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Retrospective Technical Report: Accessible Program Parent Survey Results from Case Opening and Follow Up (Using Retrospective Data)

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Project:

Transforming Front Line Child Welfare Practice: The Impacts of Institutional Settings on Services, Employment Environments, Children, and Families

Retrospective Technical Report:

**Accessible Program Parent Survey Results
from Case Opening and Follow Up
*(Using Retrospective Data)***

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PREFACE

This retrospective technical report supports the summary of outcomes of accessible and central child protection service delivery as found in the Synthesis Report (Cameron, Hazineh & Frensch, 2010): **Transforming Front-Line Child Welfare Practice: The Impacts of Institutional Settings on Services, Employment Environments, Children, and Families**. The focus of this and other working reports is on the inclusion of all information relevant to the specific topic of investigation. The intent of working reports is to inform the synthesis report and include more information than what appears in the synthesis report. Less emphasis, however, is placed in the working reports on style and efficiency of presentation than on inclusion of information. The non-retrospective technical report supporting the outcomes in the Synthesis Report can be found on the Partnerships for Children and Families Project website. The main *synthesis report* and other working reports are also available through the Partnerships for Children & Families Project web site (www.wlu.ca/pcfproject).

Accessible Program Parent Survey Results from Case Opening and Follow Up
(Using Retrospective Data)

Research Participant Sample Sizes

For a sub-set of parents in this study receiving accessible services, our first research interview occurred more than four months from the date their file was transferred to ongoing child protection services; and, as a result parent descriptions of case opening were regarded as a “retrospective” account of events, functioning, and satisfaction with services at that time (all other interviews conducted less than 4 months from transfer are summarized elsewhere). This retrospective parent sample consisted of 54 parents whose original case opening occurred on average 26 months prior to our interview date with almost 50% of the cases open less than 1 ½ years prior to our interview. In addition to providing a retrospective account of their case opening, these parents also provided information on their present personal and family functioning and well being at the time of the interview. These data were considered to represent “follow up” information on how families were functioning after their case file with the child welfare agency had been open for up to 2 years.

Parents interviewed also provided information for each of their children’s daily functioning and well being at both case opening and follow up. The collection and analysis of child and youth data were organized into three age groups: toddler (under 4 years), child (4 to 7 years), and youth (8 to 16 years). Table 1 summarizes the sample sizes for parents and children for each age group.

Table 1: Number of Parents, Youth, Children and Infants Included in the Analyses Using Retrospective Data

	<i>Number of Participants</i>
Parents	54
Youth	52
Children	36
Toddler	20

Methodological Note

Given the relatively small number of parents being served by accessible programs within the child welfare agencies participating in this research and the short duration that some of these accessible programs had been operational at the time of our study, it was necessary to recruit families whose cases had already been transferred to ongoing services outside of our original inclusionary time frames. Adding more families served to increase the confidence of findings specific to families involved with accessible programs. Recruiting enough families at the point of case transfer to ongoing services for agency based programs, however, was not problematic and did not require additional recruitment strategies. This methodological difference tended to complicate any comparative analyses between the two program types. Most notable was the large difference in average length between “case opening” and “follow up” for accessible program parents (average of 26 months) and agency based program parents (between 8 and 9 months). A preliminary analysis revealed that these two groups of parents were significantly statistically different at “case opening” on many indicators of parent and family functioning with accessible program parents faring worse than agency based parents. To allow meaningful comparisons between groups, an artificial equivalency at case opening was created using a subset of agency based parents who also had lower scores on well being

indicators. Comparing parents with similar starting points at case opening increases the confidence in any patterned changes over time between program groups.

Scores on most outcome variables of interest at both case opening and follow up were not normally distributed. In this study sample of parents, children, and youth involved with child welfare, outcome scores tended to cluster at the high end of response scales. Higher scores were typically indicative of more problematic functioning on measured outcomes. Accordingly, non-parametric tests were used to assess both changes over time for groups, as well as differences between groups at follow up.

The presentation of survey results from parents with retrospective information is more limited than the companion report on survey results for parents actually interviewed at the time of case opening. Parents were only asked to reflect back on their experiences of case opening for a small sub-section of survey questions. This report is organized into sections on parent, family, and child functioning, as well as parents' satisfaction with services. Also included is a summary of data collected from agency files of accessible based parents including eligibility spectrum ratings, risk ratings, and court involvement. The reporting of results begins with a demographic profile of the 54 parents included in these analyses.

Parent Profiles

Demographic Profiles

Table 1 summarizes the demographic profile of parents in accessible programs with retrospective data. The average age of parents was 35.8 years old, 98.1% were female, and 63% were not living with a spouse or partner. Approximately 46% of parents did not complete high school, 62% of parents were not working at the time of our interview and 59.7% had a total household income before taxes of less than \$20,000. Almost 89% of parents were renting their current place of residence with 40.7% of parents living in their current residence less than one year.

