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Canadian Child Welfare: System Design Dimensions and Possibilities for Innovation

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System Design Dimensions
and Possibilities for Innovation**

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SOCIAL WORK

WILFRID LAURIER UNIVERSITY

Canadian Child Welfare: System Design Dimensions and Possibilities for Innovation

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Overview

The assessment of child welfare in Canada has been shaped by dichotomized visions promoting either protecting children or helping parents, emphasizing the law or welfare services, focusing on state care of children or on maintaining the viability of families, relying on central control or on local discretion. Debates about child welfare reveal fundamental differences in values about children, family, community and society. Any consideration of reforming child welfare is never a neutral or technical exercise. Support for what exists or what can be created provokes strong convictions and emotions. Despite these rifts, this paper contends that this "either-or" mentality projects a false image of what is possible and what is desirable. To move beyond these limitations, it is useful to examine a set of design choices common to all child and family welfare systems in "developed" countries. This perspective moves our focus onto continua of responses, instead of opposing priorities.

For the past one hundred years, "child saving" principles have provided the foundation for child protection systems in Canada (Cameron, Freymond, Cornfield, & Palmer, 2001). Despite changes in language [from Christian morality to risk assessment] and shifts in emphasis [from family preservation to investigation of families and apprehension of children], the dominant focuses remained protecting children from harm within their own homes, holding parents accountable for the "proper" care of their children, and removing children to more "appropriate" places to live.

Our belief is that this Canadian child protection paradigm has very little potential to help children and parents that we has not already been seen. Van Kreiken (1986) comments that child welfare continually engages in solutions which have been tried before failing to benefit from the wisdom of hindsight. Added to this is a fascination with "simple solutions" which are adopted

with great fanfare until the next "new solution" arrives [intensive family preservation services and comprehensive risk assessment procedures are two recent illustrations]. There is a danger that differential response systems might become the next popular "solution". One of our basic tenets is that our capacity to respond to the complexities facing children and families is unnecessarily limited by what this Canadian child protection paradigm allows us to see and to try. Another is that any serious search for improvements in child welfare performance must examine multiple aspects of the delivery system and resist the politically expedient, but ultimately impractical, temptation of single solutions.

This paper is motivated by the recent substantial shift in Ontario's child protection system towards legalism and central control through prescribed procedures and time lines for stages of interventions with families. These changes emphasize formal risk assessment and the primary technologies of investigation and oversight of families. The challenges resulting from these shifts are becoming well known (http://www.oacas.org/resources/casstats.htm). 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 state care. 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). Despite these Societies having access to more financial resources than ever in their history, their front-line service providers feel overwhelmed by accountability and legal procedures and discouraged by their inability to spend sufficient time with families (Cameron, Freymond, Cornfield, & Palmer, 2001; Reghr, Leslie, Howe, & Chau, 2000). Increasing numbers of workers fear the legal consequences should a tragedy occur with one of their cases. Recruiting and retaining qualified staff is a continuing challenge (Coulthard et al., January 2001).

Ontario child welfare is entering territory where other countries have gone before. A decade earlier, jurisdictions in England, the United States and Australia implemented similar reforms and, not coincidentally, encountered comparable difficulties, creating high levels of dissatisfaction among service users and service providers. Our contention is that such frustrations are inherent consequences of the underpinnings of the "Anglo-American child protection paradigm"(Cameron et al., 2001). To do better, it is helpful to look for ideas outside of what is familiar and to consider how useful approaches from other jurisdictions might be adapted to a Canadian context.

There are two primary focuses for this paper: (1) to extrapolate lessons for reform from the experiences of families and service providers in Ontario's Children's Aid Societies; and, (2) to identify opportunities for positive innovations in Canadian child welfare systems drawing upon selected international jurisdictions. Information from the continuing program of research and development at the Partnerships for Children and Families Project at Wilfrid Laurier University made these analyses possible.

The Partnerships for Children and Families Project

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. It involves researchers from Wilfrid Laurier, Guelph and McMaster Universities. Community partners include four Children's Aid Societies, three children's mental health centres, and two associations of parents involved with these services in south central Ontario. Research review papers as well as international child and family welfare papers are available and the

findings from the first phase of the Project research will be publically accessible in the summer of 2003.[1]

The Partnerships for Children and Families Project mandate is to focus on issues of practical application and scholarship central to the improvement of child welfare and children's mental health services in Canada. Fostering positive helping relationships and increasing access to promising ways of helping constitute the overarching themes for the program of research and development.

This paper draws from180 qualitative interviews [life story interviews, family interviews, and co-authorship interviews with parents, as well as individual interviews with parents and service providers], 16 parent and service provider focus groups, and 504 service provider survey questionnaires from the first phase of the Partnership Project research. A primary focus of this research has been understanding the daily living realities and service involvement experiences of children and parents involved with child welfare and residential children's mental health services. A second priority has been describing what it is like to be a service provider within these settings. In addition, this paper draws upon eight papers commissioned for our international Positive Systems of Child and Family Welfare Conference in June 2002 [from Sweden, the Netherlands, France, England, United States, Canada, New Zealand Maori, and Canadian First Nations] as well as the Partnership Project's related review papers.

In a summary fashion, this paper highlights a purposeful selection of themes from this research relevant to identifying avenues for positive innovations in Canadian child welfare. Most of the case illustrations come from 16 mother's life story interviews and 30 interviews with

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[1]For more information, contact: Email: partnerships@wlu.ca; Telephone Toll Free: 1-866-239-1558; Web Site: www.wlu.ca/pcfpartnerships].

mothers who had a child placed by a child welfare agency. Illustrations also are used from individual and group service provider interviews and employee survey results in three child welfare organizations.

The Lives of Parents and Families

Stereotypes: Prejudices about the parents involved with Children's Aid Societies are virulent. There is little public sympathy for whom we imagine these people to be and a strong predilection to judge and to punish. This prejudice can be illustrated by two feature articles in the Kitchener Waterloo Record (Etherington, 2000). The portrait of families is both unsympathetic and offers little hope for positive change:

> *Scenario one:* "... four hungry kids under the age of six ... surrounded by guns, crack and cocaine while their grandmother sold stolen property ..."
>
> *Scenario two:* "... the baby boy had 15 fractured ribs, two skull fractures, hemorrhaging in his eyes, a broken collar bone and a spinal injury ... had been severely shaken and had his head smashed against the wall by teenage parents ..."
>
> *Scenario three:* " ... the Kitchener father was forcing his teenage son to take part in anal and oral sex ..."
>
> *Scenario four:* " ... found a baby and a young boy in a vermin-infested house ... contacted by hospital staff who had treated the kids' mother for rat bites ... found the children in a bedroom surrounded by animal feces and dead mice ..."

While such extreme family circumstances are regularly confronted in child protection, these portraits are so removed from the lives of almost all of the families in our investigations [including families who've had a child placed in state care] to be both misleading and prejudicial. The public message is about bad, sometimes criminal, parents doing serious harm to their children. These children must be protected from physical, sexual and emotional harm in their own homes. Child protection authorities must act with firm authority with such families. The public must

understand that this is extremely important and difficult work. On the other hand, the contrasting

portraits in our investigations presented below lead to our asking who benefits from such an

unbalanced characterization of families involved with child welfare?

