Service providers talked about this particular community having socio-economic challenges,

which added certain pressure in their work as well. Comments from several service providers

highlighted the perceived "high needs" of this community:

> …demographically we also are in a higher, um, we have a higher, um, yeah, diversity- the population's very diverse. Um, and as well as, um, with financial means, I know that a lot of our clients in this area have greater struggles than say people in the Delhi area or in the south end.

> This area we have the highest, um, highest low income housing, highest ethic new immigrants to the country, and highest unemployment, and highest young, um, single parent families.

Service providers expressed feeling that they're "not doing enough", because of the combination

of high needs and high expectations of the community.

"Accessibility" was seen as a unique added expectation of this setting. As one staff put

it, "…there has to be that constant presentation of being available and accessible to the

community." Staff talk about the high visibility and accessibility that the job entails as a both a

strength of the model and an added stressor. For example:

> The accessibility is, is a, is a, is mostly a plus. It's nice to come to work and see
> the breakfast program and see some of the clients, right? It's a nice feeling when
> you walk in here. There's always days when it's not great, 'cause you've got
> some problems and some families that maybe, you know, if you see them in the
> hall it, it's a worry, because they're not doing well, and, and, but I like to see the
> clients.

> I think, um, it's great to be able to come in and mingle and chat with people, …at
> times- the job sometimes is that we're really busy. So sometimes you know your
> head's gotten off into this and that and you're like 'okay, gotta go call this person'
> and so you're trying to walk down and-and you're stopped, you're sometimes
> stopped by your own clients that-that wanna see you.

Setting functional interpersonal boundaries was seen as a challenge with an approach that is so

relationship focused:

> And it's been difficult for me to set boundaries, but at the same time, not feel like
> I'm trying to brush her or him off- it's difficult to maintain good relationships
> where you're not a buddy, you're a child protection worker.

> That has been, um, an ongoing struggle for me. Uh, I can't speak for my team-
> mates, um, but the lack of boundaries both between the, um, other professionals
> that we work with, as well as the community groups.

Working closely with other service providers can put added expectation and stress on child

welfare service providers as expressed by this service provider:

> Cause I've been sitting around tables where other collaterals said 'well you should
> apprehend now, shouldn't you?' And you feel like you're defending yourself. It's
> like 'well no, we don't have enough to,'-

In general, service providers painted a picture of a job where boundaries are difficult to maintain, whether it is setting limits to the amount of work done, or setting boundaries with people with whom they work, including service participants, other community members, and other service providers. The high expectations of the job and the community, the intense and frequent contact with families, and the constant appearance of being available and accessible to the community, were all identified as factors that added stress and difficulty to community-based child welfare service providers.

Stress and Burnout - Survey Results

Our previous research involving mainstream models of child welfare suggested that front-line child welfare was very personally challenging work. Service providers in the previous research identified concerns with excessive workloads, conflicting job expectations, not enough time to spend in direct contact with families, and emotional exhaustion, all of which may contribute to staff burnout and staff turnover.

The Shelldale front-line service provider findings were compared to average levels among a group of service providers from other mainstream Guelph settings, average levels from two other community-based programs in other regions and to the average levels found among mainstream service providers working for four Child Welfare agencies in Southwestern Ontario. Table 2 compares these scores. Reporting only average scores can obscure the range of individual scores, particularly for small groups, so a series of figures is added to compare the frequencies of low, medium and high scores on each indicator with Shelldale with mainstream child protection front-line service providers in four other agencies.

Table 2: Comparing Shelldale Front-line Service Providers with Front-line Service Providers in Other Settings on Four Employment Indicators

	Guelph F&CS: Community-Based DSWs Only (N=6)	Guelph F&CS: All DSWs Excluding Community-Based DSWs (N=32)	Other Community-Based Programs: All DSWs Excluding Guelph F&CS (N=15)	2001 Partnerships Project CAS Survey: All DSWs (N=237)
Emotional Exhaustion	31.50	24.16	30.93	25.32
Depersonalization	8.00	7.10	10.86	8.85
Personal Accomplishment	34.20	38.07	37.00	36.17
Job Satisfaction Overall	1.97	2.43	2.43	2.38

