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The Children's Aid Society of Brant: A Community-Based Model of Child Welfare Service Delivery (FULL REPORT)

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The Children's Aid Society of Brant:
A Community-Based Model of Child Welfare Service Delivery

An Exploration of Parents', Service Providers', and Community Experiences

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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 endeavored 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

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

- A comparative study of 26 matched pairs of parents and their child welfare service provider

- A study of 29 families' experiences of receiving children's mental health residential treatment services

- An in-depth exploration of the experiences of 12 families involved with an intensive child and family services program for children with complex mental health problems

- A survey of over 400 employees working in child welfare and focus groups with front-line service providers, supervisors, and managers

This section provides an overview of some of the key issues facing "traditional" service delivery from the unique perspective of parents involved with child welfare and from front-line employees delivering services. Our previous research also offers a sense of the daily living realities of families who become involved with child welfare including their economic realities, family relationships, personal challenges and sources of support.

DAILY LIVING REALITIES

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

- Of the approximately 140 interviews conducted with parents involved with child welfare services only a handful of families could be described as other than "working poor" or "low income families."

- Many families described financial and living circumstances which left them vulnerable to disruptions. From our life stories study, all women at some point

had been single mothers and typically this coincided with a substantial drop in their income. Most had been on social assistance at one time.

- Parents confronted issues of unstable living arrangements, poverty, abuse, substance abuse, problems with physical health, mental health problems, poor neighbourhoods, isolation, unemployment, and disability.

- Stories of hardships that included incidents of childhood abuse as well as incidents of abuse in adult relationships were mentioned by many mothers who had a child placed outside of the home. Some spoke of their personal struggles with addiction and depression.

- Long term relationships with partners were not discussed often. More common were a series of relationships with different partners over time. From the life stories, most of the children in these stories were not living with their biological fathers and many had minimal contact with them.

- Despite many of the challenges facing families, almost two-thirds of parents describe taking part in leisure and recreational activities in our study of 61 parents involved with child welfare. Common activities included low-cost family activities such as camping, walking, swimming, going to the park, and family trips. Less than one-quarter of parents mentioned sending their children to organized community activities or sports, most likely because the costs made this prohibitive.

CHALLENGING CHILDREN

Families trying to manage the extremely challenging behaviour of one of their

children represent a major sub-grouping of families in our previous research in both

child welfare and children's mental health:

- The constant daily living pressure on families with a child who has emotional or behavioural challenges is intense and unlike the experiences of any other sub-grouping of families in our previous research.

- Families, but mothers in particular, pay an extraordinary price coping with such pressure over many years in terms of emotional and physical health, break up of families, and lost work and educational opportunities.

- Our research raises serious concerns about longer term functioning for these children as they move through life transitions such as moving into adulthood.

- Very few families talked about receiving useful assistance from the Children's Aid Society. Clearly, many families facing the challenges of raising a child with

emotional or behavioural difficulties become involved with child welfare and parents highlighted the absence of appropriate responses.

- In our study of families involved with residential treatment, two-thirds of families had experiences of working with both child welfare and residential treatment services. Thirteen of the families (45%) who had their children placed in residential treatment also had their child placed outside of the home by CAS in a foster home, group home, or emergency shelter.

STRENGTHS OF FAMILIES

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

- In many of the stories, becoming and being a mother was central in these women's lives. Many talked fondly about "who their children are" and endeavoured to maintain a family and a home for themselves and their children, under sometimes very difficult circumstances.

- Relationships with extended family, especially with mothers, and other family members played a central role for about half of these women and their families. This was often true even in stories of abusive childhoods. Families were around for many of these women long after social services had gone away.

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

LEVEL AND RANGE OF ASSISTANCE

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

- Services that parents identified as helpful included referrals that enabled them to access daycare, counselling, assessment, and/or treatment for themselves or their children.

- They also identified concrete help, such as food, shelter, and special education for their children as useful.

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

- Parents described receiving a fairly standardized range of interventions: individual and group counselling of various types, anger management and parenting courses, and alcohol and drug testing and treatment were most common.

- This "one size fits all" model may limit the ways in which parents and service providers interact, as well as restrict the conceptualization of service plans that are perceived to be individualized, creative, or negotiated.

- Mothers and mothering received much of the attention in child welfare interventions. Mothers were frequently held responsible and accountable for making improvements in family functioning. More often than not, our research showed that even when there was a long time partner in the home, the male partner only became a focus of the child welfare investigation if he was a perpetrator of child or partner abuse.

- Mothers were repeatedly the focus of interventions, with particular emphasis being placed on addressing mothers' unresolved personal issues, such as childhood trauma, alcoholism, or abusive relationships. Interventions were generally parent-focused with little support provided directly to children.

FIRST CONTACTS

In our previous research, descriptions of first contacts between parents and service providers were mixed. Many parents expressed fear around the first time child welfare became involved with their families. Parents appreciated service providers who acknowledged their fears and clearly explained what was going to happen.

- Clear and direct communication about the reasons for child welfare involvement and clear explanations of agency expectations was thought to alleviate parents' fears.

- Service providers who came to the door with an attitude of support and receptiveness were able to create less adversarial interactions with parents.

- Parents voiced dissatisfaction around first contacts with child welfare that were perceived as overly intrusive and coercive. Intrusive interventions described by parents included unannounced home visits, the accompaniment of police upon the initial visit, immediate apprehension of children, and searching through a family's home, including kitchen cupboards and the refrigerator.

- The use of early intrusive interventions was perceived as an impediment to establishing effective service relationships by both parents and service providers.

RELATIONSHIPS WITH SERVICE PROVIDERS

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

- Parents most often appreciated having someone who would listen to them and who believed that they were doing their best. Service providers were also appreciated for offering useful advice and finding helpful resources.

- Traits of a "good" service provider in child welfare identified by parents included being informal, down-to-earth, friendly, genuine, respectful, empathic, supportive, encouraging, and hopeful.

- Parents appreciated service providers who "went the extra mile" by sharing feelings, doing things that were perceived to be outside of their jobs (such as driving a parent to an appointment), and being realistic and flexible with parents. Service providers themselves noted that these "extras" were the more enjoyable aspects of their child welfare work.

- Obstacles such as little time available to help families, formal timelines and recording requirements presented challenges to building relationships between families and service providers.

- Many parents identified infrequent contact with their service provider and the difficulty in getting service providers to return their calls.

- 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.

- Situations of apprehension (involuntary placement) were associated with intensely negative feelings including grief, fear, and shame. Some mothers were confused about why the apprehension occurred and felt accused of being a "bad" mother.

- In situations of apprehension, service plans were primarily focussed on changing mothers' behaviour and mothers felt that they were left with little choice but to comply. Legal processes often reinforced this helplessness.

- Collaboration with service providers and foster parents was important to creating a positive placement experience.

SERVICE PROVIDER EXPERIENCES

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

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[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).

- 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 Brant CAS's Community-Based Child Welfare Service Delivery Model

The Children's Aid Society of Brant delivers child welfare services through a central office as well as through community-based units. There are two types of community-based units: community-based protection teams and a child development unit (for the purposes of this study, the child development unit will not be described here). The creation of community-based protection teams is intended to increase the accessibility of child welfare services for the community. It also serves to increase community awareness of child protection concerns as well as the agency's capacity to respond. The intention is to provide earlier intervention and prevention of child abuse and neglect. The development of relationships with the community and increasing awareness of child welfare concerns and services are central to the program model.

The community-based program began in 1995 with the location of one service provider in a local school. At the time of our data collection phase, service providers were located in eight sites throughout Brantford. The eight sites include schools, community resource centres and a women's shelter. Sites were selected based on the relatively high proportion of child protection cases coming from these areas, as well as the presence of difficult social and economic circumstances for the families living there. For our purposes, we selected four sites to include in our study: the Stepping Stones Resource Centre, Nova Vita Women's Shelter, Slovak Village, and North Ward School in Paris, Ontario. A brief description of each site is provided to illustrate the variety of the settings where the program is located.

The **Stepping Stones Resource Centre** is located in a 50-unit geared-to-income townhouse complex called Riverside Gardens. The Community-Based Protection Program serves the families within the complex. The program worker cooperates with various service providers close to the townhouse complex, in particular with personnel at two elementary schools – Princess Elizabeth Public School and Our Lady of Fatima. A Neighbourhood Association's Board of Directors administers Stepping Stones. Numerous volunteers participate at Stepping Stones. In addition, a child development program service provider from The Children's Aid Society of Brant provides staff support to the resource centre. The Community-Based Protection Program service provider and the child development program service provider share information and cooperate regularly to help children and families in the neighbourhood.

Nova Vita Women's Services operates a women's shelter with accommodations for 22 women and their children. A typical stay at the shelter lasts about six weeks. Each woman who stays in the shelter must sign a consent form to become involved with the community-based protection program. The service providers at the shelter take a Violence Against Women Protocol training to be aware of the service approach in use at the shelter. Open child protection cases are equally divided between families living in the shelter and those who have moved back into the community. Service providers must establish contact with the family at the shelter within seven days, allowing for the fact that the children and their mother are already living in a protective environment at the shelter.

Slovak Village is a 150 unit geared-to-income apartment complex that also provides work space for a community-based protection team and a part-time nurse

practitioner. Service providers work with families in the apartment building, as well as in a nearby geared-to-income housing complex and three local schools: Joseph Brant (grades seven to eight), Belleview (grades junior kindergarten to six) and Our Lady of Fatima. The building also contains a supervised access centre for all families in Brantford involved with the Children's Aid Society of Brant who share supervised visits with their children.

At the time of our data collection two service providers were located at **North Ward School** in Paris, Ontario. Their services focus on the surrounding community rather than within the school.

Community-based service providers provide all of the child protection services required of non-community-based service providers in the agency. Elsewhere in the agency, the responsibilities of initial investigations and ongoing services are assigned to two different departments. Community-based service providers are responsible for both initial investigations and ongoing family service in their local setting, eliminating the need for a family to be transferred to a different service provider after the initial investigation.

Community-based service providers are expected to participate in the communities where they are located. This might include educating teachers in a school about child maltreatment and mandatory reporting requirements, running educational or therapeutic groups, helping to organize community events, and attending board meetings of the local neighbourhood association. Service providers may engage in counseling with families and provide short-term financial assistance to families without an open child protection case. The community-based program is intended to

complement the supports and services available at the local resource centres and other community settings in the neighbourhood where it is located. Community-based service providers serve as consultants to various community partners such as principals, staff at women's shelters, and members of the agency's child development unit.

Overarching Program Objectives

1. Increased accessibility

One of the main purposes is to bring services provided by the agency to where children and families live, go to school, and use other services. Child welfare services should be easier to access and more utilized when service providers are nearby and familiar to people in a community.

2. Increased awareness of child welfare

By being present locally, program workers will undertake education about child welfare, mandatory reporting, and child maltreatment in various community settings. They also will be more available for "impromptu consultations" with community members and other service providers.