Overcoming: When focus groups of parents or child welfare service providers, as well as

members of the research team, read the life stories of mothers involved with child protection

services, our common recognition was the extraordinary number, duration and intensity of the

challenges these women have encountered in their lives. Those of us benefitting from more

fortunate circumstances wondered if we could have survived such assaults. Yet these women's

stories were not of unremitting woe and helplessness. Painful difficulties continued, yet there were

present joys and hopes for the future in many of these stories. There was a level of effort and

persistence in how these women understood their lives, and a desire and capacity to do better,

that is not adequately acknowledged in our images of mothers nor in our helping strategies in

child welfare:

> *Skylar[2]:* "It's just a bunch of hurdles ... There's still probably going to be a thousand more hurdles in my life. So I'll still get over them, just like an Olympic athlete or something"

> *Karen:* "What makes my life worthwhile? ... I'm working now, and looking after my kids   ... just ... accomplishing my goals day by day ... a stable home, that's what I want ... a stable environment for myself and my kids ... I'm trying to keep positive here. I'd probably like to go back to school eventually ... I wanted to work in the native community ... as a career. Things are going good. But there is always a bunch of problems ... overall, it's good cause I'm doing the things that I want to do."

> *Annette:* "I'm a never giver upper. I'm determined that everybody around me is going to   be happy, including myself ... My children gotta come first ... [I]

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[2] The names of individuals are fictitious to protect individual identities while allowing a range of different stories to be presented.

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know how lucky I am, I survived that, to know all the love I have to give. I've got two little boys and they're going to grow up and treat women the way they're supposed to. ... Sometimes you got to go through rough times in order to see what it's actually like to have what you've worked for. ... the movie of my life would be how rough it was at the start and how beautiful it is at the end."

Life Opportunities and the Pressures of Daily Living: There were no affluent families in our research and very few could satisfy conventional criteria for a "middle class" life. The majority of families were the "working poor"; shift work and low pay with minimal benefits were the norm. Many families lived on social assistance. Contrary to the public stereotype of "lazy" parents, our data highlight the extraordinary pressures on mothers as many worked outside the home and tried to hold families together. In many instances, the level of daily living stress affected mothers' physical and emotional health as they, in the words of one mother, "run so hard just to live on the margin". There were no "extra" resources for vacations, health clubs, self care or "personal growth" in these stories. Most of these mothers had not finished high school and only a few went onto college. However, quite a few of the older mothers talked about returning to complete high school and sometimes to attend college as adults. Housing was typically rented and often in neighbourhoods which were not seen by parents as safe or desirable places to raise children. Some families moved quite frequently.

While it is well known that child welfare in many jurisdictions focuses its attention primarily on disadvantaged families (e.g. Costin et al., 1996; Courtney, 1998; English, 1998; Lawerence-Karski, 1997; Peirson et al., 2002), in our research, this general reality affected neither assessments of family situations nor helping strategies, which remained focused on modifying parental behaviours. With a view towards improving child welfare, the unavoidable reality is that, whether we concentrate on protecting children from specific types of harm or on improving their

well being, these are the socio-economic environments that almost all of the children involved with child welfare will grow up in. It is a concern that the child protection interventions in our research were not particularly congruent with the day to day needs and expectations of these children or parents:

> ***Amber:*** "I put myself back in school because I only made it to grade eight and I figured I'm not going to get anywhere in life ... And it took me almost six years ... to get my grade twelve and I have a learning disability ... I didn't even notice my name was ... on the honour role ... I broke down and cried, didn't know what to do. ... If I was given the chance ... I would like to go to college and get my Native counseling degree.

> ***Rebecca:*** "Now [work shift is] from 11 [pm] to 9 [am]. I get about five hours sleep. Which is a lot better then it had been for the past four years ... because when I first started this shift, Mary [youngest child] was not in school yet ... she played very well by herself, thank goodness. So I could catch an hour's sleep, an hour and a half. And then get up and feed her lunch, and then go back to sleep. About an hour until the kids came home. And then I'd catch another hour or two in the evening before I went to work. So you're constantly tired. ... [husband] was gone from about three o'clock in the afternoon until about two o'clock in the morning. So the evenings, I've been basically a single mother for the last five years."

> ***Susan:*** " Thinking back ... I don't know how we even managed. ... during the summer we were having a hard time paying the bills and so ... twice the bill was late and it [hydro] was up for disconnection when I'd go down and pay it ... Then they requested a security deposit of three hundred dollars ... And then the other bills didn't get paid because we were too busy worrying about this three hundred dollar deposit because if we don't have hydro we have no food, no nothing, right."

> ***Mother's Personal Struggles:*** It is mothers' histories, attitudes and behaviours that are most under scrutiny (Swift, 1995). In our research, almost all of the contact between child protection personnel and families included mothers and mothers undertook, and were expected to undertake, a disproportionate share of the burden of bringing about requested changes in family life.

The most poignant stories in our research told of the extraordinarily disrupted and painful journeys many of these mothers had in their childhoods and in their adult lives. Many are "abused" children grown up. Unstable childhoods and living on your own at a very young age were common as were physical and emotional maltreatment as youngsters and by adult male partners. Some are themselves "graduates" of state care. The stories of First Nation mothers in this research and in the literature include refrains of community breakdown, adoption and foster care, and living on one's own at an early age (Mandell, Clouston-Carlson, Fine, & Blackstock, 2003). Anecdotes of addictions, particularly alcohol abuse, were in most stories, most commonly in childhood homes and with male partners, but sometimes in mothers' own struggles with addictions. A minority of mothers talked about ongoing physical or emotional health problems.

Portraits of the personal difficulties and limitations of mothers involved with child welfare are common (e.g. Bagely & Young, 1999; Crosson-Tower, 1998; Daro & McCurdy, 1994; Fernandez, 1996; Harden, 1998; Kline & Overstreet, 1972; Polansky, Desaix, & Sharlin, 1972; Shepard, 1997; Woodward & Fergusson, 2002). Corroborating this emphasis, each of the child welfare service provider focus groups reading a selection of these women's stories focused initially on the "unresolved personal issues" of these women.

Personal pain and "trauma" are major themes in many, but not all, of these mother's stories, yet none had the resources nor the time to invest in lengthy programs of personal recovery. The most common coping strategies included "not thinking about things to not be overwhelmed", "toughing things out", and "just getting on with life". A question raised for the research team by these stories is: "What claim did these women have upon our compassion and helping efforts, independent of the needs of their children?". The evidence indicates that compassion for mothers is not in ample supply in child welfare in Ontario these days:

Elizabeth: " [my grandmother] died when I was six, when my father had left I haven't seen him ever since then ... From the time I was born until I was sixteen we moved 33 times ... I went to umpteen different schools ... my mom worked a lot. She worked long hard hours. Like my mom always provided ... She was with a lot of different male friends, so it was on a continuous basis ... Tom [stepfather] was very abusive towards her. There were strippers, bikers, like around the house all the time ...drinking drugs, like done openly, freely ... Tom had a friend ... and ... he made sexual advances towards me ... no one believed me really ... when I was 15, I rebelled. And was uncontrollable and I continued to move from place to place on my own ... Everything was a big party, did drugs, drank, ... hung out in the worst places and didn't really give a shit about you, know where I was, what I was doing, anything."

Donna: "Like I always knew there was something different about me ... I kept making bad judgements or getting mixed up in the wrong thing and ... always going from one doctor to the next trying to find out what was wrong with me ... I've had chronic pain since I was 17 and I'm 39 ... my energy level is extremely low ... I had a really rough childhood ... I also was sexually molested and I have ... a lot of issues over that because back in those days ... everything was kept hush, hush ... I was ... the typical kid that ... the bullies always picked on and always beat up ... I never really had any real good friends and so I spent a lot of time alone."