Figure 1

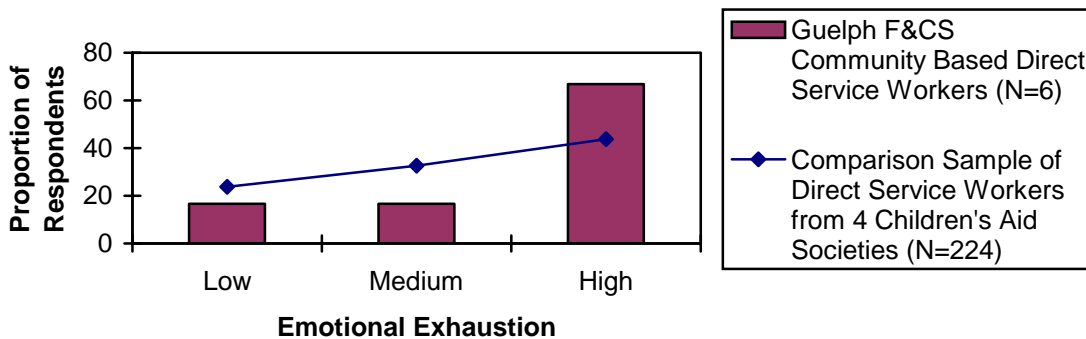Levels of Emotional Exhaustion Among Direct Service Workers

Figure 2

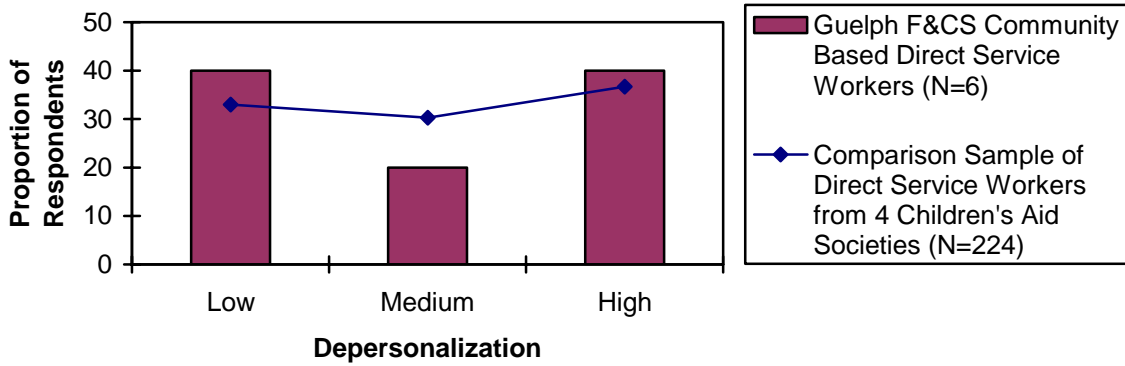## Levels of Depersonalization Among Direct Service Workers

Figure 3

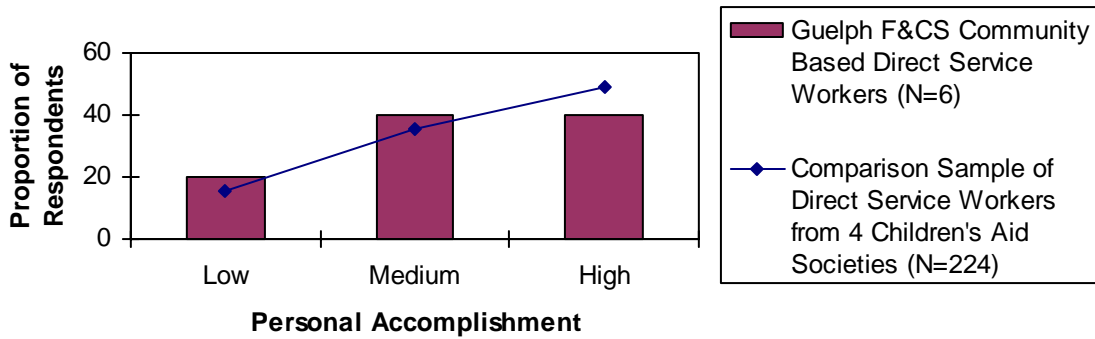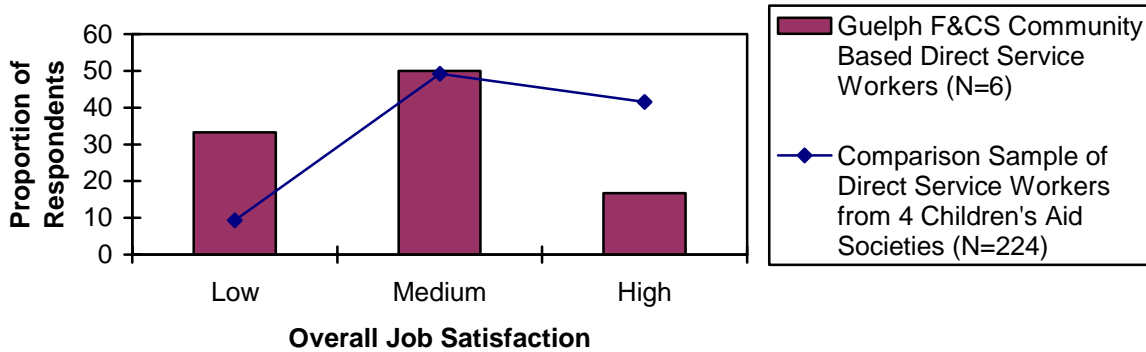## Levels of Personal Accomplishment Among Direct Service Workers