3. Increased prevention of child maltreatment

Inquiries about child maltreatment should be received earlier because of greater visibility and acceptance within a community or local setting. There should be a greater capacity to keep children safe. In addition, program personnel can cooperate in community capacity development with informal and formal partners. Program workers will have greater opportunities to try supportive and cooperative interventions when a protection concern arises. There should be less use of coercive and legal interventions.

4. Continuity of service

Many families involved with child welfare are connected to different front-line service providers at different stages of their involvement. In the Community-based Protection Program, the same service provider is responsible for both the initial intake investigation and any ongoing child protection case opened. This continuity should improve relationships with families.

5. Strengthened connections with communities and families

Program personnel will become more familiar with daily experiences of families involved with child welfare, as well as the realities of community members and local service providers. Program personnel will bring a broader perspective to their duties because of their involvement with children and families, as well as the community. There should be a broader awareness of community strengths and resources by program personnel as well as more acceptance of the Children's Aid Society in the community. More frequent positive relationships with the program's personnel should translate into improved opinions about the Children's Aid Society in the community.

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 delivery at The

Children's Aid Society of Brant.

Individual Interviews

1. Parents

Twenty 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. Of the 97

parents on the initial list, the agency representative was able to successfully contact 54

parents. From that group, 24 parents agreed to be contacted by researchers. Of the 21

parents we spoke to, all agreed to participate in an interview with the exception of one

parent. There were 3 parents we were not able to contact (1 out of service number and

2 did not answer the call).

Interviews were approximately two hours in length and usually took place in

participants' homes. 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-unstructured 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 artifact 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

Several service providers and managers engaged in one-on-one dialogue with researchers to explore their experiences and views of the implementation and operation of the community-based program model. Service providers were contacted directly by researchers and asked if they would be interested in taking part in the study. With the exception of one service provider, all of the service providers and managers we contacted agreed to participate in an interview. In total there were 5 service providers and 2 managers interviewed. The semi-structured Interviews were approximately one and a half hours in length and took place at service providers' place of employment.

3. Collateral Informants

We interviewed four representatives from collateral social service organizations that work closely with the community-based program. The names and contact information for a number of professionals who work with the program were given to researchers by Brant CAS. Using this information, four collateral informants were selected and contacted directly by researchers. All of the individuals we spoke to agreed to be interviewed. Collateral informants included representatives from public health, housing, women's services, and 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.

<u>*Focus Group Discussions*</u>

Two separate focus group discussions were held with community members from the neighbourhoods of Slovak Village and Stepping Stones in which the community-based service providers are located. We contacted all of the parents who had participated in an individual interview to invite them to a focus group discussion. We encouraged them to bring a friend who also lived in the neighbourhood as well as to advertise the focus group discussions by word of mouth. This resulted in two focus group discussions with three and four community members respectively. A third focus group discussion was held with six women who were residents of the women's shelter Nova Vita at the time of our study. This group was organized by an employee of the shelter who invited residents by word of mouth.

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. Service providers from our previous research 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.

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 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.

The Children's Aid Society of Brant provided researchers with a list of all current employees working in the community-based program. Each employee was sent a survey, an information letter, and a postage-paid return envelope. A draw ticket for a prize of a spa treatment was also included in the package. Employees did not have to complete the survey in order to be eligible for the draw. Completed surveys were returned directly to researchers. Survey procedures were designed to ensure the confidentiality of individual responses. All survey responses reported herein are done so in aggregate form.

At the time we distributed our survey among Brant CAS's community-based service providers, there were 22 people employed in these positions (both in direct service and supervisory positions). We received completed surveys from 12 service providers working in community-based settings. We cannot be sure, however, that

these service providers are representative of all service providers working in the community-based program and therefore must approach these survey findings with caution.

Data Analysis

Information from parents' transcripts was coded using a qualitative data analysis software package called N-Vivo. The coding process resulted in 20 individual parent summaries. Each summary contained excerpts from the original transcript and was organized by a standardized set of topic areas which mirrored the original interview schedule. Topics included information related to descriptions of daily living realities for families such as access to opportunities and resources, personal functioning for parents and children, family issues, social connections, and hopes for the future. Topics specific to families' service involvements included descriptions, perceptions, and assessments of services provided by the community-based program.

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

Information from service providers, collateral informants, and focus group discussions came directly from the full length transcript. The same process of consultation and refining of common themes occurred for this data. Survey responses were analyzed using a statistical software package (SPSS 10.0). Finally, the team

looked at the three sources of data; parent, service provider and collateral sources, for common meta-themes.

Study Results

This section presents an integrated discussion of Brant CAS's community-based model of child welfare service delivery from the perspectives of parents, service providers, and collateral sources. We begin with an overview of parents' daily living realities as a way of better understanding who they are, their histories, and their hopes. This is followed by a preview of the most compelling themes identified in our interviews about the experience of delivering and receiving child welfare services in a community-based setting. Each theme is informed by one or more sources of information, specifically from interview comments provided by parents and collateral sources, as well as service provider interviews and employment survey trends. Following the overview, each theme is discussed in greater depth and where appropriate illustrative quotes are used to provide further support for these themes.

Overview of Study Results

Families Involved with Child Welfare: A Common Profile

Families involved with Brant CAS's community-based program talk about many of the same challenges facing families involved with other Children's Aid Societies and families involved with the Partnerships Project's previous research in child welfare. More specifically, parents report having limited financial resources. Unstable employment situations, limited education, and non-payment of child support contribute to their financial hardships. Two-thirds of parents describe one or more abusive

relationships in their lives. Most common is domestic abuse by a current or past partner. Many children are witness to this abuse. Almost half of all families describe themselves as reconstituted families and just as many are entangled in acrimonious access arrangements. Parents say this is a significant source of stress for themselves and their children. Both parents and children face challenges in their personal functioning. Depression is the most common personal mental health challenge mentioned by parents while children are reported to struggle with emotional and behavioural difficulties. Almost half of all children in these families exhibit difficulties in school and peer interactions.

A significant strength of these families is the frequency with which parents discuss their connections to supportive informal networks. Half of families receive support (such as used clothing, furniture, and transportation) from extended family members and almost half receive emotional support from a close friend or network of friends.

Visibility and Accessibility

By participating in community building activities such as barbeques, yard clean-up, and breakfast programs, service providers say they are known and recognized in the community. Both service providers and parents articulate an appreciation and understanding of the importance of service providers being visible in the community and accessible to parents. This familiarity is described as a way to help reduce parents' fear and improve first contacts when parents become involved with the CAS.

Service providers describe being more visible and accessible to parents and children in comparison to traditional methods of service delivery; however, being so

visible and accessible within the community is reported to be challenging. Service

providers identify the difficulty in always being available to the community: it can be all

encompassing and time consuming. Parents identify a stigma associated with locating a

child welfare office in their community and the fear and stress it can evoke in parents.

Getting to Know Each Other

The increased visibility and accessibility of service providers creates many

opportunities for parents and service providers to get to know each other. Parents talk

about getting to know service providers and report that their personal experiences with

individual service providers help to dispel some of their fear and negative perceptions of

Brant CAS. Seeing parents daily brings a "wealth of information" for service providers:

service providers describe being "plugged into" the community and having an intimate

knowledge of the community resources and supports that are available to families.

Service providers believe they know families' strengths and challenges more than in

non-community-based settings and say that as a result they do their work differently.

Both parents and service providers acknowledge, however, that many families remain

reluctant to engage with services and attend neighbourhood functions that share ties to

child welfare.

Changing the Way the Work is Done

Service providers describe their way of working as more informal than the

traditional ways of delivering service in child welfare. Service providers perceive that

they spend much of their time in face-to-face contact with families and the community.

While completing documentation requirements is still a part of their job, service

providers report that they engage in community development and prevention tasks frequently.

Because service providers believe they know a lot about the families in the community, they describe greater comfort in trying creative and alternative ways of working with families. Service providers say that doing child protection in this way requires a certain level of experience as well as a respect for community members. Working from within the community can be isolating and raise safety issues for some service providers.

Relationships and Cooperation:

Service providers describe being able to build better working relationships with parents than in the traditional service delivery model. For parents, some say that they may not like the child welfare agency but they like their individual service provider. Service providers perceive a greater capacity for cooperation at family and community levels. More than half of parents describe service providers as people who can help.

Both service providers and collateral sources state that relationships with collateral organizations in Brantford are already strong and this model serves to enhance the spirit of cooperation among all players. Service providers and collaterals report being able to share information, pool resources, and sustain partnerships.

Awareness of Brant CAS as a Source of Help

More than half of parents see Brant CAS as a source of help for families and some parents report voluntarily approaching the agency for help. Service providers also perceive that more parents approach the agency seeking help for themselves and their

families. The proportion of "self referrals" made by parents in this study is larger than in our previous research.

Parents, service providers, and collaterals say that families are using the programs, supports, and services provided by Brant CAS in the community. What is not clear is whether or not these families only access services and resources after being involved with the child welfare agency. This study does not allow us to know the extent to which families are using these resources without any formal child welfare involvement. From our focus groups with parents in the community, there are families who are either unaware of the services available in their community or are aware and choose not to access these services.

Fear

Not unlike previous child welfare research, parents identify an initial fear of CAS and negative perception of what CAS does. Community rumors and a few visible apprehensions are thought by parents to fuel this fear. Parents identify their own individual positive experiences with service providers and say that these personal experiences help to dispel some of their fear.

In the community, the presence of CAS is thought to bring a heightened awareness of child maltreatment. Parents and collaterals perceive that locating a CAS office in the neighbourhood motivates people to stay "on their toes." Parents identify a stigma that comes with having CAS in their community such as the perception that families who live in the neighbourhood must be involved with child welfare. Approximately one-third of parents say they are reluctant to engage with the CAS

preventatively despite their acknowledgement of the agency's efforts to reach out to the wider community.

Satisfaction with Involvement

Overall assessments of the community-based program made by service providers and collaterals are largely positive. Service providers believe the program is accomplishing what it set out to do and speak favourably of their experience as an employee in the program. Collaterals express a sense of pride and say that the community-based program has contributed a lot to the community. Overall assessments made by parents appear to be more varied; however, over half of all parents' experience with the agency can be categorized as positive. This is a greater proportion of positive assessments made by parents than in our previous research in child welfare.

An Expanded Discussion of Study Results

This next section provides an expanded discussion of the themes just reviewed. Each theme is discussed in turn, and where appropriate, quotes are used from parents, service providers, and collateral sources for illustration.

Families Involved with Child Welfare: A Common Profile

A lack of opportunities and financial resources. Parents talk about having limited financial, employment, and educational opportunities. Descriptions of stable full time employment are rare; more commonly, parents struggle with the daily reality of low income employment, piecing together multiple and often temporary jobs like this mother:

> I was working two jobs, two part-time jobs the equivalent to about 60
> hours a week so a little more than a full-time job. […] …I'd work for so
> many hours, be off for a couple hours, and then I was back to work with,
> with that. And it was- that was really hard on- on [my son]. Because I was
> literally picking him up from one sitter, taking him out for supper to

McDonald's and then taking him to the next sitter because that was all I could do.