Table 1: Demographic Profile for Accessible Program Parents with Retrospective Data

	Accessible Program Model (54 Parents)
Average Age in years	35.8
Gender	
<i>Female</i>	98.1%
<i>Male</i>	1.9%
Currently Living with Spouse or Partner	
<i>Yes</i>	37%
<i>No</i>	63%
Renting Current Home	
<i>Yes</i>	88.9%
<i>No</i>	11.1%
Length of Time in Current Home	
<i>Less than 1 year</i>	40.7%
<i>1 to 3 years</i>	29.6%
<i>4-6 years</i>	16.7%
<i>More than 5 years</i>	13.0%
Level of Education	
<i>No high school</i>	46.3%
<i>High school</i>	22.2%
<i>Some college</i>	11.1%
<i>College Diploma</i>	11.1%
<i>Some university</i>	5.6%
<i>University</i>	1.9%
<i>Some Graduate Degree</i>	0
<i>Graduate Degree</i>	0
Total Household Income before Taxes	
<i>Less than \$10,000</i>	21.2%
<i>\$10,001-\$19,999</i>	38.5%
<i>\$20,000-\$29,999</i>	21.2%
<i>\$30,000-\$39,999</i>	3.8%
<i>\$40,000-\$49,999</i>	3.8%
<i>\$50,000-\$69,999</i>	7.7%
<i>\$70,000-\$100,000</i>	3.8%
<i>More than \$100,000</i>	0

Parental Well Being

Selected items were used to measure parental well being at case opening and follow up including a standardized questionnaire assessing perceptions of stress and two individual indicators of overall quality of life and satisfaction with health. The following section presents information on parents' well being at case opening and follow up, as well as comments on any patterns of change over time for accessible program parents and the comparison group of agency based parents.

Perceived Stress

The Perceived Stress Scale (Cohen & Williamson, 1988) was used to measure the degree to which situations in parents' lives were appraised as stressful. The original instrument has 10 items; however, a short version of the scale, containing four items, can be used in studies where the instrument is administered at several points in time. We used this 4 item version in our survey. Scores could range from 0 to 20. At case opening, the average score for 52 parents (2 with missing data) with retrospective data receiving accessible services was 12.38. At follow up, the average score decreased to 11.78. These levels of perceived stress were moderately high compared to an average score of 9.86 for a group of 268 respondents recruited from a post-secondary education institution who were predominantly female with an average age of 29.06 (Herrero & Meneses, 2006).

To understand these results in comparison to parents served in agency based programs, differences over time between accessible program parents and agency based parents were examined using a subsample of parents with similarly high scores at case opening. Results revealed that the agency based parent comparison group saw a significant reduction in their perceived stress from case opening to follow up ($Z = -2.902$, $p < .01$). While a reduction in the average score over time for accessible program parents suggested that these parents perceived situations in their lives to be less stressful at follow up than at case opening, the pattern of change over time was not significant. Table 2 shows that accessible program parents' average score at follow up was higher than the agency based equivalency sample; however, the difference in average scores at follow up was not statistically significant.

Table 2: Levels of Perceived Stress at Case Opening and Follow Up

	Accessible Program Model	Agency Based Program Model
Matched Sample Size	52	56
Case Opening	12.38	12.57
Follow Up	11.78	11.00*

*p < .01 (change over time for agency based parents)

Overall Quality of Life and Satisfaction with Health

As part of the WHO-Quality of Life Questionnaire (Hawthorne, Herman, & Murphy, 2006), parents were asked to rate their overall quality of life and how satisfied they were with their own health, both at the time of the interview and at case opening. Responses ranged from 1 (very poor/dissatisfied) to 5 (very good/satisfied). Table 3 shows average levels of overall quality of life and satisfaction with health for 53 (1 missing data) accessible program parents and the comparison groups of agency based parents with similar average scores at case opening on these two questions.

Table 3: Levels of Overall Quality of Life and Satisfaction with Health

	Accessible Program Model			Agency Based Program Model		
	<i>N</i>	<i>Case Opening</i>	<i>Follow Up</i>	<i>N</i>	<i>Case Opening</i>	<i>Follow Up</i>
How would you rate your quality of life?	53	3.03	3.60	13	2.61	3.38
How satisfied are you with your health?	53	2.96	3.03	65	3.04	3.15

Both the accessible program parents and the comparison group of agency based parents saw an increase in ratings of overall quality of life from case opening to follow up ($Z = -3.372$, $p < .001$ for accessible parents; $Z = -2.157$, $p < .05$ for agency based parents). A comparison of the average ratings of overall quality of life at follow up revealed that there was no statistically

significant difference between average scores for each group suggesting accessible program parents and the agency based parent comparison group experienced a similar pattern of improvement over time.

While both groups of parents reported increased satisfaction with their health at follow up over case opening, there were no statistically significant patterns of change over time for either group. Average levels of satisfaction with health at follow up also were not statistically significantly different between accessible and agency based parents.