Figure 4

Levels of Overall Job Satisfaction Among Direct Service Workers

Once again these comparisons should be interpreted cautiously considering the low number of respondents (6) from Shelldale represents only about 50% of front-line service providers at this site. Generally, these Shelldale front-line service providers show similar levels of emotional exhaustion, depersonalization, personal accomplishment, and job satisfaction to the comparison settings. If anything, these results represent slightly more problematic scores on these four indicators than at the other settings. These scores raise questions about the sustainability of front-line service provider employment at Shelldale and suggest the value of monitoring these indicators over a period of time.

The scores from these surveys were somewhat in conflict with some of the positive qualitative feedback received about the benefits of working at Shelldale. Nonetheless, some of the qualitative feedback about extra expectations and the lack of boundaries may help to explain why workers reported comparatively high levels of emotional exhaustion and lower levels of job satisfaction and sense of personal accomplishment.

Sustainability of the Job

The service providers identified issues such as high expectations, having too much to do in too little time, and lack of boundaries as significant concerns. Survey results called particular attention to emotional exhaustion and low job satisfaction as areas of concern. In focus groups, a number of service providers called into question the sustainability of working under the community-based model as it is currently structured:

> …realistically most people make it two to three years, and there should be a way that you sh- a job should be nice enough and okay enough when people come here very excited about what they do, and enjoying it. What needs to happen so they don't leave in two or three years, um, th-there should be a job that i-is more sustainable than that. Like these are people who career time in and trained for and do all that, um, I think that's a good point. Like how do they fix that? How do they make sure people stay longer- And the turnover--and feel good about it longer. Clients have had, you know, five or six workers sometimes and that's-that's bad obviously- there's-

> But even for us personally, there's gotta be-Yeah. -a way this can feel good. Yeah. That you can decide if you liked it here year one, you should be able to be here year seven and still like it the same almost- there should be a way we can have a system that does that, and, uh, I don't think we do. I think we just let people go their two or three years, put a new peg back in that hole and away we go again, right? And, uh-

> I think it could be more sustainable if, um, more understanding was given to how much time and effort is put into what I have termed the double shift, then there wouldn't be higher rates of burnout, there wouldn't be higher rates of leave, I just came back from a leave myself.

> Because it does, I think we've all hit like, and I'm fairly new too, but I've hit a couple of times of just going home and going 'I don't know if I can do this for, you know, five years- Yeah. -or two years even.' Like just hitting a breaking point. So what would- what would make it, um, more sustainable? Eighty percent less paperwork. Yeah, less paperwork, smaller caseloads. We always thought it'd be ideal to have ten to twelve cases where you can actually do social work and spend-Yeah. -time with those families and-

> As two of the staff indicated, high turnover is certainly not ideal for the service

participants either. High staff turnover would seem to work against the relationship based

approach of the community model. High staff turnover is a concern in child welfare work in the mainstream setting as well as in our earlier research. It was suggested that the effects of stress and exhaustion were cumulative at Shelldale and employment may not be sustainable over many years: "A lot of people have left from our team in the last two years-… Quite a few stress leaves too….So I think initially it's quite doable, but I think it might-it might wear on you." It was suggested that if there were more understanding of the community-based role, perhaps at a Ministry/funding level, front-line employment could be restructured to be more sustainable.

<u>Needing to Find Balance</u>

Community-based child welfare employment has some significant strengths that were appreciated by the child welfare service providers. Many of the strengths identified, such as the less formal approach, the accessibility, the creation of new resources, and the stronger relationships were seen as a benefit for the service participant and the community, but as more of a "mixed blessing" for service providers. Certainly service providers enjoyed many aspects of the community-based child welfare, and believed in its value; however, the data indicates that in practice there is a tension between community-based child welfare and expectations within the existing child welfare structure in Ontario. Within the current child welfare mandate and funding, service providers talked about not having enough time to do community-based work and meet the other expectations of the job, and this caused considerable job stress. A theme of needing more support and more "balance" in the job was elaborated upon by a number of workers:

> I think it works well. I think it's still a challenge to balance that whole, the, the mandated authority piece, with the, the knowledge that a community-based, more preventive approach is the way to go. I think our funding still restricts us on some levels, and that is confusing for families and for the community sometimes.