Almost half of all parents mention relying on social assistance for their financial needs at one time or another. Reasons include being disabled, experiencing a change in life circumstances (e.g. just having a baby), or being out of the workforce for a number of years.

Parents describe enduring a variety of financial hardships that appear to compound their struggles such as debt, bankruptcy, denial of owed child support, bad financial decisions, and gambling. For example, one parent admits: "our finances are shot to hell. Yeah, we've moved a couple times. We've had to go bankrupt and, uh, it's just been an absolute nightmare. But, yeah, we, I need to work but I can't work." A few parents talk about having dropped out of high school due to pregnancy or leaving home at an early age and as a result ended up working to support themselves financially.

Parents have a limited range of housing and transportation options that they can afford. One parent says, "…transportation can be an issue. You know. I do have my license and what not, but the price of gas is tough, there's no way I'm getting a car. You know, not that that wouldn't be nice…" Some parents talk about borrowing a family member's car, relying on a subsidized bus pass, or walking. Not surprisingly the desire for better housing and employment is articulated and parents impart an overall sense of striving to do better economically. Five parents have returned to school.

Conflict and Abuse. Overall two-thirds of parents talk about being abused by their current or past partners (13 parents). The majority of abuse is described as physical in nature, but sometimes it is combined with other types of abuse such as emotional and/or verbal abuse (4 parents). One parent describes the abuse as "constant yelling

and screaming" while another describes a partner who was "controlling and manipulative." Another parent explains, "…as time went on and it started- didn't start as physical abuse- he [ex-partner] ended with physical abuse, started with mental, like a lot of mental, emotional, like that kind." Most of the abuse can be categorized as domestic abuse (11 parents); however, some parents also recount being abused in their family of origin (6 parents). Five parents say that CAS was involved with their family during childhood.

Abuse of children is talked about less frequently than issues of domestic abuse; however, in the families where domestic abuse is said to have taken place, parents state that their children were often witness to such abuse. Two parents say that their children are fearful of their father (now ex-partner). Issues of access to children by one or more previous partners are mentioned by almost half of all parents. These access arrangements are described as a source of stress and conflict for parents and children. One parent describes her difficulties in this way:

> …we had behavioural problems with [daughter] when she was coming home from there [visits with her father]. Like, um, just a- a lot of attitude or, um, we noticed, uh, she came home with this, um, with a little less respect for us… […] Oh just telling me that she-she didn't have to listen to me and things like that, you know?

Stress associated with court battles, behaviour changes in children after visiting with their father, and cases in which there was minimal to no contact with a non-custodial parent are all mentioned.

Challenges in Personal Functioning. Half of all parents talk about depression or anxiety with severity ranging from "sometimes I get down" to two parents being hospitalized for a nervous breakdown. One parent explains "I figured out I'd been

suffering with some pretty severe depression for a really long time. Had really low feelings of self esteem, I isolated myself quite a bit, I didn't actually like to go out and socialize with people or spend a lot of time around other people." A smaller number of parents disclose being in poor physical health.

While personal struggles with addictions are not mentioned by parents we interviewed to the same degree as in our previous studies, partners' addictions such as alcohol, drugs, and gambling are mentioned more frequently. Two parents also mention mental health issues related to their partners' current personal functioning. Court and police involvement is identified for five partners with three partners spending time in jail. One parent describes her partner spending time in jail for domestic violence saying "…he was in jail, and then he talked about you know, he's gonna change and he realizes you know, no he shouldn't have put his hands on me and…agreed that he needed some counselling or whatever. So like an idiot I took him back, and there was a restraining order on him." Overall, there is only limited information about partners' personal functioning.

Emotional and/or behavioural difficulties, poor physical health, and school difficulties are identified as three prominent areas where children are struggling in their personal functioning. Half of all parents mention that one or more of their children have emotional or behavioural difficulties. Issues include violent behaviour such as punching holes in the walls, suicide attempts, and various "diagnoses" such as ADD and ODD. One parent explains her son's escalating behaviour "…he started to become kind of violent and, and smash things, break things, pick up things and smash them, throw things at people…" Unlike our previous research in child welfare and children's mental

health, the majority of these children are not reported to be involved with the juvenile justice system. This could be explained in part by the young age of most of the children in these families.

Almost half of all parents describe one or more of their children struggling with problems at school: "My daughter kept getting suspended from school, for, with listening. She has um, a problem they called ODD, and she's not afraid of anyone, you can't make her move if she doesn't want to do something. She's very stubborn." School problems are often social in nature: parents describe children being "teased," "picked on," and "beaten up." Three parents talk positively about their children's school experience citing good grades and having a lot of friends. Physical health issues said to confront almost half of all children include (but are not limited to) developmental delays, asthma, epilepsy, weight problems, and having rotting teeth.

Support from Informal Networks. Given the challenging financial realities for many of these families, a number of parents identify other sources of assistance or support they rely on to make ends meet. More often than not, this assistance is said to come from extended family members and close friends rather than from formal sources (such as the food bank). Almost half of all parents describe receiving help from their extended family in the form of used furniture and clothing, babysitting, and transportation. One parent explains "…my kids have their own dresser at my dad's 'cause my dad's always buying them clothes too…" Similarly another parent talks about receiving support from her mother, "she give me her furniture and stuff. […] And bedroom suites, 'cause we had no furniture…'cause we had nothing." Five parents,

however, disclose unsupportive families of origin or no longer have contact with their extended family. A few parents mention donations from their child's school as helpful.

In addition to almost half of all parents receiving support from their extended families, 10 parents also receive support from a close friend or network of friends. Six parents identify a long time close friend that they confide in and have relied on through the years. Most support is described as emotional in nature: "I've been really good friends with her for five years now. And she's very supportive […] Very, very helpful. And she gives me advice on how to deal with things too." Similarly another parent says, "I can go there and stay and have coffee with her and tell her anything. And oh, I can go over there and cry a blues to her…" Other supportive networks include their church, the community centre, or a parenting group. For example, one parent explains "…we have a lot of friends, like we go to church, um, actually quite a few times a week. We have a lot of friends who, who aren't related to us but they're more family than our family is."

Our in-depth look at families' economic realities, relationships, personal struggles, and social connections suggests that this group of parents most likely resembles a typical sample of families involved with child welfare. While we cannot know for sure if they are statistically different groups or not, it does not appear that this community-based program is serving families different from those served by traditional models.

The next sections present seven key themes used to organize comments about the community-based program model from parents, service providers, and collateral informants. Also included are data from service provider responses to the employment survey.

Visibility and Accessibility

Central to the community-based model is bringing services provided by the agency to where children and families live, go to school, and use other services. The intended effect is that child welfare services should be easier to access and more utilized when service providers are near and familiar to the community. In addition to physically locating their office within the community, service providers participate in community building activities such as barbeques, yard clean-up, and breakfast programs.

Parents, collaterals, and service providers all identify the increased visibility and accessibility of service providers in this model. One collateral says, "CAS puts on barbecues a couple of times during the summer so the neighbourhood knows they're there" (p.9). Similarly, a service provider describes the opportunity to interact with families on a social level: "…we do the Christmas parties and things, so they see us kind of on a social level as well as a professional level, so it's not, I don't think it's quite as scary when we come to your door." Parents also identify the agency's efforts to make contact with the community. One parent describes "…they have family barbecue days, family swim days, trips…," however, she adds "I don't really go on too much of them..."

For parents, locating a child welfare office in their community is sometimes described as a "stigma" and parents also identify the increased fear and stress it can evoke. One parent describes this stigma saying, "…as soon as they hear where you live, they say, 'oh, what, what were you involved with Children's Aid for? And I just say, 'I'm not. I just live in the building.'" Similarly, another parent we spoke to who did not

live in any of the communities where a CAS office was located said: "I had a friend tell me about it, and I'm like, what's the name of that place? I'll make sure I don't live there."

Simply locating a child welfare office in a community where families live is thought by parents to increase fear and stress: "when you have CAS right there in the building, it's just adding…that little bit of stress that little bit of pressure." Service providers also articulate this sentiment for parents: "it's very, very hard to hide in here, in this building. It's very, you know, you're always front and centre, kind of thing." Another service provider admits, "We're here everyday. We can see like from your window to our window. We can see through the backyard. So I think that way's a bit more intrusive…"

According to service providers, collaterals, and some parents, service providers appear to be accessible to families both in person and on the telephone. In our previous research, the accessibility of service providers to families was identified as an area of concern. Parents had difficulty reaching their service provider on the telephone and face to face contact was infrequent. In this study, while service provider accessibility is generally described as good, approximately one-third of parents still mention some dissatisfaction with how often they saw their service provider. One parent explains "They kept changing workers and they wouldn't see me and they wouldn't visit me and nothing." Another parent vocalizes her anger saying "So you show up on my doorstep and all of a sudden everything supposed to be the- you know, the way it was?' I said 'if I was a main worry, where were you three, four months ago? You shoulda been- kept

calling you- or kept being on my doorstep.'" These types of concerns are not unlike some parents' experiences from the previous research.

Service providers believe they are accessible and approachable in a community-based setting. Here, one service provider likens the experience of working in the community to actually living there saying:

> …it's almost like we live here. So, we end up being very close, close contact with the clients for one thing. We're very, very accessible, 'cause we're not behind locked doors.

Similarly another service provider describes herself as more approachable:

> …the ones that have got to know me anyways, I think, feel that we're more approachable, feel that, that they can just sort of phone or come down, or you know, and if they've got a problem with something, or even just to, to shoot the breeze…
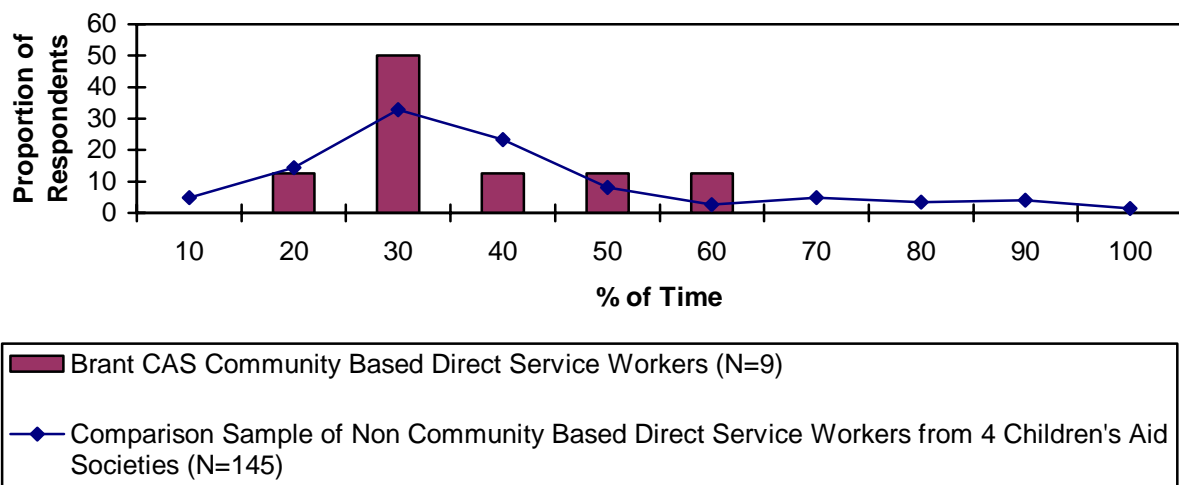
One parent describes this same approachability saying: "…you can go in and have some problems and talk to the lady that was there… […] …and for parents that's a good thing, to have an outlet, and be able to go and talk." Collaterals also acknowledge "…they're accessible and…most of the staff at CAS are very approachable."