Parenting and Family Functioning

This section provides information on parents' perceptions of family functioning and parenting competence. Parents were also asked to assess how often their children's behaviour impacted family activities and whether child care was difficult to arrange as a result. The following standardized questionnaires were used to assess parenting competence and family functioning:

- Parenting Sense of Competence
- Family Burden Subscale from the OACMHC Scales
- Family Assessment Device

Parenting Sense of Competence

The Parenting Sense of Competence (PSC) scale (Gibaud-Wallston & Wandersman, 1978) is a measurement of an individual's perceived competence as a parent. The original scale has 17 items. A shorter 12 item version was used in this study. Parents were asked to indicate their agreement with statements like "You feel like you are doing a good job as a parent" and "Being a parent is as satisfying as you expected." Average scores could range from 1 to 7 and a higher score indicated a greater sense of competence. As the original instrument had a 6 point response scale (range 1-6), we weighted our mean score accordingly to allow comparisons to

other studies using the PSC scale in its original format. Using a weighted mean score restricted our ability to include any more advanced analyses other than comparing various group means.

Table 4 summarizes average weighted scores on the PSC scale for 53 (1 missing data) accessible program parents and a comparison group of agency based parents at both case opening and follow up. At case opening, the average score on the PCS scale was 3.73 for accessible parents and 3.65 for the comparison agency based parents. At follow up, the accessible program parents' average score increased to 4.09 and the comparison group increased to 3.86. Both of these patterns of change were significant ($Z = -3.76$, $p < .001$ for accessible program parents; $Z = -2.207$, $p < .05$ for agency based parents). There was no significant difference between levels of parenting sense of competence between program groups at follow up suggesting both accessible program parents and agency based parents experienced similar changes over time on this measure of parental competence.

Table 4: Average Scores on the Parenting Sense of Competence Scale at Case Opening and Follow Up

	Accessible Program Model	Agency Based Program Model
Matched Sample Size	53	41
Case Opening	3.73	3.65
Follow Up	4.09	3.86

Parents in our study had lower weighted average scores on the PSC than a comparison sample of 129 mothers with children age 7-9 years old recruited in a door-to-door survey in a large Canadian city (Johnston & Mash, 1989). The comparison sample had an average score of 3.96 on the PSC scale. This average score was slightly higher than the average scores for both groups of parents at case opening suggesting that parents in the current study may have had lower levels of parenting self esteem in contrast to the comparison sample. At follow up, accessible program parents had a higher average score than the comparison sample. This was

not true of agency based program parents. These differences, however, were not tested statistically and must be interpreted with caution.

Family Burden Subscale from the OACMHC Scales

Parents were asked to indicate how often within the last 6 months their child or children’s behaviour affected the family in a negative way such as preventing parents or siblings from having friends or relatives to their home or not being able to take their child or children out in public (such as shopping or visiting). Possible scores ranged from 0 to 22. A higher score indicated greater burden on the family.

Table 5 shows accessible program parents’ average scores, as well as average scores for a comparison sample of agency based parents, on the family burden measure at both case opening and follow up. The number of parents with scores at both points in time was small as there was a sizable amount of missing data for this questionnaire. This is explained by several items not being applicable to differing family compositions. For example, families with older children did not answer how often their child’s behaviour made them decide not to leave their child with a babysitter. Parents without a partner did not answer how often they quarrelled with their spouse or partner about their child’s behaviour. And finally, families with no other children in the family did not answer how often their child’s behaviour prevented siblings from having friends to the home.

Table 5: Average Scores on the Family Burden Scale at Case Opening and Follow Up

	Accessible Program Model	Agency Based Program Model
Matched Sample Size	23	20
Case Opening	8.56	10.00
Follow Up	4.91	9.25

Accessible program parents had a significant reduction in their perceived family burden over time. The average score of 8.56 at case opening fell to 4.91 at follow up. This change was statistically significant ($Z = -2.22, p < .05$). The comparison group of agency based program parents had an average score of 10.00 and 9.25 at case opening and follow up respectively. The difference between these scores over time was not significant. Furthermore, the difference between accessible program parents' scores and scores from the comparison group of agency based parents at follow up was statistically significant suggesting that accessible program parents experienced a greater reduction in family burden than agency based parents ($Z = -2.509, p < .05$). However, given the relatively small sample sizes for this analysis, results should be interpreted cautiously.

Family Assessment Device

The Family Assessment Device (FAD) has been used to distinguish between healthy and unhealthy families by describing organizational and structural dimensions of the family and patterns of transactions among family members (Byles, Byrne, Boyle, & Offord, 1988). We used the 12 item General Functioning subscale of the FAD. Parents were asked to respond to statements about their family. Item responses ranged from 1 (strongly agree) to 4 (strongly disagree). Examples included "In times of crisis we can turn to each other for support", "We express feelings to each other", and "Individuals in the family are accepted for who they are." A lower score indicated a healthier general functioning of the family. Possible average scores could range from 1 to 4.