I would rather be in an environment where I can have the best of both worlds. I would love to maintain, that's why I'm here- I do love that community piece, I do. Um, I don't like hierarchies, I don't like establishing, um, a echelons where someone feels they're below me or I'm above them or whatever the case is, um, which is why I'm here. Um, I'd like to find a balance.

Like we said the balancing your work demands with the community piece- Yeah.- whether it's committees or clients and all that stuff because I don't think anyone ever fully appreciates how busy we can get. Yeah. That's negative for sure. There's a stress in that. Frequent interruptions.

…it takes a lot of dedication to do this. Um, so, uh, I don't know if I'd want them left with the opinion this is easy to do. Um, so I think for everybody this is very hard- the people are just so dedicated to wanting to do this that they compensate for the stress, and-and-and all the other competing demands.

In summary, the community-based approach seemed be a mixed experience for the service provider. Service providers were fairly unanimous in their belief that the community-based model is better for the service participants. Whether it is better for the service provider was not so clear. In fact some of the data suggested it might be more stressful for the service providers. Service providers greatly appreciated some aspects of their jobs, the relationship based aspects in particular, but as a whole raised questions about job sustainability.

Feedback from Community and Service Provider Collaterals

What Community Partners Say About the Model

Five service providers from other agencies located in the Shelldale Centre and in the community, as well as a group of residents of the Onward Willow neighbourhood, were interviewed regarding their perceptions of the Guelph Wellington Family and Children's Services Shelldale Centre community-based model and its successes as well as its challenges. These "collateral" sources touched on some themes similar to the community participants and F&CS service providers. Collateral service providers saw benefits to the "less formal" community model of service delivery, they talked about collaboration between different service providers as helpful, and several particularly appreciated the Guelph Wellington F&CS's organizational commitment to this cooperative philosophy of providing services. They also talked about some of the challenges of the model including working with conflicting mandates and suggested where the model needed to expand. Both the collateral service providers and the group of community residents reinforced the idea that "relationship building" within the model has great potential, and they shared the perception that trust in F&CS had increased and fear diminished in the community. Community shared responsibility for child welfare was seen as a strength in this community, by both collateral service providers and the neighbourhood residents.

Collateral Service Providers

Collateral service providers talked about the "less formal" approach, with its flexibility and creativity, bringing many benefits to the community. Several collateral sources talked about the Family and Children's Services agency and its staff being flexible and more accessible to

both families and other service providers than would be expected from a mainstream child

welfare setting:

> I-I've seen them be very flexible and supportive in their roles. They'd assume
> they'd done some social stuff, and some great activities with the kids. And I-I
> mean, that's-that takes you a million miles in terms of your credibility with a
> community.

> … overall I think i-it, uh, it's been a positive thing for the community, just in
> terms of even getting in to see your worker, if- you know, if you drop by, you
> know, they're walking distance to many of the families that they see in this
> neighbourhood.

> …Just makes them more approachable, makes them more accessible. Yeah, I
> think it- I think it's been a good thing. It's maybe added to the stress of the staff,
> but, um, but I think from the community perspective it's, you know, it's-it's good
> to see your worker out and about, and, um, and you also get to know people in the
> context of their community. Not just as an isolated problem, or whatever. And,
> um, so I think it-it helps them maybe, um, be more holistic in terms of thinking of
> plans and-and addressing, you know, and seeking solutions to a family's
> difficulties- to see them in the context of their community…

Some collateral service providers also identified the Shelldale model as more creative in

terms of informal services, innovative in service approaches, and having a greater ability to

collaborate with other agencies to meet a family's needs, compared to a "traditional child

protection model."

> Like I think being part of a community context that- like that you challenge myths
> about staying in silos. And I can think of case conferences we've been to- there's
> probably more flexibility with that group because, um, the nature of the
> communal aspect of it forces you to let some of your boundaries go and-and-and
> be more creative, and work outside the box.

Collateral sources also perceived benefits arising out of relationship building with the

community in terms of the "demystification" of child welfare and child welfare workers:

> I think it's made it, uh, closer to home for people. And certainly, um, and certainly
> everyone's aware that they are right in the community. That they- that they, you
> know, that they are a presence in the community.