In addition to benefits for families, service providers identify the benefits of sharing close proximity to parents and more frequent face to face contact for the way they do their work. For example, one service provider explains: "…because I see the kids around, I can unofficially keep tabs on that, like I lose a lot less sleep, worrying about that, believe it or not, yeah, because I can always see the kids around." Another service provider likes the ease of accessibility to families saying "…it's great that you can step right out of your office and…see one of your clients."

Service provider survey responses may also reflect this perception of increased face-to-face contact with families. From Figure 1.0 below, we notice that a greater

proportion of community-based service providers perceive that they are spending 50% to 60% of their time in direct contact with families than the comparison group of non-community-based front-line service providers. The overall pattern, however, seems to be quite similar to the way in which non-community-based service providers perceived their time in face to face contact with families. The small number of survey respondents requires that we approach these patterns with caution.

Figure 1.0 Perceptions of Time Spent in Face-to-Face Contact with Families

Brant CAS Community Based Direct Service Workers (N=9)

Comparison Sample of Non Community Based Direct Service Workers from 4 Children's Aid Societies (N=145)

Being so visible and accessible within the community is not without its challenges. Service providers describe some of the challenges in always being available to the community: "…you can't shut your door in the community. […] …the office is always open really." Service providers identify feelings of having no reprieve from their role in the community; for example one service provider describes "…being too accessible sometimes…there's nowhere to go to, to kind of, unless I get in my car and actually leave…" Similarly another service provider explains:

> the being "on" constantly, can be really hard because you've got your day sort of mapped out and you're busy, you're in the middle of something,

and there's three people waiting to see you right there. And they're standing there, and what do you do?

Community-based service providers' levels of *emotional exhaustion* ("feelings of being emotionally overextended and exhausted by one's work") from the survey may also be indicative of this sense of always being visible and accessible to the community. In Figure 2.0 we see that the proportion of community-based service providers reporting both medium and high levels of emotional exhaustion is slightly larger than the levels reported by front-line service providers in traditional settings. Again, we must approach these results with care due to the small number of community-based service providers who responded to the survey.
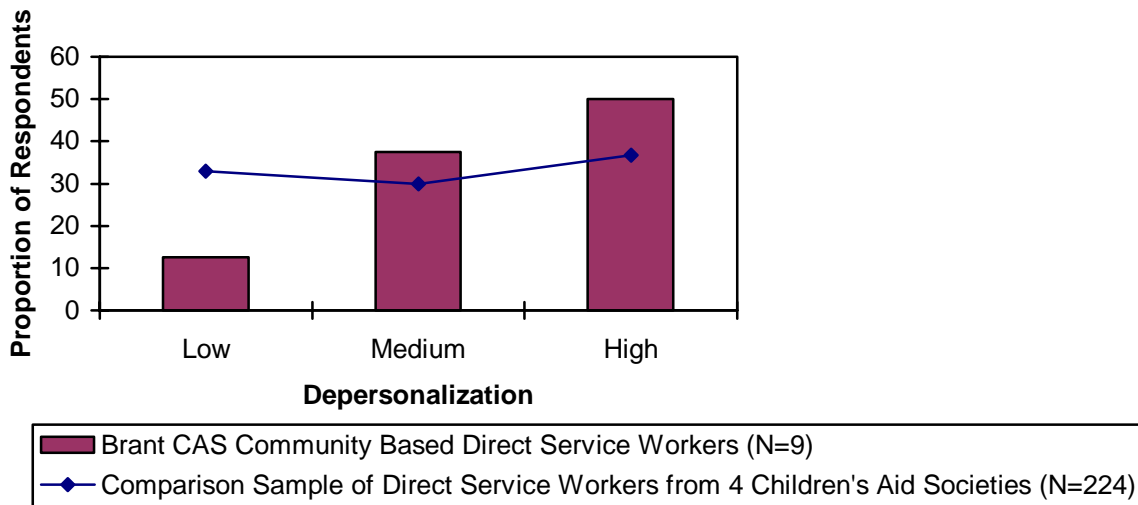
Figure 2.0 Levels of Emotional Exhaustion among Service Providers
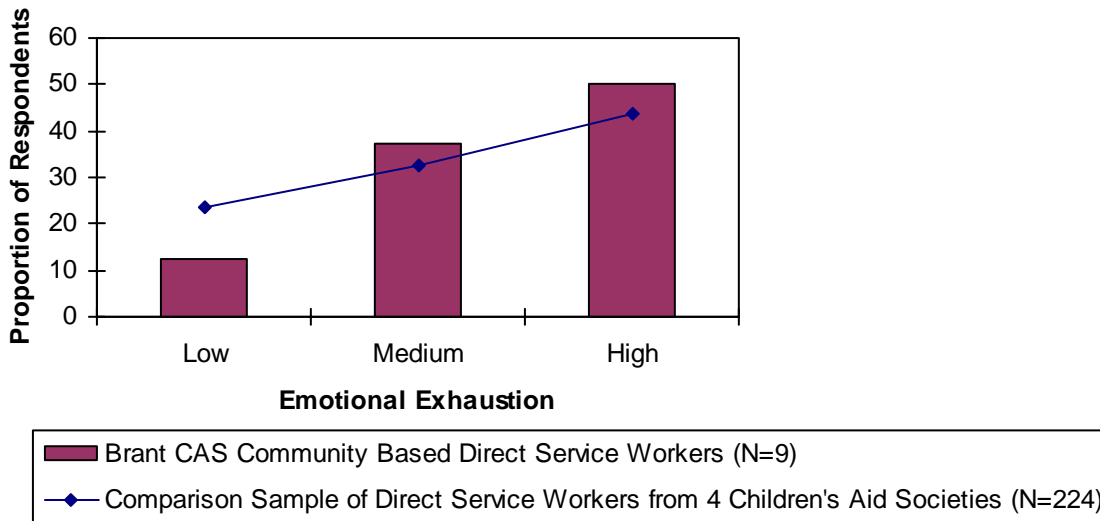
A greater proportion of community-based service providers also report both medium and high levels of *depersonalization,* which refers to "an unfeeling and impersonal response towards recipients of one's service," than service providers in non-

community-based settings (see Figure 3.0). The construct of depersonalization is typically highly correlated to the construct of emotional exhaustion and is believed to be one way of coping with increased levels of emotional exhaustion.[3]

Figure 3.0 Levels of Depersonalization among Service Providers

Brant CAS Community Based Direct Service Workers (N=9)
Comparison Sample of Direct Service Workers from 4 Children's Aid Societies (N=224)

Getting to Know Each Other

Within Brant CAS's community-based model, increased visibility and accessibility of service providers is thought to create space for service providers to become more familiar with the daily experiences of families involved with child welfare. This, in turn, should facilitate a broader awareness of community strengths and resources by service providers, as well as more acceptance of the agency by parents and within the community.

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[3] Stalker, C., Frensch, K., Harvey, C., Mandell, D. & Adams, G. (under review). Confirmatory Factor Analysis of the Maslach Burnout Inventory: A Replication Study with an Ontario Sample.

Almost half of all parents talk about getting to know their individual service provider and the impact that can have on understanding what the Children's Aid Society does:

> I would say dispelling the myth that, you know, they're, you know, out to get you type of thing. Um, that, the ease, that with, the ladies that I've dealt with, how, they've made me feel that, um, not that I'm necessarily doing a good job, but I'm, um, they're telling me, you know, this is what they'd like to see, and um, and, helping me understand…

> I used to think they were…just out there to ruin, ruin your life, not help you at anything. Um, but they, they've helped us a lot. […] …they got us back to dealing through things but they gave us somebody who actually became part of the family, um, who would show us different ways of doing things, you know.

Similarly another parent appreciated getting to know her service provider as a person:

> she shares with me too some of her, um, experiences. Like she is a, uh, step mom herself. She can really relate, uh, the blending thing and, you know she really makes me feel like she's, uh, like I'm- I'm human. You know just- problems are human and she's got problems too.

> Children are also thought to benefit from increased visibility and familiarity of service providers, particularly in a school setting. For example, the following parent explains:

> …the parents feel more comfortable, uh, the kids can go to them, they can, they need somebody to talk to, sneak in and- (*And do the kids do that?*) Yeah, yeah they do. They, they arrange, they'll see them in the hallway, whatever. Give them a chance to, to kid, for the kids to see them. Not only do they get to see them, they get to see that it's Children's Aid and they're not going to be taken from their parents.

One service provider similarly states, "…you get to be known by the children and you get to be seen…" And another says, "…the kids I think probably it has the biggest impact on, because we're not strangers to them."

Service providers say that seeing parents daily brings a "wealth of information" and believe that they know families' strengths and challenges more than in non-community-based settings:

> …if I was doing a home visit every other week, I wouldn't have the wealth of information that I do seeing this mom, these moms, you know, day in, day out. You know, what's it like for this mom to try to sit two kids down for breakfast and get their meal time?

From one parent's perspective, however, the increased contact with her service provider fails to enhance the knowledge about her family:

> So, I felt that that should've really, I've- I've felt the amount of times that [service provider] was here visiting that she should've seen that from- she should've been able to read that from me, that I'm looking after things properly. That she didn't have to use such force and- and scare tactics and, you know, because it really just made things more stressful here.

Service providers describe being "plugged into" and "enmeshed" in the community and have an intimate knowledge of the community resources and supports that are available to families.

> If you're enmeshed in the community, you know what's going on, you hear it through the grapevine, you know, you know who's in, who's out, who's doing what. Which really, gossip helps sometimes with us.

> …here we, we have a really good idea of what's available within walking distance, or within bussing distance, or what can come here to help them. And what have we got available?

Collateral service providers also identify the ways in which parents and child welfare service providers get to know each other in a community-based model:

> I don't, I think CAS is a necessary, for some families they're still the bad guys. But I think for a lot of other families, they'd see they're a positive support of stuff that they can do. And they see the sensitive, gentle side that workers do have. I think they might have a better understanding of what CAS does, and how they do it. And I think on CAS side, like this is a reciprocal thing…

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Both parents and service providers, however, acknowledge that some families remain reluctant to engage with services or more generally do not have a sense of the supports and services that can be accessed through the agency and its resource centres. One parent explains: "…I don't really know what other…services and stuff they offer, and I wouldn't have any idea what that would be." This service provider expresses a similar sentiment: "…the centre's open to anybody in [the neighbourhood]. […] I just think people aren't aware of maybe the programs that we do."