Amy: "My mom was a single parent ... until I was 11 so it was pretty tough. My mom had a lot of ... substance abuse problems ... We didn't know she had bi-polar and she would get very, very angry and physically abusive ... When I was first born, they took me away from my mother for two years because she was an unfit mother ... But she did fight and, you know, make some changes and got me back ... She would tell me that my real father was dead and then all of a sudden he shows up at the door one day ... We did not have a father daughter relationship ... He was in and out of prison most of his life."

Chen: "I was diagnosed with post-partum depression in 1993 with my first child ... [So you were diagnosed with schizophrenia?] For eight years now ... I have back and forth because of quitting my medication ... Children's Aid took them away to foster care, so my mom was living here to make sure I was taking medication [and it would be] okay for them to come home"

Amber: "I come from a very ... rough background. ... a lot of fights in the family a lot of abuse ... [my dad] was a pretty abusive man. I go to counseling for it and my head's still screwed up ... He hit me in the face and I went through most of my life ... hiding behind ... drugs, alcohol, just blocking it out. I bounced around a lot when I was a kid. After they broke up, I was in foster homes, grandmother, aunts, uncles ... I'm full blooded. I've always looked highly on it"

Karen: "I would probably start ... when I was first adopted ... My mother was ... really young when she had me. I was born up in [northern Ontario town] ... [Are you First Nations?] Native American, that's fine. ... I was adopted into the Smith family near [southern Ontario town] ... I remember the car pulling away and her [biological mother] looking out the back window, and the ... two workers that were there ... I never really ... had a closeness with my adoptive mother ... When I was younger, it was good. I had good experiences ... I done well in school ... but I did have a problem with my brother [also adopted First nations child] ... he was doing stuff to me ... that's how I got involved with Children's Aid, and [they] started putting me in foster homes. And some of the experiences with the foster homes wasn't good."

The Struggles and Continuity of Family: In light of the personal challenges facing many of these mothers, and the difficulties of family life most talked about, it is easy to understand why child protection authorities would be concerned about their children and why many of these women appreciated positive assistance with these problems. While a minority of these women were in stable, long-term marriages, most described a series of quite troubled relationships with male partners over time. A high proportion of these relationships were physically abusive and many of these men struggled with alcohol abuse and were unable to accept the responsibility of caring for a family. A small percentage of the mothers had their own past or ongoing problems with addictions. Most of the children in these stories were not living with their biological fathers and, in many families, siblings had different biological fathers. Verbal and physical conflict between partners was common. A relatively small proportion of stories revealed physical or sexual mistreatment of children as the reason for official child welfare concern. Physical care of children [e.g. neatness, order and safety of homes], the nature of parenting [e.g. supervision, yelling, physical discipline] or partner conflict were understood by many mothers as the reason for child welfare interventions.

Such problems in family functioning have been a predominant focus of the discussions in child welfare for many years (e.g. Crosson-Tower, 1998; Daro & McCurdy, 1994; Fernandez, 1996; Goldberg, 1991; Howe, 1999; Karen, 1990; Kline & Overstreet, 1972; National Research Council, 1993; Pecore, Whittaker, & Maluccio, 1992; Ratiner, 2000). What is almost completely absent from this established story is recognition of the continuity and central place of family in the lives of these mothers and children. Most of these mothers strongly desired a stable home for themselves and their children. The incentive to have a positive partner was strong and most of the women connected with a new partner, despite past difficulties. In most instances, mothers talked about improved relations with their current partners who were often considered important sources of support. Most of these mothers expressed a passionate commitment to their children and a willingness to do a great deal to keep them at home. In almost all stories, children continued to live with their mothers, including a large majority of the children who had been placed in care by child welfare authorities.

A significant pattern was the pivotal importance of members of extended families in the lives of at least half of these mothers. Most unexpected was the finding that, for many women, their own mother [and less frequently their father] had become an important source of emotional and social support in their adult lives. In some stories, this was in spite of horrendous experiences as children. Some extended families provided financial support during "crises". Not all mothers saw their parents nor extended families as helpful. Yet, some mothers without access to such support expressed their longing to belong and for someone to care.

These are not only mothers and families with limitations. These stories also illustrate the persistence, commitment and capacities of many of these mothers and these families. These are capacities that the Canadian child protection paradigm is particularly ill suited to recognize and to

strengthen. It also is pivotal to improving child welfare to recognize that the similar experiences of many of these mothers and families indicate ways of living shared by communities of people - "normal" ways of living perhaps quite different from our own. Clearly, pressure on individual mothers and families to change is a grossly insufficient model of helping. Not withstanding that coercive authority is required in some situations, and that difficulties often appear overwhelming, a root challenge in improving outcomes in Canadian child welfare is connecting to these shared realities in ways that provide more resources and learning useful for daily living and which build upon the motivation and talents apparent in these life stories:

> *Karen:* "... both Jeremy and Trevor [her boys], they were the best experience. Like they were the best experience ... Bill [Trevor's dad] wasn't into ... family life ... he didn't want to be involved anymore ... He started getting a lot more aggressive ... he went into drinking, doing drugs, hanging out with his friends ... I stayed at the shelter for a couple of months ... he was actually arrested ... And that's when the Children's Aid had come into my life ... [current partner] been sort of a friend to me ... he's a really good person ... a very responsible person. And he's good to me. ... he loves us and I love him, and the kids love him ... we get along so well ..."

> *Elizabeth:* "...I'm a mom and I try to do my best to work things out ... now I've learned to deal with things in other ways besides turning to alcohol and drugs ... my attentions are more focused on my children ... because I've done a lot of counseling and self help things ... I don't want ... them to see me doing [substance abuse] and I don't want them to grow up like that ... I try to get them to Guides and Sparks and after school programs and volunteering. I volunteer myself once a week for six hours ... at the food bank ... they're good kids. Carrie she's tomboyish ... loves doing sports ... singing ... She's smart ... has a hard time at school ... Kimberly is a totally different story ... she's really emotional ... If you yell at her, she'll cry ... She thinks her dad and I are going to get back together ... She's the shy one ..."

> *Annette:* "... my boyfriend at the time Jerry came to my apartment ... he saw me sitting at the table with my neighbour, and approached me and started being violent. [children were at another apartment with babysitter] And I got to the phone and called the police. ... My ex had thrown a whole bottle of beer on me. So I looked like a drunk ... distressed and everything else ... that's the first day I was involved with Children's Aid. They took my children away ... And from that day

on ... I fought for everything to get my children back ... I just wish that they had more patience with me to let me go to my friend's house that night with my children ... I got my children back, we're safe, it was all a big nightmare ..."

Jennifer: "... Children's Services took her [daughter] in ... they had her for two months, almost three months ... we [her and boyfriend] were nothing but fighting ... I would get really upset, but I never did anything to her ... never hit her or anything like that ... now we're getting along way better. Like we talk to each other, doing more family things like swimming. Rachael [daughter] is in dancing ... We've both went to couple's counseling together ..."

Rebecca: "... the drinking's back again and ... does the loyalty go to the husband or the kids ... he's a real yeller at the kids ... And he'd be very degrading with them ... he's stopped a lot of that. Every once in a whole, it slips out. And ... he tries to spend time with them ... I'm proud of my kids ... I think ... I'm a fairly good parent ... I mean, there's lots of room for improvement ... my aunts said 'if Matt and Rebecca want out of the trailer and want a house, Let's help them ... I'm not sure how much money they put in. About fifty thousand ..."