I think it's- for communities in general, to have Children's Aid workers in the midst is a scary thing. And-and I'm not talking about the agencies right now, I'm talking about the community members. So having their staff here and coming through the front door where all the community folks are sitting and having their morning coffees. And they get to know people by name, and they talk and they sit with people is an extremely, uh, important piece for Family and Children's services. And to have the kinds of staff that are comfortable doing that kind of thing is key for them here.

Also it's a great opportunity for people to see them in a more informal, you know, situations around be it- you know, the Shelldale potluck, or a barbecue or, you know, coming to a team meeting or- And, um, so I think it's, you know, I think, um, it's maybe taken some of the fear out of-out of their presence in the community. So I would say overall it's been a good thing, uh, particularly when, um, you know, uh- particularly with the spirit of collaboration that really does exist. You know, and I think that, um, people see that and it means a lot. So, you know, like the executive director for F&CS can walk in this community and people, you know, people will know him and- and, um, so people- and people will say anything to him. Like people aren't afraid to- they won't hold back opinions or-or whatever. And, um, so I think it's come- I think it has been beneficial to the community overall.

And it makes it much easier for those people at Family and Children's services to do their work because they have the relationships, and then the trust. So I think that's really important. I don't think they get to do it as much as they'd like to. And that's one of the- that's the limitation, you know, again their-their work, their jobs, their- the amount of paper that they have to fill in is huge. So-

One of the perceived benefits of this relationship building was more trust and less fear of Family and Children's Services among community members.

All of the collateral service providers identified having shared services and location and the cooperation that can go along with these as positive:

…we've always tried to work together to say, you know, 'between us all, how can we come up with together a plan to keep this child safe mentally and the family able to function?' And the one thing I think that we admire about our-our colleagues at F&CS is that they always come from a least intrusive point of view, like what we can do that's least intrusive?

All collaterals interviewed identified being housed together as a benefit to inter-agency relationships. One agency that had moved to their own building identified it as a loss to the

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working relationship but said that, because of the historical relationship, based on both location

and philosophy, there was still a strong commitment to coming together on individual cases and

through committees. Committees were identified by a number of collateral service providers as

important to building both inter-agency and community relationships:

> Well I think in that context, just the fact that they co-chair Better Beginnings,
> Better Futures board, they're right in there because, I mean, alls we talk about is
> kids and what can we do to make things better for them. […] And they sit on all
> the committees at Shelldale too- the relationship building, and, you know, that
> kind of stuff as well. […] But I think they're, um, you know, they're participation
> on that way, and, you know, whenever they have the-the potlucks, and the big
> team meetings over there. We just had the Better Beginnings board meeting, there
> was F&CS people there. I mean, they're just right there. So I-I think they are
> meeting that objective, um, quite well. And I think they do give the message that
> it is a shared responsibility, and I think that's how Shelldale looks at it.

Collateral service providers also talked very positively about the philosophical and

tangible commitment of Guelph Wellington F&CS to the community-based model. They saw

organizational commitment and vision as key to the successful implementation of the model:

> There's no question that Shelldale, you know, which is- exists I think only
> because the organizational commitment of Family and Children's services, um,
> Shelldale itself and Better Beginnings, Better Futures, which houses, um, keeps
> going back to that, um, that touchstone of what's best for children, and how to
> improve a lot of children in the community that we do it by focusing on families.
> I think is-is sort of a bit of the magic of-of what is in fact here. It's a bit of a
> broader vision, understanding that you create a space for families where they can
> come. They can be safe, and they can, um, they can access services, uh, they can
> begin to view a child protection agency as a friendly force rather than a punitive,
> um, or, um, authoritarian, you know, patriarchal force. The- so building the
> commitment of the community to think about the well-being of children that I-I
> do believe that Shelldale works away at that.

> Well I think the one thing, …is it's gotta come from the top down. And when I've
> looked at other communities struggling with this agency, with this issue of
> working collaboratively in a community with partners, we were really lucky in
> Wellington County. […] I've seen other communities struggle to try to bring that
> mentality from the bottom up, and it's really hard to do. Because I mean, on the
> front-line you can try to foster those relationships and make them wonderful, and
> work together as best you can, but if you've got an upper management that are

saying 'no, no, no. Stick to your mandate, don't be doing that kind of crap. Don't be creative. Don't think outside of the box.' Then the front-line is really limited.

And this particular Family and Children's services clearly has a vision […] we work with other child welfare agencies, say in, um, [other region]. So we deal with them- very different, they s-black and white, stick to their mandate. You know, this is yours, this is ours. […] But even when you're out in the conference circuit and you're talking to other [service providers] … they would say 'oh god, if we could only work with our child welfare people the way you guys do.' So, you know, again I think just the nature, uh, the philosophy of Wellington, and Wellington county is different from my experiences with other ones out- out and about.