One service provider articulates the challenge of raising awareness about what other services CAS has to offer and the importance of communicating that message to the wider community:

> We just try to show them that we're still people, we have this job, you're very well aware of our job, we don't wanna push the job in your face, we want to show you that we can do other things as well. *(Do you think people are getting that message?)* I think some people have, and some haven't. Those that use the centre a lot, I think understand it. Those that don't use it quite as much really haven't quite understood it and that's why we're trying to do more things to involve everybody, not just the people that come in the building.

Changing the Way the Work is Done

Brant's community-based model is intended to create greater opportunities for service providers to engage in supportive and cooperative interventions when a protection concern arises. There should be less use of coercive and legal interventions. By being present in local settings, service providers should be available for "impromptu" consultations and inquiries about child maltreatment ideally can be made earlier increasing the chances of delivering preventative services.

Informal Connections. Parents talk about the "down to earth" approach of some of the community-based service providers and appreciate the more informal style of working with parents. One parent describes her first meeting with a service provider saying "she just came on a level, you know, like, and she seemed very, honest and very, just I don't know, very casual. Genuine." Another parent contrasts the relaxed approach of her service provider to a subsequent service provider:

> She's more down to earth. Just easier going, she comes in and, uh, it's not questions right away. Like, you know, [subsequent service provider] would get out her book right away and just start firing the questions at me and, uh, not really in a friendly way. Um, you know [initial service provider] has just, uh, a real easy-going way about it.

The following parent talks about the down to earth relationship her family shares with her service provider:

> [Service provider] told me even when I closed my file, she said, don't be a stranger. You know, if the girls want to see me, or the girls want to go out for lunch, or you just need to talk, call me, you know where I am. She said, doesn't mean we have to open a file on you.

Service providers describe their work as less formal than traditional ways of working with families. Impromptu consultations with parents and collaterals, sharing a coffee with a parent, or dropping by to chat are all mentioned. One service provider talks about connecting with the parents she works with in a more casual way:

> I think it's just to…have more of a connection where you could sit down, you could have coffee with them. You're not exactly just going to check to see if their kids are still alive. You're going to see how they're doing.

Collaterals also identify the casual approach of some service providers. One collateral informant explains "it's a lot less formal, the workers can sorta hang around with the clients. It's not as threatening." Similarly another service provider describes the informal nature of the relationship she shares with collaterals, in this case, teachers:

I hear teachers talking in the hallway, that they don't mind coming up to you and asking you if they need some advice. If they need some sort of behavioural piece, if they want, if they have some students that would really benefit from a group, they don't have any problem coming and asking…

Service providers admit, however, that maintaining confidentiality in such a casual setting can be challenging:

…when I have clients that I do need to deal with, and I'm standing in the hallway talking to them, there's people around, so confidentiality is a bit tricky in this environment. It really is.

As for just community-based, as in seeing your clients out in the community, there's been times when I've been in the car with a client, taking them to a service or appointment, and I'll see one of my other clients walking up the road. And I, I, as much as I would like to go, oh hey, you know, to whoever it is, which I would normally do, if we're on good terms, I'd only do it with certain clients, who you know, have said, hey, wave to me if you see me, you know…

One parent also mentions the difficulty in maintaining confidentiality in a community-based setting saying her service provider "broke confidentiality" by discussing her agency involvement in the presence of other community members.

Room for Creative Alternatives. For community-based service providers, frequent activities are said to include, but are not limited to, barbeques, morning coffee hour, yard clean-up, flower planting, driving kids to appointments, group work, meeting with parents who "drop-in", spending time at the neighbourhood school, and informally chatting with parents in the parking lot or hallway. Parents' descriptions of the services and supports they receive from Brant CAS also reflect this wide range of services. One parent says CAS is there "to help you out with, like food, or if you're short, like if you need a bus card they'll …see what they can do to get you money for transportation;" while another says "[service provider] called me 'if you need a ride to your

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appointments, call me. I'll take ya. If you need to get somewhere to get something for her I'll take ya.'" Other services parents mention include toy lending, parenting groups, subsidies for children's activities, advocacy (e.g. writing a letter on a parent's behalf), Launch Pad, and access to ancillary services like counseling, mental health programs and health professionals.

Service providers say that they do child protection work differently in a community-based setting. They describe being able to find creative ways to work with families:

> I kinda like the fact that we can work other ways and we can do other things. And it's, I guess it's the alternative pieces that are available that I like, like closing the file. And keeping it, keeping an eye on it and supporting them. 'Cause it's an alternative way of dealing with it. Rather than you know, court or whatever. And I like, I like the trying to find alternative if we can, and being creative.

Because service providers believe they know a lot about the families in the community, they describe providing services that are responsive to the needs of families:

> I think you do your work differently. You know more about their challenges, but I think you also know a lot more about their strengths. […] And so through your knowledge and through your connections are able to-to say 'here's the need, let's start something in-within the community, after-school or-or do four to six sections or whatever on bullying… […] I think you have a greater chance to identify the needs- or actually, the community identifies the needs and you pick up on it.

Similarly one collateral service provider identifies how knowing more about a parent or family can shape the intervention CAS provides:

> …if you're sitting, sitting at your desk at CAS…you might now know that one of a woman's strengths is that she has these wonderful play periods with her kids but she doesn't get the doing nutrition part…so you can see where her strengths are and capitalize on her strengths…and probably avoid a very nasty situation down the road.

Prevention. Service providers say that working in a community-based setting allows them to respond sooner to families in crisis and perhaps avoid the use of more intrusive methods such as going to court. One service provider explains how being located within the neighbourhood can facilitate preventative work with families:

> …because you're visible, because you're right there, because, is there something I can do? Someone else, I drove them to the, the food bank. Like it's just little things that, that I think help people get over that particular crisis. So that we don't have to come and take their children, or we don't have to get involved more intrusively.

Another service provider describes how knowing more about families in the community can inform her work:

> Because, because I know so much about the families. And it's less about policing and more about what I can do for them. […] Whereas at, if, if I'm not in the neighbourhood, if I'm not in the community, you're not in the building, I'm less, I've even less able to assess whether the family needs monitoring.

> While service providers say that they are doing more preventative work with families than what occurs in more traditional child welfare settings, information from parents and collateral service providers suggests, however, that there is room for further education and promotion of Brant CAS's preventative services in the community. One parent describes only becoming aware of the supportive services the agency offers after having a formal protection file opened:

> And then I found out about these…camps that they have and they sent my children to camp. But it was all because I had, the doors were opened now. But unfortunately the doors got opened, but fortunately it came to my advantage, not to their advantage, but it came over on to my side, where the advantage was. 'Cause it was giving my kids a chance to do something.

Similarly a collateral informant explains:

> I don't know that the people outside of this building know that CAS is here,
> except for those who had child protection, you know, problems in the past
> or whatever. And, and I don't, I don't hear or, I guess seminars, or things
> taking place here in this building, other, as far as preventative measures
> from CAS, like I don't, I don't hear or see it, maybe they are…

A Community Minded Approach. In addition to identifying the nature of
community-based child protection work as "less formal", "more creative", and
"preventative", service providers say that doing child protection in this way requires a
community minded approach. This theme is unique to the experiences of service
providers and is not mentioned by parents or collateral informants. Service providers
identify a willingness to go "above and beyond" in daily tasks, the careful use of
authority, and an ability to see the "bigger picture" in doing community-based work.

As part of a community minded approach, one service provider explains how she
understands the importance of participating in community building activities:

> I really think we need to be open to new things, and open to the new ideas
> and willing to do the pieces that are above and beyond, like the barbeques
> after work and, and you really need to be willing to do it and understand
> why you do them, and what the importance of doing them are.

Similarly another service provider describes the importance of not losing sight of the
bigger picture saying "I think somebody that works in the community has to have a
bigger picture mentality. Like you have to see how the little things that you're doing are
gonna make a difference in the whole place."

Service providers also identify the importance of exercising their power carefully
as representatives of Children's Aid in a community-based setting saying, "I think you
really need to be skilled at balancing the roles of the support person and the authority

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figure, of the teacher, you really have to know those, and your boundaries." Another

service provider explains:

> You have to be ok with not wielding your power like a sledge hammer for
> one thing because people will not respond at all. And you have to be
> willing to listen to people, because this is where they live. And what I think
> they need may not be necessarily how they see it.

The following parent's description of her service provider's approach echoes this

same sentiment:

> She's very open-minded. She's, she's, like she's not judgmental. Um, she
> guides, like um, like if you, she sorta, some, um helps, helps you see
> things, like you know, see that things aren't, you know maybe as bad as
> what, you know, you think they are type thing.

Similarly another parent says that her family was "never pressured to do anything that

we didn't feel that we wanted to do."

A Sense of Isolation. Service providers also disclose that working from a satellite

office, rather than being housed in the main office, can be accompanied by feelings of

isolation. The unique sense of isolation from colleagues that community-based service

providers contend with is described in the following way: "it was isolating at times, when

you think, I just need somebody to touch base with, I need someone to debrief with and

no one's here." This sense of isolation is said to be more difficult for new employees:

> I don't think necessarily the ideal situation where you have, um, a newer
> worker that's in the community dealing. I think the isolation issue is
> greatest. And-and a new worker to the agency and I'm-I'm kinda
> conscious of this too because you may feel some connection with your
> team, but you don't feel connected to the wider agency…

Relationships and Cooperation

Strengthening connections to families and the community is a central aim of

Brant CAS's community-based child welfare service delivery. It is hoped that increased

accessibility of service providers, increased knowledge about families and communities, and continuity of service providers will foster positive relationships between parents and service providers.

Relationships between Parents and Service Providers. Parents talk about the opportunity to see service providers in the community daily and how this can foster closer relationships: "…you have a closer connection, they're there everyday" and "…they're human too…you see both sides." Over two-thirds of parents report having a positive working relationship with at least one service provider. Parents who had good working relationships with their service providers talk about experiencing positive "first contacts" with Brant CAS and also identify service provider traits that contribute to positive relationships.

Half of all parents' descriptions of first contacts with service providers can be categorized as generally positive (10 out of 20). Characteristics of positive first contacts include service providers being straight forward with information and clear about what was going to happen, asking questions, listening, showing understanding, offering advice, and dispelling fears about what CAS does, as illustrated in the following quotes:

> *(So what was that first meeting like with [service provider], when she came to the house?)* She was actually, she helped, she, it was very nerve racking, at first, but I mean, and she had a tape recorder, and she was recording it, and she was kind though, and she was nice and she didn't make me feel, you know, uncomfortable.

