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

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SUMMARY VERSION

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

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

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

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

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

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

Overview of Key Findings from Our Previous Research in Child Welfare

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

approximately 140 parent interviews conducted by the Project in 2001. Previous research¹ includes:

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

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

¹Please visit the Partnership Project's web site (www.wlu.ca/pcfproject) for access to our full length research reports.

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

Daily Living Realities

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

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

Challenging Children

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

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

Strengths of Families

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

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

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

Level and Range of Assistance

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

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

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

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

First Contacts

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

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

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

Relationships with Service Providers

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

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

- 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:

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.

At the time of our data collection phase, service providers were located in eight sites throughout Brantford (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. 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.

Nova Vita Women's Services operates a women's shelter with accommodations for 22 women and their children. Each woman who stays in the shelter must sign a consent form to become involved with the Community-Based Protection Program. Open child protection cases include 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. 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 counselling 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 centers and other community settings in the neighbourhood where it is located.

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 in local settings, 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. 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. All interviews were audiotaped and transcribed. Parents were given a gift of \$25.00 for participating in the study. Following the interview, parents were sent a copy of their interview to keep.

2. Service Providers/Managers

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. 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.

Focus Group Discussions

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.

A Survey of Community-Based Service Providers

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

Societies in Southwestern Ontario working in traditional service delivery models. We also 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.

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. Survey procedures were designed to ensure the confidentiality of individual responses. All survey responses are reported in aggregate form only.

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 overarching themes.

Overview of Study Results

This section summarizes 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 (Please see the full length research report for an expanded discussion of study results).

Families Involved with Child Welfare: A Common Profile

We begin with an overview of parents' daily living realities as a way of better understanding who they are, their histories, and their hopes. 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.

We next present an overview 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 was 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.

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 rumours 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. Overall, on standardized indicators of emotional exhaustion, depersonalization, personal accomplishment, and job satisfaction, it appears that doing child welfare work in a community-based setting has

the potential to be more exhausting than traditional service delivery; however, the possibility for greater job satisfaction and personal accomplishment in one's work exists as well.

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.

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.

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. Some parents described Brant CAS 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.

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 where 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 endeavour. 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.