A few collaterals identified conflicting mandates between different service providers as a challenge. However, it was also noted that this conflict could be better mediated in the community-based model:

> …I think sometimes at our end, we get, uh, we get kind of frustrated that there's not enough prevention work happening. And F&CS I think gets frustrated by that same fact, but in terms of their, you know, how- you know, how they're funded and what their mandate is from the ministry, um, it's not real prevention oriented. So it's more crisis intervention. So I think philosophically those are-are two areas of tension, um, between-between our programs.

> You know, when you're in a very legislated ma-have a very legislated mandate like, uh, like child welfare would have, compared with ours, and, um, and so when you're trying to work from a perspective of supporting people, and building on their strengths and their assets, which is-is where we would-would come from. You know, really their-their mandate is, in a way, it's almost a policing role. It's, uh, you know, so those two- I would say those two mandates, um, kinda make it challenge sometimes to, um, to kinda get to the same point. And that's where it takes the work of-of trying to see that both of those mandates are valid, and they each have their place. And, um, and maybe changing each other too, um, you know, there's room to kinda challenge each other …

> There's a- there's whole shared services approach, which is- you probably hear about, or have heard about, um, was-was originated a number of years ago, and, um, everybody philosophically believes in-in a process of a shared approach to providing service for these kids. But again everybody's mandate does trip you up from time to time. Um, I think, um, the rapport has always been positive. I think yet- you know, you've had periods where, you know, you're frustrated with each other because of the limitations. But those typically have often been funded- funding pressures, as opposed to just disagreeing with each other.

Collateral feedback highlighted the dichotomy between strong support for the community-based

model, and perceived limitations because of Ontario government, funding requirements and

service mandate.

The theme of shared community responsibility came out in the collateral service provider

data as well. One collateral source stated that it takes,

> A whole village to raise a child… I think they really believe that over there, and, uh, I
> think the child welfare folks, you know, they know what their part is, but they're willing
> to be participant in parts that aren't theirs, but they don't own it all, which is what I think
> you have to do in a com-.

Collateral service providers saw the shared community responsibility as a success of the

model. In the following quote a collateral service provider talked about this success:

> I was at the meeting obviously and looked around and just marvelled at the
> number of families that I knew, number of women primarily that I knew either
> from CPMP, or from contact in my program, certainly the number of women who
> were, you know, uh, also clients of Family and Children's services who have
> really tough, tough lives. And there they are interested in their community,
> interested in what's gonna happen, how do we make things better, interested in
> leadership roles in that community. […] And I think that-that's cause for
> tremendous optimism. And-and well worth fighting for.

Along with the many positive trends identified, collateral service providers also

emphasized that the project was still fairly new and that they hoped to see continued growth in

the model. They saw the philosophy and community context as particularly strong but many

identified a need for more to support of front-line service:

> …with F&CS, they are really limited in terms of their time- how-how much they
> can spend. So some of them, you know, the-the needs of the community are
> probably endless. And-and the resources, in terms of staff and funding for
> programs and services that the agencies have is finite. Some of it very finite. So
> there's a real- that's one of the limits, that's hard. And when you're working with
> people that need so much, sometimes it's hard to find the-the balance. So that-
> there's always that limitation that's, um, I think that it's a-one of the-one of the
> challenges for staff that are used to working in their silos, in their-their place, and
> I've mentioned this before, to-to come out of that and have to be working also
> within a collaborative- many organizations are not structured organizationally to

support that. So that's a big challenge, um, for organizations working in this kinda model, and for F&CS. It's a huge challenge to let people have that time, and to- so that then you can sort of build those shared, I mean, another challenge is building the shared visions together.

Overall, the collateral service providers communicated considerable appreciation that Guelph Wellington F&CS has adopted this community-based model of child welfare service delivery through the Shelldale Centre. At the same time, some of the same cautions about challenges with mandates and limited resources, particularly time, as was seen in the F&CS service provider feedback, were highlighted. What emerges as most positive, as with the F&CS service provider data, was the fact that the model was seen as much more helpful to families and community than the traditional model of child protection.

Collateral – Neighbourhood Group

In addition to the collateral service providers, four local community residents connected with the Shelldale Centre and local community groups were interviewed. Several complementary themes came from this group.