> *(So tell me how that first contact was with her?)* It was great. She [service provider] tried to help me, she was very helpful. …she was very helpful. (*Okay so what do you mean by helpful?*) She goes, 'anything I can do for ya?' Well I needed a student pass for the bus for [son] so she gave me a bus certificate for a bus pass. So I didn't have to come out of my pocket 'cause I couldn't afford it.

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And right off the top, she made it known that they weren't gonna come in and just take my kids. [...] ...once I finished with the interview with her, and, and we sort of got things into place, everything was, you know, it was fine. I haven't had any—nothing I could say is a complaint.

Service provider traits that parents appreciate include being down to earth, honest, casual, genuine, going "above and beyond", caring, upfront about not taking kids, open minded, having a nice way with children, supportive, and truthful.

Just, she's very down to earth, very easy to speak to, never came across like she was better than me, or above me or whatever, she just came on a level, you know, like, and she seemed very, honest and very, just I don't know, very casual. Genuine. Yeah it didn't look like it was any kinda head games, or trying to trick me into saying something, or trying to whatever, like, it didn't feel there was ever any kind of intention for her to apprehend my kids.

She listened, and she didn't judge, and she, she, she, it just seemed like she didn't, she wasn't looking at me…

She actually seems like she cares and she tries, like I said, I can't remember off the top of my head, uh, she's brought up quite a few things, different things that we could use or we might be interested in.

Just the fact that she was always really genuine, and she was kind. You know? I kept thinking, you know, that the CAS worker was gonna come and they would be mean, and you know, and, and you know, um, but she was just always really kind.

On the other hand, half of all parents we interviewed identify negative first contacts with one service provider as well as traits of service providers that they did not find helpful. Some examples of negative first contacts with a service provider include a lack of clarity around what was being requested of parents, the use of threats, and adhering to a rigid service agenda:

she came in with this contract, and it was like, this is a contract, and um, it was that, I was to attend counselling, um, that, oh I wasn't to have any contact, no, he wasn't to have any contact with the kids, directly or indirectly, um, eventually they may to supervise visits at the CAS, whatever, for him to see the kids. Um, and yeah they weren't allowed to

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talk to him on the phone, whatever, and if I broke any of that, my kids would be taken away. And here, sign this. And I was like, whoa.

the nurses stalled me and stalled me and stalled me and then finally CAS-and intake worker showed up. And he was the most ignorant person I've ever met. And, uh, he, uh, flat out told me, um, that I was not allowed to take my children, um, home. My daughter was to stay in the hospital until an investigation is done. Um- and my son must to stay with his Dad and the Grandma until an investigation is done.

She [service provider] talked to me for about ten minutes. She got me to sign forms. That was it. *(The first time?)* Um hmm. *(Were you satisfied with that?)* No, not really. I wanted more detail on the forms. (*You wanted more detail? Did you feel like you could ask?)* I don't, ask, no I felt like I couldn't ask. Because- (*How? Tell me about that.)* Because she kinda, like said it if I don't give the okay on this, she can go get a court order and do what she wants. […]It was, soon as she left I did nothing but cry.

In most descriptions, however, these negative experiences are combined with details of

positive interactions with other service providers.

Traits of service providers that parents identify as unhelpful are akin to those

identified in our earlier research and include, among others, a lack of experience in child

welfare, differences in personality, and the misuse of power. Parents also articulate a

concern about service providers not being parents themselves.

…you don't have enough knowledge reading a book about kids, all kids are different, all kids are unique. They're all different. You can't come into my house and tell me how to raise my children.

I don't really know if it was our personalities clashing or not but I definitely felt that she always had an agenda when she came here. Just too, uh, she was very boisterous, very loud.

I think body language, I think- they, um, just when [service provider] was sitting on the loveseat and I was getting mad because, like I said, 'where were you four months ago' and that. And she kind've, um, she wouldn't look at me. She would look at her clipboard and which, uh, pen and she didn't seem to have any answers for me.

The way I see it, they should have more CAS workers there that have children of their own. So they know how to deal with the people that have

children, not with people that don't have children. How can a CAS worker tell you that you're doing this wrong, doing that wrong with your children, if they don't have kids of their own to even know what we're talking about and what we're going through?

Being inexperienced and having no children is a frequent observation made by parents of child welfare service providers in general. As such, we asked service providers who completed our survey about the number of children living in the home. In this sample of community-based service providers, over half report no children living in the home under the age of 18. This is similar to our previous employment research in which almost 60% of front-line service providers report not having a child in the home under age 18. We do not know, however, the number of employees in this proportion whose children have grown up and left the home. Given that only 10% of front-line service providers surveyed in 2001 were over the age of 50, this is probably a small proportion.

Service providers believe that working from within the community allows for developing closer and more positive relationships with parents. One service provider explains how seeing families in the neighbourhood can foster relationships:

> I can only speak for my experience with my clients, but it's, when you call to, you know, when you call to check in on them, or you drive by their house and wave at them as they're gardening or whatever they're doing, it, it creates, it fosters that relationship more. And I think that has, has helped a lot…

Collateral informants also perceive increased relationship building between service providers and parents and say: "They get along really well with all my tenants, even tenants that don't have kids or kids in care."

Service providers talk about moving towards less conflicted relationships within the community-based model: "It is, I think it's a wildly different relationship actually. And

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not always, it doesn't always turn out as, as friendly as you would like it to, but I think most, overall it does seem more or less acrimonious or something. There's less, less hostility, less fear;" and, "I think that piece of it is that the community-based is that big step to making that connection with clients, even, and trying to, although you're never gonna have a power balance, to bring that, at least bring it closer together."

Relationships with Collateral Service Organizations. Relationships with collateral agencies are described by service providers and collateral informants as historically strong and a community-based model serves to enhance the spirit of cooperation among agencies. Service providers describe existing relationships with collaterals as positive; "…Brant itself has positive relationships with the collaterals anyway" and "I think Brantford actually has a really good, in general has a really working relationship among all the agencies that I've found anyways." Collaterals also speak favourably about their relationships with child welfare service providers saying: "I think it's a reflection of the people that are working here, but it's a pretty easy relationship;" "…I see us as a group…CAS and myself together;" and, "we have sort of like a friendship…"

Relationships with collaterals are thought to be enhanced by a continuity of service providers as one service provider explains:

> Collateral wise, we have a better relation with the OPP now, than we did because they're based right here in Paris. So they're so used to talking to us now, that it's just easier, it's the same workers all the time.

Collateral agencies agree saying, "It's a lot easier for us to go through our workers than to go through intake to get someone to come in, it's a lot less intrusive."

Some service providers and collaterals say they are able to share information and pool resources. One service provider explains:

>We see each other and work together, we're able to, to sort of pool resources, and come up with the steps, so it's been handy. So I think for collaterals it, it works, and the networking piece is just there, you know.

Similarly one collateral informant states, "There's that immediacy of information, it's those informal case management, case conferences you can get that are really important." However, confidentiality is identified as a barrier to enhancing collaborations between service providers and collateral agencies, as one collateral explains: "…because of the nature of their business [CAS] shares very little information with us." Similarly another collateral says "I don't know that they [families] have any involvement with CAS until I see them…talking with the CAS worker."

Cooperation. In the group of parents we talked to for this study, one-third (6 out of 20) of the referrals to the agency are "parent-initiated" referrals, whether that involves a parent calling CAS directly or disclosing information to another professional in hopes of getting help. This appears to be a greater proportion of "self referrals" than in our previous research of the traditional child welfare delivery model. Regardless of the nature of the referral, parents' descriptions of their willingness to work with child welfare are mixed.

Parents who express a willingness to work with CAS talk about contacting the agency voluntarily, keeping their file open for supportive services, and telling a friend to contact the agency for help. Two parents talk about voluntarily engaging with child welfare services:

>Well I opened up my case voluntarily, and I only opened it up for about four months and after that, I've never ever used them. They've helped me get my, my oldest boy into doctors, help me get him into anger management, and all this other stuff. Because I opened up my case voluntarily, I called them and said, 'hey I wanna open up my case voluntarily.' So I'm the one that can close it.

I initiated it, I set up the interview, I made the calls. I didn't, and he just looked at me, and he goes, 'you did?' And I said 'yes'. And he said, 'oh, well why would you do that?' And I said, because I feel that [son] has some things that he's not dealing with, and I felt that that was an avenue to start with.

Comments associated with fear and resistance to working with CAS are not unlike comments made by parents from our previous research. Some of the same feelings are discussed by approximately one-third of parents in this study. They include fear, powerlessness, and anger:

…when my dad had us we never, ever had Children Aid or foster parents or nothing like that. So you know, for me to have to bring the Children Aid in and introduce 'em to my kids- I didn't really like it at first. You know?

I don't want her in my house. You know you don't have that choice though. You don't have that choice. If they're involved in your life, you have to let them in your house.

I got my back right up with her. And um, I did get a lawyer…

They're not gonna come in here and tell me how to raise my kids. You don't have kids to raise, so don't come in here telling me how to raise my children.

For service providers, the community-based model fosters greater capacity for cooperation at family and community levels. They believe they are working with families in a more cooperative manner than in the traditional child welfare delivery system and families are more willing to trust service providers and ask for help:

I think, in terms of working with families, in maybe a more cooperative manner, I think we're pretty successful. I think when you look at the number of people that are in court with, are community teams, I think we're much lower than those people that aren't in the community.

But here it's like, it was just the families, and not all families want to work with you, but the families that wanna work with you really wanna work with you, 'cause they really wanna improve what's going on. And I find that there's, sometimes there's more cooperation at the community-based

level. But that's not true though, 'cause I've seen wonderful families do wonderful work, without community-based. (Right) But, so it's, I guess it's what I see.

It, like the, to stop digging in their heels so much and the, the, the longer we talk, and the more often we talk, they, the better they get. Like they, they now, like I said, come to me before things get out of control. And it's amazing when that happens, like that's really the point I think of this whole exercise.

Awareness of Brant CAS as a Source of Help

When parents talk about positive experiences with Brant CAS, they often identify

the agency as a source of "help" for themselves and for families in general. Over one-

third of parents in this study describe Brant CAS specifically as a place to contact for

help. Brant CAS is described as "a support team", as an agency that is "there to help

you improve anything," and a place to call and say "I need help."

They're just- they're more of a support team, than anything. Like, they try to make families better. Not trying to make them worse, like they're just- they're trying to make it so that kids have a healthy, happy lifestyle.

…if I needed anything or if I felt I needed any services, yeah I could go down there and she'd- show me the way, you know. So, they're good.

…they'll do anything they can to help you, they'd rather work with you than go against you.

They helped me out a lot, um, its nice to know there's somebody there that you can go to and talk to and its not shoved in your face. The other day I had, I heard a lady say, she needed food, and she went to the Children's Aid and they gave her a voucher. So she invited my son to go eat. She goes, I'm gonna have tacos tonight thanks to um, but she's gotta pay it back, she said she had to sign a paper, so there's help there, there's help, there's all kinds of help there.

Service providers also perceive that more parents approach the agency seeking help for

themselves and their families: "They really see us as, you know, people who can…help

them out. Wonderful."