Table 6 shows the average score for accessible program parents was 2.41 at case opening. This decreased to 1.88 at follow up suggesting that these families experienced improvements in family functioning over time. The comparison group of agency based parents had an average score of 2.29 at case opening and 2.00 at follow up also indicating positive change over time. Average scores for both groups at case opening and follow up were all higher than the average score of 1.75 for the Ontario Child Health Study sample which measured family functioning in a large random sample of 1,869 Ontario families (Byles, Byrne, Boyle, & Offord, 1988). Furthermore, average scores at case opening for both accessible parents and the

comparison agency based program parents were higher than the OCHS cut off score of 2.17 used to distinguish “pathological” family functioning from “healthy” functioning suggesting these parents had very problematic family interactions. The change over time in average scores for both program groups to levels below the critical cut off score was significant ($Z = -2.900$, $p < .01$ for agency based parents; $Z = -4.598$, $p < .001$ for accessible parents). The difference in average scores at follow up, however, between accessible program parents and the matched comparison group of agency based parents was not statistically significant.

Table 6: Family Assessment Device Scores at Case Opening and Follow Up

	Accessible Program Model	Agency Based Program Model
Matched Sample Size	49	35
Case Opening	2.41	2.29
Follow Up	1.88	2.00

Children’s Well Being

Parents interviewed also provided information for each of their children’s daily functioning, behaviours, health and well being at both case opening and follow up. The questionnaires used to gather information on children were:

- Problems and Concerns Checklist—Children’s Behaviour and Health
- The Infant and Toddler Quality of Life Questionnaire (ITQOL)
- KINDL Quality of Life Questionnaire

The collection and analysis of child and youth data were organized into three age groups: children under 4 years of age, children 4 to 7 years old, and youth age 8 to 16 years. Results for the Problems and Concerns Checklist, however, assessed the behaviours of children who were school age or older and did not include children under age 4.

Problems and Concerns Checklist—Children’s Behaviour

All parents with school age children or youth were asked to indicate true or false about whether or not their child had evidenced certain behaviours such as skipping school or getting into trouble in the neighbourhood at case opening and follow up. Table 7 shows the proportions of accessible program parents and a comparison group of agency based program parents reporting true and false to these statements at both case opening and follow up. The comparison group of agency based parents and accessible program parents were determined to be “equivalent” at case opening on measures of quality of life for children and youth used in this study, thus increasing the validity of any differing patterns of change over time.

From case opening to follow up, greater proportions of accessible program children and youth were reported to have trouble getting along with their teachers, require special education, and drink or use drugs. These increases in problematic behaviours were not statistically significant. Smaller proportions of accessible program children and youth were reported to be suspended or expelled from school and getting into trouble in their neighbourhoods. At case opening, 32.1% of children/youth were suspended or expelled from school and this decreased to 15.1% at follow up ($p < .05$). Similarly, 22.6% of accessible program children/youth were getting into trouble in their neighbourhoods at case opening and this decreased to 9.4% at follow up ($p = .06$ approaching significance). Results for the comparison group showed no significant changes in the proportions of agency based program children/youth with problematic behaviours from case opening to follow up.

Table 7: Problems and Concerns with Children’s Behaviour

	Accessible Program Model		Agency Based Program Model	
	<i>Case Opening (N=53)</i>	<i>Follow Up (N=53)</i>	<i>Case Opening (N=115)</i>	<i>Follow Up (N=80)</i>
My children have trouble getting along with their teacher(s) <i>True</i> <i>False</i>	30.2% 69.8%	32.7% 67.3%	16.1% 83.9%	29.8% 70.2%
My children have received special education at school or special teaching for learning or behavioural problems <i>True</i> <i>False</i>	45.3% 54.7%	49.1% 50.9%	30.4% 69.6%	55.4% 44.6%
My children have been skipping school. <i>True</i> <i>False</i>	11.3% 88.7%	7.5% 92.5%	15.2% 84.8%	14.3% 85.7%
My child was suspended or expelled from school. <i>True</i> <i>False</i>	32.1% 67.9%	15.1% 84.9%	14.3% 85.7%	16.1% 83.9%
My children have been in trouble with the law. <i>True</i> <i>False</i>	17% 83%	17% 83%	8% 92%	8.9% 91.1%
My children have been getting into trouble in the neighbourhood (e.g. fighting with others, vandalism). <i>True</i> <i>False</i>	22.6% 77.4%	9.4% 90.6%	8.9% 91.1%	16.1% 83.9%
My child or children have been drinking or using drugs. <i>True</i> <i>False</i>	9.4% 90.6%	11.3% 88.7%	13.4% 86.6%	10.5% 89.5%

Children Under 4 Years of Age

The Infant and Toddler Quality of Life Questionnaire (ITQOL) is a parent-completed assessment of children's physical and psychosocial well being and incorporates the impact of child health problems on family functioning (Landgraf, 1994). The ITQOL questionnaire has 10 subscales and 2 single-item scales. For the current study, parents who were interviewed retrospectively about how their infant or toddler was functioning at the time of case opening were asked a small selected number of questions appearing on the ITQOL. Items included questions about their infant's temperament and moods, overall behaviour, ability to get along with others, and overall health. Parent responses to these selected items at case opening and follow up are presented alongside a comparison group of agency based parents with similar scores at case opening.