Again on the theme of relationships, the Onward Willow neighbourhood residents identified that "it is possible for community to have a good relationship with child welfare" as opposed to a fearful one. One group member put it as "we're, we're not bad people and we don't think they are. We, yes, we all thought they were before, you know, but we now have gotten to know them, we would like to get to know them a little better…." In most child welfare settings no relationship exists between an organized community and child welfare. Also there typically are many negative stereotypes and about child welfare among individual community members. In the following quote, a resident gives an example of a child welfare service provider who made the effort to build relationships with community members:

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> In the morning, [service provider] sits right down. For the first like, fifteen, twenty minutes ... sits down and just sits and chats with us and everything, and then [service provider] is just like, oh I better go to work. …yeah but [service provider] doesn't have to take that fifteen, twenty minutes …

These Onward Willow residents identified the actions of several Family and Children's Service staff who "went out of their way to help" as having a huge impact on community perceptions. In the following quote, a member talked about an example of a worker going out of her way:

> And I was one of her first cases, and I still have her. And she turned around and, they couldn't provide a ride for my daughter to go to university for a camp. And she goes, well I'll do it. And she did it, and she doesn't get paid, like they, she can't get, there's no money for her to get the mileage to take her back and forth. So she just paid it out of her own pocket. Any time my daughter needed something at the camp, she'd fork out the money. If I didn't have enough food to send a lunch with her, she took extra from her house, and she has children too, so. I mean, and so she, she went out of her way for me.

Community members suggested that the community had achieved a certain level of empowerment where they also take initiative in the relationship with the child welfare agency. The group generally saw the agency as "responsive" when they had a specific request such as information sessions for the community: "we can have them set up a meeting with the community whenever we want. All we have to do is ask. And they'll do it." The community group saw themselves as "initiative takers" and as playing a large role in the relationships building process with F&CS:

> The other thing about this group of people that you have sitting right here, all of us, I can probably vouch for everybody, that we're on a lot of committees, and we do a lot of things to try and make this community better for the community members. […] Like we talk for all our neighbours that won't speak for themselves and stuff, like we, we go on all these different committees and stuff to try and make our kids have a better say, like be able to walk in here and not be scared. Be able to turn around and be able to go and talk to somebody to have the outreach that they need to help them if their family life isn't the best or whatever […] At the very beginning they had nothing. There was nothing in this neighbourhood for the kids. And that's when Community Member and I went to the school and listened to Speaker and talked, and then we all got together, and for the first year, I just did notes at home. And kept it, all of it written down, and

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> Community Member went door knocking about mental health issues. That was a long time ago. Then we finally got our Onward Willow house, from housing. And we done a lot day care parenting programs there, for a long time 'til we moved to the old Family Gateway, over here. And it got bigger, so then I wanted to see bigger and bigger and bigger, so we fought for this school. They said no way, this school was not going by us. We had to have this school. It was a community school, we wanted it left in the community.

This quote illustrates how the organization of the community has made a huge difference in the Shelldale project. It was indicated that F&CS has supported the organization of the community for many years and how the energy and investment of the community has been key in the success of the community-based model.

The Onward Willow group members also identified that continuing barriers between F&CS and community and they hoped that the Shelldale project would do more to eliminate these barriers in the future. Physical barriers such as the locked doors and the long corridor to the child welfare office at Shelldale were identified. The fact that child welfare staff were still mostly "nine to five" people was a concern. Community outreach and the "advertising" of services, as well as more prevention work were identified as needing improvement:

> Well they need to let the community know too, there's a lot more resources than just removing your kids. There's lots of other help you can get from them. Like for kids that can't hear, for kids that need speech, there's a lot.

> 'Cause it, the prevention is the biggest thing, prevention and outreach is the biggest thing that the centre is missing. […] Between all the agencies, and everybody else, it just not there. And if it is there, it's very minimal.

On a positive note, the community group saw potential long term gains with the community-based child welfare model that could effect future generations.

> So I was scared of them and, and now with, I would, like I said,… she's been treating my kids so well that my kids are starting to change their views, so it's not just a matter of changing the views of adults, but they're also starting to change the views of children. And so as they get older and then they have children, then hopefully this cycle will stop. Of being afraid of Children's Aid.

It was suggested that with this community-based model more families will approach F&CS for help on their own and that children growing up with this model will have a different perspective on F&CS and be more able to access help themselves as adults.

Feedback from the group of community members illustrated some key themes of a community relationship with Family and Children's Services that is developing in a positive direction. There have clearly been positive experiences with some of the agency staff and an appreciation was expressed for the work of service providers who had gone beyond the minimum requirements. The community members expressed a willingness to work with the agency. The community clearly had its own history and experience with working to improve things for the welfare of its children. Quotes from community members suggested that at least certain segments of the community were not afraid to make requests of the child welfare agency or to hold the agency accountable for some of the barriers that still exist. The theme of an empowered community sharing responsibility with the child welfare agency emerged strongly from this group.