Susan: "I talk to them almost every night ... mostly my mom ... They were very upset [when the kids went into care] ... [my parents] were concerned a bit but my mom and dad have always been there to help me if I need it. Even after four kids. Not many parents would ..."

Sandy: "My mom and I are very close ... My stepfather is very good with my child ... He's become a totally different person [now that] he isn't drinking ... After I was married and my daughter was born, they became very close to my daughter and would do anything for her ... I want to have a sense of closeness to people in my family ... if I didn't have a husband like Derrick ... I'm sure that my life ... would probably be rock bottom ... it uplifts you when you can sit down and talk about things ... it's been a big struggle with her [daughter] ... the book I'm reading, *The explosive child*, is very, very descriptive of what I go through with her ... My husband and my child. They are my life. Without them, I have nothing ..."

Child Welfare Services

While mothers in our study were very aware of difficulties in their homes, many of them were quite confused about the exact nature of child welfare concerns about their families and what was expected of them. Unifying themes to their experiences with child welfare were fear,

mistrust and, at best, ambivalence about its value. First contact with a child protection workers was a particularly frightening experience for many mothers.

Nonetheless, woven through many stories were anecdotes of appreciated help. Despite most mothers having several service providers while their case was open, and their comments about the lack of credibility of young workers who've not had children of their own, some mothers talked about individual child protection workers from whom they felt understanding and "extra" efforts to be supportive. Many mothers mentioned a positive counseling relationship with an outside agency, sometimes arranged or "ordered" by child welfare. Child protection involvement did lead to willing or "coerced" changes in parenting practices and was instrumental in reducing levels of partner conflict and violence in homes, at least in the short term.

Despite these benefits, the overall tone of these stories is of mothers "doing whatever is necessary" and "waiting for Children's Aid to leave". Even though quite a few mothers were looking for help, and talked about putting into practice what made sense to them, with a few exceptions, there was little active cooperation with child welfare service providers to make things better. One of their most prevalent critiques was that, even when mothers were looking for help, they had surprisingly little face-to-face or telephone contact with child welfare service providers, including while under supervision orders for "high risk" home conditions. Another frustration for some mothers was not seeing anyone from the child welfare agency after their child was returned home from care: "If I was so dangerous, why are they not here?".

Equally clear in these stories was that most families, regardless of the variations in their circumstances, were the focus of a limited standard set of expectations from child welfare: attend various types of counseling, go to 12-step programs and addictions treatment, attend anger management groups, take a parenting course, make changes in housing conditions and improve

relations in the home. Typically, mothers felt "told" rather than supported to do these things; few had any illusions about the consequences of non-compliance. Also striking was the general absence in these stories of helping interventions focused on children, beyond periodic referrals for counseling. For the research team, direct assistance to children emerged as a promising and practical area for improvements in how we choose to protect children and to promote the well being of children and their families:

> *Sky:* "They're like 'can we sit down?'. I'm like 'fine'. And I get in hysterics. I should have stayed calm but I couldn't. They kinda just sat down and start throwing questions at you have no chance to just know what they're saying, cause they sound like chipmunks ... everything's in fast. So, I was like 'what are you talking about?'. ... Like the first minute they walk in the door, you can't breathe. ... and then before you know it, your whole life's gone"

> *Amber:* "The woman I'm dealing with now, she's nice and everything but ... [she doesn't] know what it's like to have children ... sometimes I feel like ... screaming at her and saying why don't you take my daughter and live with her for a month or two and then come back and tell me how you deal with the problem because all I'm getting from them is 'go to counseling' ... come and sit here for a night and listen to a 13 year old mouthing you off, with a behaviour problem and you can't raise your voice or your hand because you've got it in your head that if you do ... you are going to be charged with child abuse ... to be honest with you, we've been doing certain things behind their backs ... Why follow the rules. We don't even see the social worker half the time. You phone ... and ... leave a message ... you hear from them two weeks later "

> *Karen:* "Cause I'd heard so many horror stories ... I could have said no to them ... I don't need any help ... I was worried ... I thought, they're in your house, and they're gonna have some kind of ... a warrant ... I felt like I had no other choice ... Debbie, my worker, she's been really nice. She's been super nice. ... they did provide ... a lot of programs ... introduced me to a lot of things ... I don't feel like there was such a ... priority for them to come into my life ... maybe I needed that step to actually get my ... ex out of my life."

> *Elizabeth:* "[Children's Aid] helped me out at first because I was so afraid of leaving Ben [abusive partner], I put it in their hands ... I was already going to counseling ... seeing a psychiatrist ... two things that were on the order. Also, the other one was to refrain from alcohol and illegal drugs ... to go to the woman's

shelter for counseling for abused women ... go see an alcohol drug counselor and get the kids into ... children who witnessed abuse [counseling] ... I'm going to continue on doing what they want me to do. I just want them out of my face ... They can't even cooperate, they want me to go to all these appointments, they can't even give me bus tickets anymore ...I only get like $900 a month ... They want to see what's in your fridge and cupboards ... inspect your children ... I had to literally prove to her as my kid is struggling and screaming in my arms. I had to take her bottoms off and show her there were no black and blue marks on her butt ..."

Kaitlyn: "It's voluntary that they come back once every two or three weeks ... They're helping to arrange like more counseling with Erin [her daughter] through the school board ... I could either agree or disagree ... you know, I don't want to get on their bad sides and have something else happen and have them come back ... the lady that comes is helpful ... has some good ideas on how to get things back to being organized in my life ... She even offered to clean one day."

For eight of the 31 mothers who had a child placed outside the home by a Children's Aid Society, their child had not returned home and was not expected to return home soon. Some of these children remained in residential mental health care or treatment foster homes because of serious behavioural difficulties. Most of the apprehended children in our study returned home, sometimes after a relatively short time in care. For the research team, the use of child apprehension as a precaution or as leverage for family change emerged as a priority niche for the development of more constructive alternatives. There is danger in viewing such apprehensions as "routine". For mothers, these were truly horrible experiences and, in their eyes, frightening for their children:

Annette: "... then the Children's Aid Society guy goes, "we're leaving right now. That was all that was said ... there he was walking out with both my children, and I lost it. I went down on my knees, I screamed, I yelled, I done everything ... I was just trembling ... Five days later, my children were dropped off at the shelter. Right after court, I went right to the shelter and I met my children there."

Jennifer: " When they took Rachael [her daughter], it really hurt my grandparents because we live with them ... all they did was cry every day ... [The night

Children's aid removed her daughter] ... a women cop ... whispered to me that I'd better agree and do what the Children's Services said or I'll never see my kid again ... [child welfare worker] knows I'm a good mother and ... that Rachael is lucky to have me ... They're closing [the case] because it's been six months ... When I first brought her [daughter] home, I couldn't do anything ... she'd be holding my leg. ... She was like clinging ... for a long time ... if I leave or anything ... she wants up ... But all of a sudden she started throwing temper tantrums ..."