Parents were asked to indicate how satisfied they were with their child's general temperament and overall growth and development at both case opening and follow up. Responses ranged from to 1 (very dissatisfied) to 5 (very satisfied). Table 8 shows the average scores at case opening and follow up for accessible program parents and a comparison sample of agency based program parents. The accessible program model parents showed an increase in their levels of satisfaction from case opening to follow up; however, for the comparison group levels of satisfaction remained largely unchanged from case opening to follow up. While the comparison group of agency based program parents consistently reported higher levels of satisfaction with their children's temperament and overall growth and development than the accessible program parents, these differences were not statistically significant. Nor were any patterns of change over time significant for either parent group.

Table 8: Average Scores for Parents' Satisfaction with Child's Temperament and Overall Growth and Development

	Accessible Program Model		Agency Based Program Model	
	<i>Case Opening (n=20)</i>	<i>Follow Up (n=20)</i>	<i>Case Opening (n=85)</i>	<i>Follow Up (n=53)</i>
How satisfied were you with your child's general temperament?	4.05	4.35	4.25	4.33
How satisfied were you with your child's overall growth and development?	4.30	4.55	4.82	4.81

1 = very dissatisfied; 5 = very satisfied

Parents were also asked to indicate how often their child seemed happy, playful, alert, or difficult to comfort. The four questions used to generate the composite scale used to assess children's moods and temperament had a reliability coefficient of .75 at case opening and .75 at follow up. Responses ranged from 1 (none of the time) to 5 (all of the time). A higher average score indicated that the child had a more happy and agreeable disposition. Table 9 shows that both accessible program model parents and the comparison group of agency based parents reported increased positive dispositions in their children from case opening to follow up. This trend was not significant. While the comparison group of agency based parents reported consistently more positive temperaments and moods among their children than accessible program parents, these differences were not statistically significant.

Table 9: Average Scores for Composite Scale of Child’s Temperament and Moods

	Accessible Program Model		Agency Based Program Model	
	<i>Case Opening (n=20)</i>	<i>Follow Up (n=20)</i>	<i>Case Opening (n=81)</i>	<i>Follow Up (n=51)</i>
Average Score for Child’s Temperament & Moods Composite Scale	4.21	4.35	4.37	4.53

1 = none of the time; 5 = all of the time

The general health composite scale consisted of four questions assessing parents’ perceptions of their child’s health and how much they worried about their child’s health. This composite scale had a reliability coefficient of .70 at case opening and .77 at follow up. Responses ranged from 1 (definitely false) to 5 (definitely true). An example item included was “My child’s health was excellent.” Table 10 shows that from case opening to follow up there was no change in accessible program parents’ perceptions of their child’s health. In the comparison sample of 47 agency based program parents with similar scores to the accessible parent sample at case opening, there was an increase in positive perceptions of children’s health over time. This change was significant ($Z = -2.619, p < .01$). Furthermore, the difference between accessible program parent and agency based parent average scores at follow up was statistically significantly different ($Z = -2.806, p < .01$).

Table 10: Average Scores for Composite Scale of Child’s General Health

	Accessible Program Model		Agency Based Program Model	
	<i>Case Opening (n=19)</i>	<i>Follow Up (n=20)</i>	<i>Case Opening (n=47)</i>	<i>Follow Up (n=25)</i>
Average Score for Child’s General Health Composite Scale	3.47	3.47	3.37	3.77

1 = definitely false; 5 = definitely true

Parents who had children between the ages of 1 and 4 were asked to rate their child’s overall behaviour at case opening and follow up using four questions including “my child’s behaviour was excellent.” Scores could range from 1 (strongly disagree) to 5 (strongly agree). A higher score indicated parents evaluated their child’s behaviour more positively. The four questions included in the composite scale had a reliability of .72 at case opening and .76 at follow up. Table 11 shows an average score of 3.20 for accessible program parents at case opening and 3.17 at follow up. The difference between these average scores was not statistically significant suggesting there was no change in children’s overall behaviour over time for these accessible program parents. The comparison group of agency based parents with similar scores at case opening also did not see any significant change in children’s overall behaviour over time. While the comparison sample had slightly higher average scores at both points in time, none of these differences were significant.

Table 11: Average Scores for Composite Scale of Child’s Overall Behaviour

	Accessible Program Model		Agency Based Program Model	
	<i>Case Opening (n=11)</i>	<i>Follow Up (n=10)</i>	<i>Case Opening (n=51)</i>	<i>Follow Up (n=36)</i>
Average Score for Child’s Overall Health Composite Scale	3.20	3.17	3.31	3.41

1 = strongly disagree; 5 = strongly agree

Parents were asked to indicate how often their child got along with other children and seemed to cooperate with others (including adults and other children). Responses could range from “very often” to “never.” Table 12 shows that at case opening equal proportions of accessible program parents reported that their child seemed to cooperate with others “very often”, “fairly often”, or “sometimes.” At follow up there were slightly more parents (46.7%) reporting their child cooperated with others “very often.” This difference was not significant. In the comparison group of agency based program parents, the findings were similar. Again these results were not significant. Additionally there was no difference between the two groups of parents at follow up on how often their child seemed to cooperate with others.