Some parents and collaterals say, however, that the community may not be aware that they can approach the agency for help. One parent explains "See a lot of people don't know you can go to them for help. You don't have to have an open file to get help from them." This parent goes on to say that Brant CAS could do more "promoting…in the community that we're here to help you. Rather than we're hear to take your children." Similarly one collateral informant says, "I think it's just a matter of building on things. You know, I do think they have come a long way."

Fear

Not unlike our previous research in child welfare, parents identify an overall fear of CAS and a negative perception of what CAS does. Parents disclose that "…through the generations we've always been told 'CAS bad'" and that they "don't wanna seek out the help of CAS because CAS has such a bad name." In a community-based setting, having CAS located within close proximity to where people live may heighten fears as one parent explains, "I feel some people are afraid in that community to even stick their nose out in the air because there is CAS in that building" while another parent admits "…there's really [a] lot of fear there." Some parents say they are fearful of using the resource centre "as a building itself, because of the brick wall it says 'CAS'." In Slovak Village, one parent mentions her dislike and fear of the supervised access centre located off the main lobby:

> …there's an access centre right down there that you don't know what those people are in there for. You don't know why they're there, you don't know what they're for, you don't- you don't know where they go after they're done. You don't know if they leave the door, you don't know if they stay in the stairwell, you know what I mean? You don't know so, it really scares me. I don't like having it there at all.

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Collaterals also identify a presence of fear within the community saying "some residents…are just terrified. And they bear it…they just cringe and bear it. But my feeling is for the residents that have a good relationship that can get some benefit, it far outweighs the residents that really like think it's a bit intrusive." Similarly another collateral says "…they don't wanna talk when CAS workers are around. They're afraid they'll get in trouble with CAS. It doesn't happen very often…"

Just simply locating a CAS office within the community is thought by parents, service providers, and collaterals to bring a heightened awareness of child maltreatment. One parent says "I would say about ninety-eight percent of…the families in there…have a better understanding" and goes on to say "…seems to be a lot less violence in that area…when that office is closed, it's back to the normal." The following service provider reflects on the power of this fear to affect change:

> Now was it fear? Maybe, but people were treating their kids better. There were fewer police calls and there was less violence just by my simple presence in the building.

Collateral informants feel that the community behaves in a more responsible manner with CAS in close proximity: "…there's a good percentage of folks that maybe cleaned up their act a little bit because the CAS is there… keeping them on the straight and narrow…" In addition, "as far as the increased care for kids, I think people are…less likely to misbehave because of the presence of CAS."

For parents, community rumors and a few visible apprehensions may contribute to this fear as one parent says "it terrifies families in there, and it does tear families apart." Another parent discusses the fear her children have after learning about an apprehension in the community:

And my kids have obviously heard about it, because they have the fear,
they come to me all the time, well why are these, these kids getting tooken
away, you know. And it's hard as a parent to have to explain that, and
have that CAS whole thing right there in your community. You know,
'cause a lot of kids never have to see that, they…

Similarly the following parent talks about her fear of losing her child "I'm pregnant again,

I was like 'I have to get outta this building. I have to get outta this building' because I felt

like they were taking everybody's kids away." More than one service provider talks

about the "rumor mill"; in particular one service provider admits "…kids in the building

are probably safer because of…the rumor mill and because of the monitoring by the

other tenants. […] I mean it sounds like a police state, but it's not, it's more

accountability I guess."

Service providers talk about the negative perceptions of CAS among parents in

the community and describe ways the agency is working to address this: "…part of our

goal is to really try to help that relationship and try to help that perception. And do

things to maybe make the perception a little bit better…;" and, "I think the purpose is to

become less mysterious, or less, less of like a, you know, sort of a big bad boogie man

kind of approach…" One service provider in particular discusses the importance of

community respect and education to counter these negative perceptions:

we're not gonna get anywhere if we don't have the respect of the
community, if we're not seen in a positive light, more often than not, and
it's all about education. If people don't understand what we do, then they'll
fall back to those stereotypes as baby snatchers or you know, whatever.

Parents also speak about the efforts the agency has made in reaching out to the

community by hosting community events, organizing a baseball league, and offering

morning coffee hour as one parent explains "…they have been making an effort to try to

reach to the community, and try to make some kind of a partnership there." Despite

this, some parents remain reluctant to get involved saying, "none of them [parents] want

to come out because they're scared, 'cause of the CAS. It's that word. Children's Aid

Society"; and "It's not really working, but…they are making the effort."

One of the objectives of the community-based program is to improve opinions

about Brant CAS in the community through positive relationships with parents. One

service provider describes it as an "…opportunity for providing, sort of dispelling some

of the myths…and providing some assistance. And just sort of being a real person to

people here…" Information from parents suggests that on an individual basis some

service providers are working hard to address the negative perceptions about what CAS

does. At least 30% of parents specifically talk about the beliefs they held about the CAS

before becoming involved with child welfare and how their personal experience with the

agency changed their perceptions:

> I was very nervous about what was gonna happen. You know, 'cause
> you, you hear, or you read stories in the paper and stuff like that, about
> children being taken away, and I was, I was kinda worried that they might
> take him out of the house, you know. But, you know, it was ok.

This parent goes on to say that the CAS "made a dramatic difference in our life as a

family" and describes her service provider "to be just an amazing and helpful person."

Another parent talks about how her service provider addressed her fears in the initial

meeting:

> …she, set things straight, that they're not into, they don't want to take the
> children out of the homes, they try their best not to do that, dispelled some
> myths I guess you could say. That, they don't like to do that, unless it's,
> you know, the children's safety is really at risk. And, and we just sat and
> talked, and she was very personable, told me, you know, what should
> happen, what shouldn't happen…

Another parent says:

> I thought of them as bad people too. Like people who just came in, took
> your kids and didn't like ya and then- but they're not like that. They're very
> nice people. Like they're not there, like they don't have the room just to
> come in and take people's kids out.

Satisfaction with Involvement

Overall assessments of service involvement by parents appear to be varied: over

half of all parents describe their experience with the agency as positive (55%), 15% are

mixed evaluations, and the remaining 30% of parents report a negative assessment.

Overall assessments of the community-based program made by service providers and

collaterals are largely positive. Service providers believe the program is accomplishing

what it set out to do and speak favourably of their experience as an employee in the

program. Collaterals express a sense of pride and say that the community-based

program has contributed a lot to the community.

More than half of all parents report being satisfied overall with their involvement

with Brant CAS. Overall positive assessments include an appreciation for the number of

types of services and supports that are offered. Most notable are direct tangible

supports, referrals to other supportive services, help with family issues, direct emotional

support, and improvements in children's behaviours. Parents with positive assessments

also frequently make general statements about how they liked their service provider and

how helpful Brant CAS was for their family:

> Um, good changes. Good changes because I used to be really, really
> stressed out and then with them having someone to talk to or whatever,
> it's made it a lot easier. […] Yeah, a lot of change- especially with my son.
> He's been a lot- he's a lot m-more well behaved and stuff like that.

> There's like, right now, with my whole case, um, I know CAS always says

that they're looking out for the best interests of the children. Well the best interests of my children would be to stay with me. So therefore they're backing me up, making sure that the kids stay in my care. And, uh, which I-I- I love my worker right now. She's awesome, she's fantastic.

I think, if you're having those types of problems, you can't always, as I found out, you can't always settle them yourself. And another think I've learned, is that, you know, you, you sometimes have to rely on somebody else to come in, you can't always, as much as you try to do everything yourself, you can't always see through the situation. That, you know, if they can come in and give you a hand, and give some advice, that umbrella of different agencies, where, you know, that they work through. […] And I, I would definitely recommend them to somebody else.

Mixed and predominantly negative assessments are slightly less frequent and parents' criticisms of the agency involve complaints about service delivery and problems with individual service providers. Criticisms of service delivery include a desire for more services and quicker access to services, as well as in some cases a disagreement about the services provided:

Do it the right way, they didn't um, you know, to me they didn't, you know. There's that, because of the Children's Aid to this day, I'm gonna be so much, I'm gonna be so hesitant about calling them…

I don't really feel I've- I've really gained a whole lot of help. More or less it's just scared me more than anything.

…it just seems to- you go there for help, but it turns out I find it will backfire.

Well so far I don't feel like they've handled my case at all very well. I think I've been doing all the leg work myself

I've come, I've come a long way. And I don't thank the Children's Aid for that, but I give myself a pat on the back for it. 'Cause I've brought myself this far. And if I can do it myself, then I don't need them. But if I wanna talk to one of them, I'll go in and talk to [her service provider] anytime.

Problems with service providers include complaints about involvement with multiple service providers and the nature of your experience hinging on which service provider you are assigned. Parents and service providers also identify the importance of

working with the same child welfare service provider over the duration of their involvement with the agency. The following parents talk about the frustration of having multiple service providers during their involvement with the agency:

It's just, you never get to, to see them long enough to do it. You- you, I mean you tell everybody everything, which sometimes (Right) can be very draining, depending on, you know, what you're going through at the moment. (Right) Just to have them turn around, you know, a couple weeks down the road, see you later.

When you give somebody a worker, make sure they stay there and they like 'em. I'm telling ya because, it's really hard on the kids, that they're supposed to be helping to not be there every time you turn around, oh I've got a new worker. Like when he [*her son*] was getting workers left, right, and centre, he was really upset, he thought it was him.

…just keeping the same damn worker on the case. If you're gonna put something, and you know it's gonna be a long thing, don't change workers, three and four different times. Like, keep the same worker for God's sake, 'cause it's just, it, it's annoying, it's repeating yourself all the time, and, and you know, and I'm worried about, you know, did I say this, or didn't I say, or, you know, oh you told this worker this and you didn't tell me that, and you know?

Parents talk about the benefits to maintaining continuity in service providers saying: "…I think the same worker's important because you could get twenty different workers and they all have different opinions;" "I wouldn't want to have somebody else now…I feel I've developed a relationship with her;" and "…it's kinda nice to have the same worker instead of keep switching workers who don't really know what's happening." Service providers agree saying: "the fact that we carry it ongoing, I think is nice for the community…so families aren't feeling like they need to repeat themselves."

Parents' also describe the nature of their overall experience with child welfare as a function of the service provider they receive:

it's all based on, on, on the different, um, CAS workers you got. Um- you'll find ones that are awesome and you'll find ones that are absolute horrible and- I, I, I've pretty much- I've seen it all.

Depends a lot on your worker. A lot. 'Cause you gotta have a good relationship with the worker before you can actually talk.

Yeah, very lucky cause, I mean, there are some CAS workers out there that, you know, they're probably- you know, they just wanna nag and tell you what you're doing wrong, but no… I love [*service provider*]. She's like- she's almost like a mother to me pretty much. Yeah.

Evaluative comments of the overall community-based program made by

representatives of collateral service organizations are consistently positive:

it's a marvelous, you know? I like that. I'm just proud- I should be so proud. I was proud of- I'm proud of it, yeah. Yeah. (*Well wh-why are you proud of it, for what reason?)* Because, uh, it-it's working. You know, it's working and it's helping the children.