Summary and Analysis of Common Themes

Several common themes emerged from the feedback of the three groups of stakeholders. Service participants, service providers and collateral service providers had generally favourable assessments of the "community-based" model. However, this model of child welfare is also clearly not without its challenges, particularly given current provincial constraints.

The community-based approach is considered to create a larger, more creative variety of services and interventions for families. Families identified a broad range of services they can access through their involvement with the Shelldale branch of Guelph Wellington Family and Children's Services. Also, families generally saw a "fit" between services and their needs. F&CS service providers talked about the ability to be more creative and practical with supports within this model. Collateral service providers identified that many new shared services and collaborative approaches have been created through the community model.

The "less formal" nature of the community-based approach was valued. Families appreciated such things as less structured relationships with agency personnel. While service providers are bound by provincial standards, they preferred the less rigid working environment allowing for greater flexibility, creativity and community involvement. Collateral service providers also commented positively on the benefits they see in this more flexible approach of.

Accessibility is a major benefit of the model. Locating the child welfare office within the served neighbourhood and co-locating with community partners sets the foundation for accessibility. The model allows service providers to participate in community activities and be available to service participants in ways they are not in most child welfare settings. Both service participants and service providers valued increased accessibility. Participant feedback about greater accessibility is particularly favourable. However, accessibility also is seen as creating

additional stress for service providers, particularly in terms of adding responsibilities to already challenging schedules. An ongoing challenge is balancing the formal Provincial accountability requirements and the needs and requests of the community.

All three groups emphasized that the community-based model is conducive to building better service provision relationships and cooperation among service providers. Service participants talked at length about their relationships with service providers and identified many positive qualities in these relationships. F&CS service providers talked about strong relationships with parents, other service providers, and community as "making a difference" in terms of positive outcomes for families. They also noted that relationship building requires significant time investment. Collaterals commented that their relationships with F&CS staff are closer, more collaborative and more effective than in a traditional model of child welfare. Members of the neighbourhood association indicated that their relationships with F&CS were evolving in positive directions and maintaining positive relationships building requires ongoing attention.

Shared responsibility for the protection and well being of children is seen as an important product of the community-based model. Many parents talked about their voluntary service agreements, taking the initiative to contact service providers, and helping other community members to get help. Many F&CS service providers saw the community sharing the responsibility for child protection by providing helpful information about families experiencing difficulties and offering less formal supportive services. Feedback from all groups suggests a reduced fear of child protection services. The community resident focus group emphasized taking initiative with F&CS and asking for what the community needs. The community is described as "empowered" with a great deal of potential to support families and able to make

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requests of F&CS and hold it accountable. The existence of the Shelldale Centre facilitates this

sharing of responsibility. It also enables other service providers to be more active in carrying out

the child protection mandate.

The demands placed on front-line service providers are extensive and raise questions

about the long term "do-ability" of the job. Service providers describe being drawn to the model

because they of its philosophy. Service providers saw benefits for themselves as well as service

participants in this model. However, expectations of front-line service providers are seen as

excessive. Stress and burnout were identified as concerns in interviews and confirmed by the

survey results. Notwithstanding this realization service participants, service providers and

collateral respondents identify more service initiatives they would like to see at this site.

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. Participant 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.

Appendix A: Reference List for Previous Research Reports by the Partnerships for Children and Families Project

1. *Life stories of mothers and child welfare.* G. Cameron & S. Hoy

2. *Good helping relationships in child welfare: Co-authored stories of success.* N. Coady & C. de Boer.

3. *Mothers' everyday realities and child placement experiences.* N. Freymond.

4. *Family talk: Parents and children involved with the child welfare and children's mental health systems.* M. Fine & D. Mandell.

5. *Invisible lives: The experience of parents receiving child protective services (CPS).* S. Maiter, S. Palmer, & S. Manji.

6. *Bridging or maintaining distance: A matched comparison of parent and service provider realities in child welfare.* K. Frensch & G. Cameron.

7. *Siege and response: Families' everyday lives and experiences with children's residential mental health services.* G. Cameron, C. de Boer, K. Frensch, & G. Adams.

8. *The importance of care irrespective of cure: The daily living realities and the service experiences of families with children with complex mental health problems.* N. Coady.

9. *A workplace study of four Children's Aid Societies in Southern Ontario.* C. Harvey, C. Stalker, D. Mandell, & K. Frensch.

To access these and other full length reports, please visit our web site at www.wlu.ca/pcfproject.