Table 12: How often did your child seem to cooperate with others (including adults and children?)

	Accessible Program Model		Agency Based Program Model	
	<i>Case Opening (n=9)</i>	<i>Follow Up (n=15)</i>	<i>Case Opening (n=51)</i>	<i>Follow Up (n=36)</i>
Very Often	33%	46.7%	33.3%	47.2%
Fairly Often	33%	26.7%	39.2%	27.8%
Sometimes	33%	26.7%	23.5%	25%
Almost Never	0	0	2%	0
Never	0	0	2%	0

At case opening, the largest proportion of accessible program parents (44.4%) reported that their child got along with other children “fairly often.” This increased to 53.3% at follow up. Similarly, 42.9% of the comparison group of agency based program parents said their child got along with other children “fairly often.” At follow up, however, a larger proportion of agency based program parents (50%) reported that their child got along with other children “very often” which suggests that these children were getting along better with other children at follow up. None of these patterns was significant over time.

Table 13: How often did your child get along with other children?

	Accessible Program Model		Agency Based Program Model	
	<i>Case Opening (n=9)</i>	<i>Follow Up (n=15)</i>	<i>Case Opening (n=49)</i>	<i>Follow Up (n=36)</i>
Very Often	33%	33%	36.7%	50%
Fairly Often	44.4%	53.3%	42.9%	44.4%
Sometimes	22.2%	13.3%	18.4%	5.6%
Almost Never	0	0	2%	0
Never	0	0	0	0

Children 4 to 7 Years of Age

For children ages 4 to 7, well being was measured using the KINDL Quality of Life questionnaire (Ravens-Sieberer & Bullinger, 2000) which asks parents to rate their child’s quality of life in 6 domains including physical well being, emotional well being, self esteem, family, social contacts, and school/nursery school. Parents responded by indicating how frequently within the last week, for example, their child “felt ill”, “had fun and laughed a lot”, “quarrelled at home”, and “easily coped with school work.” Responses ranged from 1 (never) to 5 (all of the time). A higher average score was indicative of greater quality of life in each life domain. Table 14 shows average scores for each of the subscales for accessible program children and a comparison sample of agency based children with similar scores at case opening.

Table 14: KINDL Quality of Life Subscale Scores for Children 4 to 7 Years of Age

Subscales	Accessible Program Model		Agency Based Program Model	
	<i>Case Opening (n=36)</i>	<i>Follow Up (n=35)</i>	<i>Case Opening (n=53)</i>	<i>Follow Up (n=42)</i>
Physical Well Being	3.91	3.75	3.96	4.04
Emotional Well Being	3.98	4.20	4.22	4.22
Self Esteem	3.95	4.21	4.16	4.13
Family	3.93	4.28	3.99	4.14
Social Contacts	4.09	4.22	4.46	4.29
School, Nursery School and Kindergarten	3.84	4.04	3.96	3.87

From case opening to follow up, improvements in quality of life were noted in the areas of emotional well being, self esteem, family, social contacts, and school for accessible program children. There was a slight decrease in quality of life in the domain of physical health from case

opening to follow up. The change over time in self esteem scores was approaching significance at the .05 level. The average score for accessible program children’s self esteem was 3.95 at case opening and increased to 4.21 at follow up ($Z = -1.850$, $p = .06$). The average score in the domain of family was 3.93 at case opening and increased to 4.28 at follow up suggesting that children were getting along better with their parents at follow up ($Z = -2.341$, $p < .05$).

The comparison group of agency based program children showed increased quality of life in the domains of physical well being and family. Decreased quality of life from case opening to follow up was noted for self esteem, social contacts, and school. Average ratings of emotional well being remained unchanged. None of these changes was significant over time.

Youth 8 to 16 Years of Age

The KINDL Quality of Life Questionnaire was also used to assess well being for youth ages 8 to 16 years of age. Table 15 shows average scores for each of the subscales for accessible program youth and a comparison sample of agency based youth with similar scores at case opening.

Table 15: KINDL Quality of Life Subscale Scores for Youth 8 to 16 Years of Age

Subscales	Accessible Program Model		Agency Based Program Model	
	<i>Case Opening</i> (n=52)	<i>Follow Up</i> (n=51)	<i>Case Opening</i> (n=97)	<i>Follow Up</i> (n=66)
Physical Well Being	3.75	3.61	3.71	4.02
Emotional Well Being	3.76	3.62	3.80	3.91
Self Esteem	3.54	3.59	3.73	3.80
Family	3.78	3.80	3.89	3.93
Social Contacts	4.05	4.04	4.12	4.09
School	3.25	3.30	3.51	3.40

From case opening to follow up, improvements in quality of life were noted for accessible program youth in the areas of self esteem, family and school. Conversely quality of life in the areas of physical and emotional well being and social contacts appeared to decline from case opening to follow up. None of these changes was significant. Average scores for accessible program youth at follow up were consistently lower than average scores for the comparison group of agency based program youth. While the majority of these differences were not significant, accessible program youth had significantly lower quality of life in the domain of physical well being than the comparison group at follow up ($Z = -2.177, p < .05$).