Information from child welfare service providers about child welfare services did not paint a very different picture from the mothers's version. It was quite common for service providers to indicate that they were the third or even the fourth person assigned to the case since it had been open. Integrating themes for the workers were: "I did not spend much time with them" and "I do not know the family very well". Table one shows that 69% to 71% of direct service workers in three Children's Aid Societies estimated that they spend less than 35% of their time working with families. Indeed, in two of these agencies, 40% to 50% of direct service workers believed that they spent less than 20% of their time contacting families. Most spent the majority of their time satisfying the legal and procedural recording requirements of their job. Given the magnitude of the challenges facing the families in this study, and the seriousness of the decisions made by child protection workers, it is disturbing how little familiarity these service providers had with these families and how little time they had available to help. Table one also confirms mothers' impressions that quite a few service providers were fairly young and inexperienced.

In our focus groups interviews, service providers described their work as "formulaic". They also illustrated the distance between their employment realities and the mothers' experiences by their focus on the personal issues of mothers, mistrust of mothers' perceptions and doubt about mothers' capacities. A disconcerting example in one focus group was a service provider describing her work with mothers as being like "a university graduate trying to explain things to

someone in kindergarten", without any objection to this portrayal from the other service providers

present. These data highlight the major barriers in current child protection arrangements to

establishing knowing and trusting helping relationships between mothers and child welfare service

providers.

A dramatic concern in Table one is that about half of the direct service workers indicated

TABLE ONE: DESCRIPTIVE OVERVIEW OF CHILD WELFARE WORK ENVIRONMENT (3 Organizations; N=319)[3]

Indicator	Proportions	Indicator	Proportions
workers under 30	27% - 36%	direct service workers spending more than 60% of their time documenting their work	61% - 81%
females	81% - 86%	direct service workers spending less than 35 % of their time face to face with clients	69% - 71%
workers indicating high intention to leave the organization	*direct service workers:* 14% - 19% *intake staff:* 22% - 30%	direct service workers highly satisfied with the feasibility of doing their jobs adequately in the time available	18% - 19%
direct service workers indicating high levels of emotional exhaustion	46% - 50%	direct service workers indicating high levels of overall job satisfaction	35% - 41%

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[3]The data for these table were selected from individual child welfare agency reports prepared by the Partnerships for Children and Families Project. For a discussion of aggregate findings across four southern-Ontario Children's Aid Societies, please refer to Harvey, C., Mandell, D., Stalker, C. & Frensch, K. (2003) <u>A Workplace Study of Four Southern-Ontario Children's Aid Societies</u> Waterloo, ON: Partnerships for Children and Families Project.

very high levels of emotional exhaustion on the Maslach Burnout Inventory scale for emotional exhaustion. The obvious questions are the long term personal impacts of such high levels of emotional exhaustion and their consequences for working with children and parents. In both the employee survey and focus groups, many direct service providers questioned their ability to do their jobs as they thought they should be done in the time available.

A paradoxical image was that a substantial majority of direct service providers were moderately or highly satisfied overall with their job in addition to its intellectual challenge, financial rewards and the organizational support that they received in their work. In the focus groups, service providers emphasized the importance of the work that they were trying to do. For the research team, these contrasting images of working in child welfare suggest that the system difficulties which emerged in these analyses are not substantially attributable to the financial resources available to these Children's Aid Societies nor to the quality of management support in these agencies. Our contention is that they are endemic in how the Canadian child protection paradigm understand and implements the "protection" of children.

This research portrays an expensive and inefficient child welfare system which does not provide children or parents with notable levels of useful assistance nor create a coherent mandate for service providers. Three areas for system innovation emerge from these analyses: (1) engaging a substantially higher proportion of parents in helping efforts that they find acceptable; (2) making available to children and parents a much broader repertoire of useful resources; and, (3) enabling most service providers to invest a majority of their time into helping children and families.

Perhaps the most poignant commentary on the core dilemma of the Canadian child protection system was given by a mother wondering if she would have benefitted if child welfare

had been around to help her during her own abusive childhood. After reflecting on her recent involvements with Children's Aid, she, with some ambivalence, concluded "probably not".

Selected Niches for Innovation in Canadian Child Welfare

Enriched and flexible first responses: Investigating every "maltreatment" report is an expensive, unappreciated and unnecessary response to many families. A differential response model limits investigative responses to urgent or high risk situations, while assessment and support responses are offered to family circumstances considered less "threatening" to children. The effectiveness of the differential model depends on methods that appropriately sort referrals into "high" and "low" risk response categories. In this model, low to moderate risk situations are most appropriately served by community agencies providing voluntary help [where families agree to involvement] to stabilize families and to protect children (Schene, 2002). Differential response models require extensive community partnerships where child protection agencies "play the lead role", but share responsibility with community service providers to protect children (Waldfogel, 2001).

In the nineties, several American states implemented demonstration differential response models. Although differential response models have the potential for multiple tracks of service delivery, most of these states developed dual track response systems (Trocome, Knott, & Roy, 2003). From our perspective, the rift in Anglo American child welfare paradigm between child protection and supporting families predisposes proponents towards a bifurcated system of first responses. The separation of care and control functions into distinct delivery systems led to a

debate over the classification of referrals into those who merit assessment and community intervention and those who require investigation and standard protection interventions.

Another design option is to develop a first response system that maintains a constructive flow of involvements between units with supportive mandates and those with investigative mandates. Many families who enter child welfare systems can benefit from a mixture of compassionate and authoritative assistance (Cameron et al., 2001). In addition, in a child protection milieu where "protection" requires "investigation," there is a danger that the care function in a rigidly divided system will be poorly supported.

In Florida, in 1995, dual tracking gave way to a differential response assessment system for all families. Changes which included the strengthening of the role of law enforcement in investigation as well as the abandoning of the use of a central registry for identifying prospective employees who had been registered as abusive toward children, assisted the move away from dual tracking. In a differential response assessment system, workers are expected to assess needs and to provide resources base on a customized response for each family (Waldfogel, 2001).

A differential response system depends on strengthening the involvement of the community service organizations in the child welfare mandate. Because the United States has invested its child protection mandates in stand-alone agencies, where the role of external community agencies is marginal, an emphasis on creating service partnerships has become central to creating differential response models. The Florida reforms endeavor to accommodate customized assessments and responses to families by an increased emphasis on strengthening community partnerships and devolving authority to local jurisdictions.

Such an emphasis on creating community partnerships for child protection agencies is, in large part, not a common concern in many European countries where the child welfare mandate has historically been shared across multiple partners in the social welfare and youth justice systems. For example, it is common in several European nations for local generic service organizations to provide assistance to distressed families and to be the first contact with many families suspected of maltreatment. As an illustration:

> [In Finland] The child welfare legislation reforms of 1990 emphasise preventive, non-stigmatising, and supportive measures and services. One of the central objectives of the reform was to shift the emphasis of child welfare from extra familial care to measures that encourage and support the maintenance of children in their own home. As a result, work methods of all welfare services, were adapted toward strengthening child rearing by carers. Maternity and child health clinics have expanded and diversified family training, and intensified co-operation with families. In day care, various forms of co-operation supporting parental participation were developed. Also home help services have been developed to support child rearing by parents (Tuomisto & Vuori-Karvia, 1997, p.92).

In Jacksonville, Florida, the development of community partnership has focused on five public housing developments. In conjunction with formal and informal leadership within the communities, the public child protection agency has developed neighborhood networks that include a range of partners from service agencies to government depatments to grassroots associations, churches and civic groups. A governance committee includes a small circle of residents; there are five sub-committees, each co-chaired by a resident and an agency official (Schene, 2002).