…the resource centers, in general, the four of them have added a lot to our neighbourhoods, our portfolio because of the things that they do in-in the name of child welfare it's benefited the folks. […] So it- they arrange a trip to Simcoe at Christmas time and they do valentines and thanksgiving parties and-Halloween parties rather. And stuff to make the kids and the families feel good about themselves.

I just think it's the best thing. I really do. I think it's, everybody wins. You know, the clients win, the kids win, we win, they win. CAS wins, we win. *[So your overall assessment is-]* is very good. You know, we're still working it out.

For service providers, opportunities for doing preventative work, improving

relationships with families and building partnerships are all regarded as benefits to the

community-based model:

I think it works well, I think it does what it's supposed to do. I think it does what it was intended for. I certainly, I, I certainly see lots of benefits to it. […] like I said, provide good service, or do prevention, or just get to know the families better, it, this has worked really well, it's much better. And it also provides, I think that it, it ends up being less of a strain on the agency, because this team is here. Because we know the families better, because we know, like I said, what constitutes an emergency…

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I think the overall judgment is that really it remains strength-based, and- and it keeps partnerships alive and it keeps communities connected. And it develops this society, um, as part of a preventative and proactive changing, you know, from- as opposed to the authoritarian figure. So they're coming in and telling us that 'we really need your help' instead of us coming over here and telling them what they need to do differently.

Service providers also identify unique aspects of doing community-based child welfare that contribute to overall feelings of satisfaction with the job:

I find that in community, the part that I really love about it is, we see the steps and the progress maybe a little bit more than you would somewhere else. But we see the everyday baby steps that the family's taking, that you wouldn't see somewhere else. So you, I find it's more rewarding.

One service provider adds "I love it. I think now that I've worked in community-based, I would never go back to the main office" and "I have wonderful co-workers, who really understand the community piece as well."   Also satisfying is the opportunity to feel a part of the community:

You know, go to the barbeques, flip the hamburgers, do, you know, do that kinda stuff, and really, and I, I love that, like I don't mind doing that at all.

But it's, it's that feeling where you're welcome. […] You know, it's nice when you're in the school and you get waves, and you don't even know the kids because they see you all the time.

Service providers' expressions of satisfaction with the work also seem to be reflected in the high levels of personal accomplishment and job satisfaction found in the current survey data. In Figure 4.0, all community-based service providers report medium to high levels of *personal accomplishment* ("feelings of competence and successful achievement in one's work with people"). No one reports low levels whereas approximately 15% of service providers in traditional settings reported low personal accomplishment.

Figure 4.0 Levels of Personal Accomplishment among Service Providers
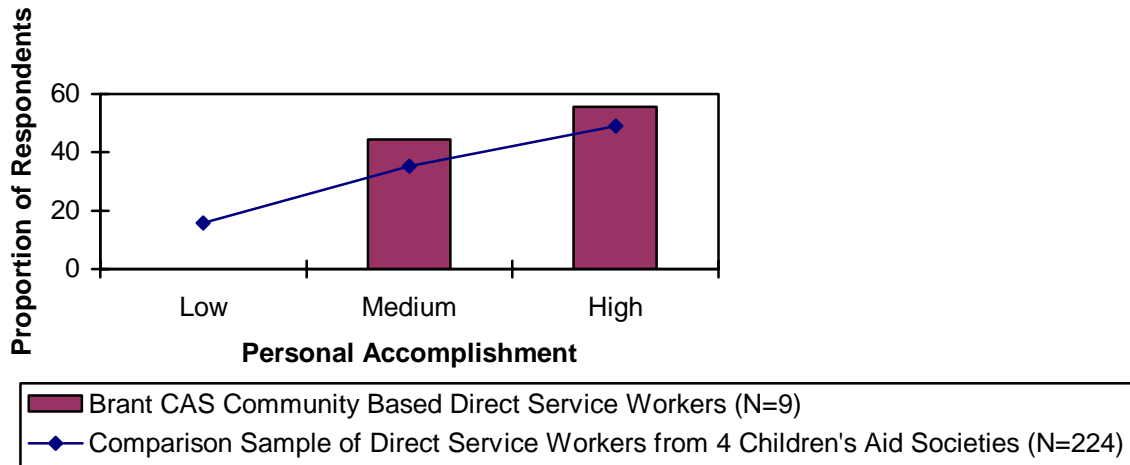
Similarly in Figure 5.0, service providers report medium to high levels of overall job

satisfaction. Approximately 10% of service providers in traditional settings reported low

job satisfaction.

Figure 5.0 Levels of Overall Job Satisfaction among Service Providers

Discussion

Comparisons to the Previous Research

This community-based child welfare model differs in important ways from the patterns in traditional child welfare services delivery described in the introduction to this report. 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 providers also articulate some unique benefits and challenges of working within the community-based model.

Overall, families participating in this study faced difficulties similar to those reported by families from our earlier research within mainstream child welfare services. Parents struggled with limited financial resources, abusive relationships, and personal challenges such as depression and physical disabilities. Raising children with school, peer, and personal functioning difficulties was a reality for almost half of all parents interviewed. Many families, however, received both emotional and instrumental support from extended family members and close friends.

Our previous research identified a narrow range of formal services offered to families in mainstream child protection settings and suggested that many interventions were not congruent with the needs of families. This child welfare model appeared to be able to connect service participants to a broader array of formal services and supports. Brant CAS was described by some parents as a place to seek help. Parents and children accessed services that seemed to address their immediate daily needs such as subsidies, toy lending, and parenting groups. There were, however, parents who were fearful and remained reluctant to engage with services offered by the agency.

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Similar to the previous research, first contacts with child protection service providers were often difficult for families. On the other hand, there were some differences. There was a greater frequency of self-referrals in this study. Also because service providers were visible within the community, there was a perception that service providers were "not strangers" to families when they visited their door for the first time. Nonetheless, parents' experiences of first contacts with child protection service providers were mixed. Half of all parents articulated a sense of fear and trepidation around first contacts and reported varying degrees of dissatisfaction with initial visits. Approximately one-third of parents, however, specifically described their opinions of the CAS changing after a positive first contact with a service provider. Parents appreciated service providers who presented themselves as honest and straightforward about what was going to happen during a first visit.

All stakeholder groups in this study talked about the importance of relationships. Our previous research highlighted the importance of "good relationships" between service providers and parents, although these positive relationships were not as common as both parents and service providers would have liked. In this study, there was a different level of satisfaction with helping relationships; two-thirds of parents identified sharing a positive relationship with at least one service provider. Traits of service providers that parents appreciated in this study were similar to those in our previous research including open-mindedness, caring, and genuineness. Also similar to our previous research, however, were some reports of dissatisfaction with the frequency of contact with service providers and having multiple service providers working with a family.

Service providers in this study showed similar levels of high emotional exhaustion and depersonalization as service providers from our previous survey. Service providers identified several issues unique to the experience of working in a community-based setting including an increased sense of isolation from coworkers in child welfare and feelings of sometimes being too accessible in the community. While service providers still complete required child protection documentation, issues of excessive workload were not expressed to the same degree as in our previous research. This may be due in part to the decreased caseloads set by the agency. Levels of personal accomplishment and overall job satisfaction appeared to be somewhat higher than those reported by service providers working in traditional settings. Service providers enjoyed the casualness and added creativity of community-based work. They also took pleasure in getting to know people in the neighbourhood by participating in community events such as barbeques, yard clean-ups, and seasonal parties.

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 Brant's community-based model of child welfare had on families', service providers', and communities' experiences of child welfare involvement.

Feedback from key stakeholder groups suggests that this community-based child protection model was meeting many of its objectives and illustrated elements of a more "positive" and appreciated child welfare paradigm. In particular, there was evidence that

when service providers are nearby and familiar to people in a community, the assistance provided by child welfare personnel can be less adversarial and more congruent with daily living realities than in most mainstream child protection settings. Furthermore, it appeared that the informal contacts with parents and the community occurring within this model enhanced service providers' knowledge of families and augmented their capacity to respond in meaningful ways. In many instances, parents and service providers were able to forge positive helping relationships and this in turn offered more satisfaction with child welfare involvements for parents and increased indicators of overall job satisfaction for service providers as well.

While this model exhibited clear improvements over traditional models of child welfare service delivery, these shifts were not as substantial in this study as they were for the other two models of community and school based service delivery. These models also strove to bring services to where people are located. However, unlike these two other models Brant's service locations were sometimes right were people lived (in specific buildings or neighbourhood complexes). This appeared to promote more stigma and fear than the other arrangements and led us to question how close is close enough? For example, locating an agency office and a supervised access centre in an apartment complex seems innately more intrusive than offering child protection and preventative services in a nearby community centre.

Another community model under study aimed to engage community members in carrying out a child protection mandate and clearly had some success with this endeavor. Brant's model, however, was the only one where service providers talked

about the use of fear and increased caution by parents as part of the model. This may be one area where Brant's approach could benefit from some re-examination.

In contrast to the other models, Brant's program model shared less continuity in approach across sites. There may in fact be more than one program model being developed. This is another area where some re-examination may be beneficial. Situating a CAS office in a neighbourhood school, a women's shelter, or a community resource centre are different strategies and possess differing advantages and limitations. Certainly our look at other models (school based and in a community centre) shows that while both were making positive changes in how front-line child welfare services are delivered, the development challenges as well as the comparative strengths of the two models were quite different from each other.

Overall Brant's community-based model appears to be affecting some significant positive change in how front-line child welfare protection services are experienced by parents, service providers, and collateral organizations. There are, however, some achievable areas of improvement that could be made by building on existing strengths.

The Brant model and the others in this research illustrate that even within existing fiscal and legislative constraints it is possible to create a more generous and welcomed approach to child welfare without compromising the mandate to protect children. In our opinion, it is very important that these approaches 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.

Appendix B: Levels of emotional exhaustion, depersonalization, personal accomplishment, and job satisfaction among community-based service providers and comparison groups.

	Brant CAS: Community-based DSWs* Only (N=9)	Brant CAS: All DSWs Excluding Community-based DSWs (N=14)	Other Community-based Programs: All DSWs Excluding Brant CAS (N=12)	2001 Partnerships Project CAS Survey: All DSWs (N=237)
Emotional Exhaustion *"Assesses feelings of being emotionally overextended and exhausted by one's work" (Maslach et al., 1996, p. 4).*	28.87	20.00	32.58	25.32
Depersonalization *Measures an unfeeling and impersonal response towards recipients of one's service" (Maslach et al., 1996, p. 4).*	8.50	6.69	11.27	8.85
Personal Accomplishment *"Assesses feelings of competence and successful achievement in one's work with people" (Maslach et al., 1996, p. 4).*	38.22	39.15	34.50	36.17
Job Satisfaction Overall *A measure of overall satisfaction with one's job.*	2.48	2.51	2.15	2.38

* Direct Service Workers that responded to the survey.