The comparison group of agency based program youth saw improvements in their quality of life from case opening to follow up in the areas of physical and emotional well being, self esteem, and family. Diminished quality of life over time was noted for social contacts and school. From case opening to follow up, there was a significant increase in quality of life scores for physical well being ($Z = -3.242, p < .001$) and emotional well being ($Z = -2.210, p < .05$).

System Indicators and Client Satisfaction with Services

This section presents data from two sources: child welfare files/records and parent reported satisfaction with child welfare services. At case opening, all participants were asked for permission to allow researchers to review data from their agency files. Approximately 80% of parents agreed to have a researcher take information from their file. We collected data from CAS files for 44 accessible program parents with retrospective data. These were cases for which we had parental consent to review their CAS files. Information gleaned from CAS files included the overall risk rating, eligibility spectrum rating, use of court, and out-of-home placement of children.

System Indicators

Table 16 summarizes the risk ratings and eligibility spectrum ratings from CAS file data for 44 accessible program parents with retrospective data and a comparison group of 47 agency based program parents with similar scores on a measure of Parenting Sense of Competence at

case opening. This measure was chosen to create “equivalency” between the groups at case opening as the largest proportion of both groups was reported to have become involved with the CAS as a result of deficiencies in “caregiver capacity.”

The most frequently occurring overall risk rating at the point of transfer to ongoing service was “moderate”, followed by “high” for both groups of parents. The section (first level of classification) of the eligibility spectrum most frequently cited as the reason for continued agency involvement for accessible program parents was “caregiver capacity” (54.5%) followed by “emotional harm/exposure to conflict” (18.2%). The most frequently cited reason for involvement among the comparison group of agency based parents was also “caregiver capacity” (29.8%) but then followed by “physical/sexual harm by commission” (23.4%). Looking across the scales (second level of classification) of the eligibility spectrum which more specifically define the nature of the problem needing intervention showed that “caregiver with a problem” was most frequently cited (36.4%) for accessible program parents. This was followed by equal proportions (13.6%) for “care giving skills,” “exposure to adult conflict”, and “caregiver-child conflict/child behaviour.” Among the comparison group, “caregiver with a problem” (25.1%) was the most frequent, followed by “physical force/maltreatment” (21%), and “caregiver-child conflict/child behaviour” (17%). The eligibility spectrum level of severity (third level of classification) was “moderate” for most accessible program parents (63.6%) and comparison group parents (78.7%).

Table 16: Risk Rating and Eligibility Spectrum Rating for Program Files

	Accessible Program Model (44 Files)	Agency Based Program Model (47Files)
Overall Risk Rating		
<i>Low</i>	11.9%	2.1%
<i>Moderate</i>	57.1%	46.8%
<i>High</i>	31%	46.8%
<i>Very High</i>	0	4.3%
Eligibility Spectrum-Section		
<i>Section 1-Physical/Sexual Harm by Commission</i>	2.3%	23.4%
<i>Section 2-Harm by Omission</i>	11.4%	19.1%
<i>Section 3-Emotional Harm/ Exposure to Conflict</i>	18.2%	10.6%
<i>Section 4-Abandonment/ Separation</i>	13.6%	17%
<i>Section 5-Caregiver Capacity</i>	54.5%	29.8%
Eligibility Spectrum-Scale (5 Most Frequently Cited Only)		
<i>Caregiver with Problem</i>	36.4%	25.1%
<i>Physical Force/Maltreatment</i>	--	21%
<i>Caregiver-Child Conflict/ Child Behaviour</i>	13.6%	17%
<i>Child Exposure to Adult Conflict</i>	13.6%	6.4%
<i>Care Giving Skills</i>	13.6%	--
<i>Neglect of Child's Basic Physical Needs</i>	6.8%	10.6%
Eligibility Spectrum-Level of Severity		
<i>Not Severe</i>	0	2.1%
<i>Minimally</i>	4.5%	2.1%
<i>Moderately</i>	63.6%	78.7%
<i>Extremely</i>	31.8%	17%

Table 17 summarizes the use of legal authority and out-of-home placements for accessible program files of parents with retrospective data and the comparison group of agency based program parents. The Children's Aid Society used legal or court action in 34.9% of the accessible program cases and 17% of the comparison agency based cases reviewed. This difference was statistically significant ($\chi^2 = 3.76$, $p = .05$). For those cases in which court authority was used, 66.7% (accessible program) and 62.5% (comparison group) involved the use of a court mandated supervision order. Children were placed in out-of-home care in 42.5% of accessible program files which was significantly greater than 21.3% of comparison group files reviewed ($\chi^2 = 4.54$, $p < .05$). The most frequently used out-of-home placement was foster care (61.1%) followed by kinship service (16.7%) for accessible program files. For the comparison group of agency based program files, group home care (40%) was the most frequently used out-of-home placement followed by kinship care (30%). More than three-quarters of the accessible program children placed in out-of-home care were returned home (77.8%) compared to 45.5% of the comparison group. This large difference between the two groups was mostly a product of the increased length of time that accessible program files remained open and included the eventual return home of more children.