Additionally, in Jacksonville, there is a focus on strengthening informal sources of support. Friends and neighbors are identified by child welfare workers and families as sources of potential support and "a community safety agreement is then developed, detailing what the community

resource person will do to support the family and under what circumstances the person will re-contact CPS" (Waldfogel, 2001, p. 155). Community members participating in such agreements have articulated expectations about what they are to do and are empowered in taking an active role in protecting children (Waldfogel, 2001).

The co-location of various services in neighborhood settings has proved to be important in expanding the role of community agencies in differential response models of child welfare. This co-location of services also is convenient for families. Schene (2002) also argues that co-location facilitates the coordination of interventions, supports relationship building between professionals and indigenous community leaders, and allows professionals to develop an understanding of the community in which they work (Schene, 2002). Clearly, for a differential response approach to be of real value to families, there has to be a richness of formal and informal helping and community involvement resources available.

There are many neighbourhoods in Canada which have made extensive progress in the building of active partnerships among service organizations, including, in some cases, the local child protection agency. Also, many Canadian communities have made extensive gains in the empowering local residents and in the developing an increased community capacity to respond to its own challenges. For example, most of the demonstration neighbourhoods in the Better Beginnings, Better Futures primary prevention project in Cornwall, Regents Park, Kingston, Ottawa, Etobicoke, Sudbury and the Onward Willow community in Guelph have made exemplary gains, to varying degrees, in creating partnerships among service providers as well as between local residents and professional helpers, and in empowering local neighbourhood leadership (Cameron & Cadell, 1999; Cameron, Hayward, McKenzie, Hancock, & Jeffery, 1999; Pancer &

Cameron, 1994) There are other neighbourhoods in Ontario with many of the prescribed requisites for a successful differential response system in child welfare. These are communities where experiment could begin in elaborating our own enriched and flexible response model for child welfare. The Onward Willow community in Guelph is highlighted below as an illustration of this potential.

Family and Children's Services of Wellington, a mandated child welfare agency, was the initiator and the original sponsoring organizations for both the Onward Willow Better Beginnings, Better Futures primary prevention project and the Shelldale Centre: A Village of Support. In its early days, residents walked into a large kitchen when they entered Onward Willow Better Beginnings, Better Futures, and food remained a central element of their community activities and celebrations. Local residents were the majority of the Project's Board of Directors and they were very successful in attracting a large number of service organizations into the neighbourhood and particularly exemplary in building productive professional and resident working relationships over time (Cameron, & Jeffery, 1999). Onward Willow Better Beginnings, Better Futures provided access to a range of home visiting, developmental day programs for children and parents, food and clothing programs, english as a second language programs, and recreational and after school programming for children, teens and adults. Onward Willow Better Beginnings, Better Futures shared space in a renovated warehouse with the local child welfare agency. Together, these two partners took the lead in purchasing a local school, which became the location for the Shelldale Centre.

The Shelldale Centre includes sixteen program partners co-located in a refurbished school including primary prevention programs, child, youth and family recreation, early childhood

development programs, adult education and employment training, clinical and family counseling, community policing and victim services, violence against women support program, family health services, and child welfare services. The Onward Willow Better Beginnings, Better Futures project moved into the Shelldale Centre and has space for its child and parent programming, access to kitchen facilities, a gym and meeting rooms for its recreational and community development initiatives. Alcoholics Anonymous and other community groups use the space for meetings.

Having a child welfare agency successfully initiating the Shelldale Centre illustrates that some space can be created for partnerships and community empowerment, even within Ontario's prescriptive child protection mandates. Nonetheless, the road has not been easy. The Partnerships for Children and Families Project's employee survey shows that this agency's direct service workers experience similar constraints on the time that they have available to help families as well as levels of emotional exhaustion equal to direct service workers in other settings. In addition, by trying to travel a "different road', the sponsoring child welfare agency experienced a restriction of its financial resources because of current Provincial child welfare funding formulas.

The Onward Willow community is the most economically disadvantaged neighborhood in Guelph and historically a source of a disproportionate share of child protection "clients". The hope is that the Shelldale Centre will increase the range of responses available to child welfare workers and allow them to work in more constructive ways with children and families. The Shelldale Centre's missions is: "to provide for the protection of children [and] together with others, [to] support and encourage families, and promote caring communities that share responsibility for the well being of all children". The Centre also facilitates multi-disciplinary

responses through a weekly case conference system that involves families and service providers

(M. Brubacher personal communication, April 8, 2002). The Executive Director of the Guelph

child welfare agency writes:

> We note a reduction in cases of serious child abuse and neglect.
> There is a higher rate of early identification of child protection
> concerns, followed by early intervention and family support
> activities (M. Brubacher, personal communication, April 8, 2002).

However, Family and Children's Services of Wellington has no official mandate to create a

differential response system. Its child protection staff must respond with investigations to all

families who are eligible for child welfare services within prescribed time lines. Despite having a

strong community concern for the protection and well being of children and families, any formal

sharing of child protection responsibility is not possible under present provincial mandates.

Empowering this community to create a differential child welfare response system would require

suspension of the centrally prescribed procedures governing child protection in Ontario and the

creation of new more flexible operating guidelines. Communities such as Onward Willow provides

excellent opportunities to compare an enriched and flexible child welfare first response model to

Ontario's current highly prescriptive child protection paradigm.

An expanded range of "family friendly" child placement options: In our research, there

was a clear pattern of apprehending children temporarily while parental capacity is evaluated and

using "heightened" parental motivation during care to secure changes in family functioning.

Mothers spoke about how horrible these forcible removals of their children were for them. There

are few studies of the consequences of short-term foster care (Kelly, 2000) and it would be

premature to assume that such separations are not frightening, even "marking" events, for some

children. For the substantial proportion of families where children will not be out of their homes a

long time, our research advocates strongly for the development of alternative procedures with a capacity both to reassure service providers and to be acceptable to parents and children. Certainly credible alternatives are possible for the too familiar stories where children are back home a couple of weeks or months after apprehension.

One choice is to develop a system of supportive and flexible placement options allowing service providers more alternatives to respond to individual family circumstances. A practical consideration of this proposal is that it draws on resources and abilities existing in Children's Aid Societies. Continuity in the parent-child relationship is possible when placements are available for parents and children together. Where mothers are young, a supportive placement with an experienced mother may be reassuring and beneficial in improving the parent-child relationship. Our research also suggests the value of having access to short term parent-child placements in situations of family violence when shelter space is not available immediately. Having access to this supportive placement may help establish positive helping relationships between parents and service providers and increase parents willingness to ask for help in the future.

Sweden uses placements in small public institutions called homes for care and accommodation. These homes generally accommodate nine or less children from ages 0-12. Andersson (2002) indicates that 90% of these homes admit children and parents together. During the placement period, the capacity of the family is assessed and a plan for ongoing support to the family upon return home, or for the placement of the child in ongoing foster care, is established. This choice in placement services is based on the belief that, whenever possible, disruption of the parent-child relationship during periods of care is the least desirable outcome.

Another primary Swedish intervention is establishing a relationship between a contact family/person and a family where child maltreatment is a concern. This family-to-family relationships provides non-professional support to children and families. Contact families/persons' role is to support children in their families. A local social welfare committee appoints the contact family/person, often after an assessment of the needs of the child and the family. The contact family/person meets twice annually with a social worker; report writing is not a requirement.

Andersson (2002, p.14) writes: "the contact family is seen as a support service in its capacity of being a 'normal' or 'ordinary' family, prepared to include a child 'in need' for a few days (and nights) at a time, but regularly and maybe for many years of childhood". Older children may visit or speak with a member of their contact family on a daily basis. Contact families/persons are reported to be the most appreciated and sought after social service in Sweden (Andersson, 2002).

Respite care in Anglo-American child protection paradigms is best known for providing relief to parents of children with special needs. In a respite care, children receive routine foster care, while parents get periodic relief from parenting responsibilities. A range of potential flexible forms of respite care, or modified care programs, has been identified (Palmer, 1995); however, many of these forms of care are seldom utilized. Examples include weekend placements, foster day care, and periodic short- term placements to assist families during crises. In situations where parents struggle with children with special needs, routine relief for parents is desirable. Parents of children with mental health diagnoses, when parents are coping with periodic parenting challenges, may benefit from modified care programs.

Unlike the Swedish contact family/persons and care homes, modified care programs generally do not emphasize supportive connections between foster families and parents. However, given the intense challenges facing some parents, within the context of a flexible modified care program, foster parents and biological mothers might be encouraged to cooperate in developing parenting strategies. Such collaboration would provide emotional support to parents and help to maintain parent- child connections.

In Canadian substitute care, using families' social networks or extended families as placement options has not been emphasized. Many countries report an increased emphasis on placement with members of extended families in the past decade, most notably in the USA (O'Brien, 2001). Placing children within social networks and extended families members has many advantages. During a crisis, the placement of a child with someone who is known and trusted by the child reduces anxiety for all family members. The foster parents and the biological parents may have a history enabling continuity for the child, as well as natural opportunities for connections between parents and children and between the two families. Iglehart (1994) provides evidence that children who are placed with relatives have lower rates of disruption and adjust better to placement experiences. Also, placing children within social networks and extended families helps to preserve both individual and cultural identities and feelings of belonging.

By cooperating with social network and extended family members, child welfare service providers can share the responsibility of finding placements that are most appropriate for children. Family group conferencing (Pennell, & Burford, 1995) is a more formalized method of involving family members and other non-professionals in the child welfare decision-making processes. In such situations, there is potential for strengthening connections around a shared goal of providing appropriate support care services for a child.

More than traditional forms of foster and residential placements are needed. Engaging

parents and children, and their supportive networks, in choosing from a range of support care

options helps to maintain the continuity of relationships between parents and children. Access to

expanded and flexible support placement options allows greater tailoring of interventions to the

specific family conditions. Equally important, our research stresses the importance of reducing

"unnecessarily cruel" placements experiences for mothers and children and expanding the space

where parents and service providers can agree about what is to be done. For example, most child

placements in many European countries result from negotiated agreements with parents rather

than from formal court orders (Cameron et al., 2001).

Increased space for consensual and negotiated agreements: Our research shows that

direct service workers in Ontario's Children's Aid Societies spend much of their time satisfying

the requirements for evidence of the formal legal system. In Ontario's child protection system,

service providers manage their concerns about child safety, and their doubts about parental

capacity, by relying on the authority of the courts. Also, in the current political climate, child

welfare service providers have strong incentives to secure court orders to protect themselves

against civil and criminal liability should a tragedy occur.

An essential precursor to providing more helpful resources to families, and a less

conflicted environment for service providers, is to greatly reduce the proportion of families where

a formal legal application for a supervision order or the placement of a child is necessary. In our

research, direct service workers described a loss of confidence emanating from their reliance on

court authority to justify their involvement with families. As one service provider explains:

> "We go before a judge in a lot of our cases and we have to account
> to them for what we are doing. How many jobs go before a judge?

How many jobs in this society are there where you sit before a judge and the judge looks at these papers and decides whether you've done enough."

Hetherington, Cooper, Smith, & Wilford (1997) propose broadening the intermediary space between the role of supporting families and the role of the law in child welfare. Social mechanisms act as buffers or filters through which cases must pass before reaching more coercive legal involvements. Without spaces where agreements can be negotiated, the child welfare service providers work is inevitably procedural in nature and limited substantially to being an agent of state control (King, 1995). In intermediary spaces, "everyone - children, parents, professionals – finds room to breathe, think, negotiate, plan, in the middle of the intensely complex and often long-term process of working out optimum solutions in cases of child abuse" (Hetherington et al., 1997, p. 7). Without increasing child welfare capacities to reach agreements, our research suggests that state interventions will continue to be perceived as intrusive, imposed solutions which will remain marginal to the daily living realities of families. And families will continue to be mistrustful and elusive.

The inclusion of such intermediary space requires a repositioning of legal services and courts to ancillary positions in Canadian child welfare. Judicial orders would be reserved for situations of immediate and serious risk to children, or when efforts to secure parental cooperation have failed. Negotiated or mediated agreements would become the norm and coercive court applications an emergency or final resort. This opens possibilities for direct service workers to ascertain families' needs and preferences, to negotiate helping and child protection strategies, and to develop constructive helping relationships with family members. Access to

formal authority must remain quickly available as needed. Ideally, families and communities could

consider child welfare as a place to go for help rather a threat.

In situations where direct service workers cannot reach agreement with families on their

own, an increased access to mediation services would be appropriate. Mediation requires an

impartial third party, who has no decision-making power, to assist the parties to a dispute in

voluntarily reaching their own mutually acceptable settlement (McNeilly, 1997). Mediation

services have been on the fringes of child welfare in Ontario for years. It has demonstrated

potential to achieve negotiated agreements and to preserve positive helping relationships

(Maresca, 1995; McNeilly, 1997; Hetherington et al., 1997).

Some European systems[4] (e.g., France and Belgium) make frequent use of the authority of

family judges (often specially trained for this purpose) in a less formal fashion in negotiating

intervention plans with families and service providers. Other countries such as Finland, Flemish

Belgium, Germany, and Denmark also have legislated informal negotiations with families to

resolve child care concerns. This legislation is based on the principle that assistance to families

should be framed as an offer of help, rather than as a command from a legal authority; the intent is

to offer parents some freedom of choice about their families and to foster a feeling of self-help,

rather than control (Bering Pruzan, 1997; Wolff, 1997).

The Belgian Flemish community makes extensive use of mediation in child welfare. When

the voluntary relationship between service providers and the family breaks down, when attempts

to secure family "cooperation" prove futile, or when voluntary services are not producing the

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[4] The information about European experiences with intermediary negotiating spaces is
used with permission from Cameron, Freymond, Cornfield, & Palmer, 2001.

desired family "change", mediation becomes mandatory. The mediators are a panel of six

volunteers, each with child welfare backgrounds. This officially mandated panel has two

purposes: (1) to serve as an alternative to involvement in formal judicial proceedings, and (2) to

protect families' rights in excessive or inappropriate state intervention (Hetherington et al., 1997). families.

However, these mediation committees have no authority beyond attempting to bring about a

voluntary mutually agreeable helping agreement between social workers and families. If there is a

failure to reach agreement, the committee refers the family, via the public prosecutor, to the judge

for children.

The Scottish Children's Hearing is unique within the United Kingdom (King, 1995).   The

Panel that conducts the Children's Hearing consists of three lay members who are appointed and

who work on a voluntary basis. Lay representation reflects the hearings informality and its

emphasis on sympathetic consideration of the welfare of the child (Dale-Risk & Cleland, 2002).

Appointed members of the Scottish Children's Panel have specialized training in the area of

children's issues (King & Piper, 1995). A professional official called the Reporter decides if the

referrals to the Children's Hearing from the social work department have legal grounds and if the

child is in need of compulsory measures of supervision.

The Children's Panel is concerned with the welfare of the child and does not deal with

cases where there are disputes over the facts. There are legal grounds for the referral with which

the parents and the child (where the child can understand) must agree before the hearing

proceeds. If there is no agreement on the legal grounds, the case goes to the Sheriff's Court. After

the grounds are established, the case returns to for a Children's Hearing. The child, the parents,

the Reporter, and the social worker attend this meeting with the Panel. The Children's Panel

develops a plan for the care of the child in question. In situations where immediate protection is

required, an emergency court order may be sought, which is a temporary measure until longer-term solutions are arranged.

The Children's Hearing is understood to have a mediating role between social workers and the family in an attempt to find solutions for the child's difficulties (King, 1995). Some social workers report that the Panel provides them with confidence and support for their decisions, enabling them to take risks with their families. Some also report feeling confident that a hearing will reinforce a welfare approach, but also provide authority in involuntary situations (Hetherington et al., 1997).

Deciding to use community volunteers or to employ professional mediators is reflective of the position of child welfare services in relation to the broader community. Societies where the well-being of children is understood as a collective responsibility may be more inclined to use community volunteers. In either instance, mediation processes should be publically known so that both child welfare services, parents and older children understand that they have a right to ask for mediation assistance.

A different variant of intermediate space, where negotiations between the family members, the service workers, and the Judge for Children take place, occurs in several European jurisdictions. This form of "informal negotiating" happens in societies with "inquisitorial" legal systems. This tradition allows judges to take a more active role in asking questions and gathering information than is allowed in "adversarial" legal systems. In such situations, fewer cases go to contested court hearings and most service decisions – even those involving the placement of a child – occur with the agreement of parents.

In France, intermediary procedures are introduced, usually before more coercive, legal action is taken. Families reportedly can and do make use of the Judge for Children's Office to receive assistance and referrals. Hetherington and her colleagues note that:

> the process of the hearing is informal and the family is in direct discussion with the judge... By law, the judge has to attempt to get the agreement of the parents to any order he makes and failure to do this can be the grounds for appeal (Hetherington et al., 1997, p.65).

Judges in "Anglo-American" child protection systems would not see many of the cases that come before French judges – either because the families would not have met the criteria for child protection services or there would not have been sufficient evidence to take the families to court. In contrast, "French participants estimate that only about 10 percent of the cases that come before children's judges involve maltreatment" (Pires, 1993, p.46). The Judge for Children receives many referrals, not only from social workers, but from parents as well. Parents also are motivated seek help from a Judge for Children because it qualifies them for access to increased social service support. It is also important to note that in France adoption is not a option without the parents' permission (Hetherington et al., 1997).

Similarly, the inquisitorial courts in Germany provide an intermediary structure for families in the child welfare system. The German courts operate on the principle of voluntary jurisdiction or 'freiwillige Gerichtsbarkeit':

> Parties can be represented and witnesses can be heard but the judge holds sole responsibility for the investigation... Judges have a mediating as well as an investigative function and will frequently conduct 'round table' discussions which take into consideration all the provisions available under the KJHG ['Kinder und Jugendhilfegesetz' - Children and Youth Services Act] to help a child and its family (Wilford, Hetherington, & Piquardt, 1997, p.18-19).

German families are normally involved in all decisions concerning their welfare, especially when developing a plan of action in cases of crisis or need (Wilford et al., 1997). However in cases of extreme severity, or when agreements cannot be reached, interventions for families can be legally mandated (Wolff, 1997).

A Canadian variant exists in British Columbia where the Child, Family and Community Services Act and Rules provides judicial processes designed to avoid the contested applications to the courts. A judicial case conference is mandatory in new apprehensions and acts as "the gateway for future process toward the ultimate decisions for the benefit of the child by the parents, social workers, aboriginal bands or the judge" (Schmidt, 2001, p. 3). Legal counsel, the parents, social workers and representatives of an aboriginal band frequently attend a case conference. Judges engage parents and social workers in discussion for the purposes of resolving disputes. A case conference does not address whether a child is "in need of protection," but may order temporary or continuing care in an effort to keep the focus on the needs of the child, rather than the fault of the caregiver (Schmidt, 2001). Issues such as parental access, the duration of existing orders, and the expectations of social workers are suitable for mediation in this context. Judges may make any order that the parties agree to, refer particular issues to community mediators, or make recommendations or orders that move the case to a formal hearing. In the urban centres of Surrey, Vancouver and Victoria, approximately 26% of cases that have case conferences proceed to trial (Schmit, 2001).

Creating support for direct service providers: In 1997 in Ontario, a front-line child welfare worker was charged with criminal negligence causing death in a highly publicized child abuse case. After a seven month preliminary hearing, the charges against the social worker were

discharged. However, this event caused considerable distress among front line child protection workers who are afraid that they will be held personally responsible when tragedies occur (Gilroy, 1999; Regehr, Bernstein, & Kanani, 2002).

Nottingham, England is the location of a pilot project designed to increase direct servce provider confidence and competence in managing family "risk". It established a Consultation Forum, which allows child welfare workers to refer a case to a multi-agency group for discussion. The cases heard by the Forum are "high-risk" cases where front line service providers and their managers are uncertain how to proceed. Members of community agencies are invited to the Forum depending on their relevant expertise. The Forum accepts responsibility for the advice and guidance given. It becomes possible to share responsibility for difficult decisions with other professionals. It is expected that this will enable direct service workers to feel more confident in their plans of service.

Concluding Remarks

Evidence in this paper confirms that, for many mothers, involvement with Ontario's child welfare is an unwelcome, frightening, and, ultimately, only a marginally useful experience. For direct service workers, Children's Aid Societies' mandate create a tension between the perceived importance of their work and their capacity to do the work as they believe it should be done. Almost half of the child welfare direct service workers in our research reported high levels of emotional exhaustion. This paper argues for reforms which emphasize help that: (1) is more acceptable to parents and children, (2) provides a broader range of useful resources to parents and children, and (3) allows more direct service providers to spend most of their time helping children and their families. We have also highlighted enriched and flexible first responses, an expanded

range of "family friendly" placement options, increased space for consensual and negotiated agreements, and creating support for direct service providers as promising niches for experiments in Canadian child welfare.

This discussion points to a need for the development of collaboration with informal and formal partners to expand and to share the mandate for the protection of children and the support of families. However, we also highlight the importance of reforms within mandated child protection agencies both to reduce contradictions for direct service workers and to free scarce resources for other uses. Our present child welfare paradigm is both very expensive and inefficient.

Others have argued for the timeliness of Canadian child welfare delivery system or service organization experiments (Cameron, Karabanow, Laurendeau, & Chamberland, 2001). Such demonstrations offer a practical strategy for proceeding in light of the power of resistence of established procedures as well as the lack of familiarity with the complex requirements of proposed reforms. The resources and infrastructures in place in some Ontario communities provide excellent venues for these types of experiments. What is missing for these communities and their Children's Aid Societies is the possibility of relief from existing child protection legislative and funding constraints. Any successful demonstrations also must have dependable project mandates, informed developmental guidance, and powerful and persistent official support. There are no realistic quick or single "solutions" to reforming Canadian child welfare and it remains essential to resist the siren call of the next "new solution".

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