Table 17: Use of Legal Authority and Out-of-Home Placements

		Accessible Program Model Model (44 Files)	Agency Based Program Model Model (47Files)
Use of Court/Legal Authority	<i>Yes</i>	34.9%	17%
	<i>No</i>	65.1%	83%
Use of Court Mandated Supervision Order (for cases with court involvement only)	<i>Yes</i>	66.7%	62.5%
	<i>No</i>	33.3%	37.5%
Use of Out-of-Home Placements	<i>Yes</i>	42.5%	21.3%
	<i>No</i>	57.5%	78.7%
Type of Out-of-Home Placement	<i>Kinship Service</i>	16.7%	10%
	<i>Kinship Care</i>	11.1%	30%
	<i>Foster Care</i>	61.1%	20%
	<i>Group Home Care</i>	11.1%	40%
Children Returned Home	<i>Yes</i>	77.8%	45.5%
	<i>No</i>	22.2%	54.5%

Client Satisfaction

All parents were asked a series of questions about how satisfied they were with various components of their involvement with the child welfare agency. Questions included perceptions of clarity around why the agency became involved with their family, whether or not they had to go to court as a result of their involvement, and perceptions of worker knowledge and availability. Questions also included overall satisfaction with services and whether or not parents would recommend the child welfare agency if another family was in need. The following tables present responses from 41 accessible program parents with

information on their service satisfaction at follow up. The comparison group consists of 89 agency based program parents with service satisfaction data at follow up as well.

Table 18 shows parents' ratings of how clearly their child welfare workers explained why they were involved with the family, what the family was expected to do in order to close their file, the reasons for taking a child into agency care, and how long that child would be in care. The majority of accessible program parents (65%) and the comparison group (69%) reported that agency staff "very clearly" explained their reasons for becoming involved with their families. Equal proportions of both groups of parents (41.5%) reported that agency staff "very clearly" explained what was necessary for the family to do to have their file closed with the child welfare agency. Almost 20% of both parent groups said explanations of what was required to close their file were very unclear. Of the parents who had a child placed in out-of-home care, approximately one-third of each parent group believed the reasons for taking their child into care were "very clearly" explained while one-third of each group said the reasons for taking their child into care were explained "very unclearly." A greater proportion of accessible program parents with a child in out-of-home care reported that agency staff "very unclearly" explained how long their child would remain in care (60%) than the comparison group of agency based parents (38.2%). This difference was statistically significant ($t = -2.446, p < .05$).

Table 18: Parents’ Perceptions of Agency Clarity around Reasons for Service Involvement

	Responses			
	<i>Very Clearly</i>	<i>Somewhat Clearly</i>	<i>Somewhat Unclearly</i>	<i>Very Unclearly</i>
How clearly did agency staff explain their reasons for contacting your family the first time?				
Accessible Program Parents (n=40)	65%	15%	7.5%	12.5%
Agency Based Parents (n=84)	69%	16.7%	4.8%	9.5%
How clearly did agency staff explain what your family was expected to do before the agency would close your child protection file?				
Accessible Program Parents (n=41)	41.5%	22%	17%	19.5%
Agency Based Parents (n=87)	41.5%	31%	8%	19.5%
How clearly did agency staff explain their reasons for taking your children into care?				
Accessible Program Parents (n=15)	33.3%	13.3%	20%	33.3%
Agency Based Parents (n=19)	36.8%	10.5%	21.1%	31.6%
How clearly did agency staff explain how long your children were likely to be in care?				
Accessible Program Parents (n=15)	0	13.3%	26.7%	60%
Agency Based Parents (n=21)	33.3%	9.5%	19%	38.2%

Parents were asked whether or not they had to go to court as a result of child protection concerns in their family. Table 19 shows that 50% of accessible program parents reported going to court because of their involvement with child welfare services. A smaller proportion of the comparison group of agency based parents (26.7%) reported going to court. This difference was statistically significant ($\chi^2 = 6.261, p < .05$).

Table 19: Parent-Reported Use of Court

Did you have to go to court because of child protection concerns in your family?	Yes	No
Accessible Program Parents (n=40)	50%	50%
Agency Based Parents (n=75)	26.7%	73.3%

$\chi^2 = 6.261, p < .05$

Table 20 summarizes parents' perceptions of how knowledgeable their worker was around what was going on in their family and whether or not it was necessary for child welfare to become involved with their family. Accessible program parents were almost equally split in their assessment of whether it was necessary for the agency to become involved with their family (48.7% said "definitely" or "probably") or not (51.3% said "maybe not" or "no"). This division was similar for the comparison group of agency based parents.

About 55% of accessible program parents said that the worker most involved with their family "definitely" knew or "for the most part" knew what was going on in their family. This proportion was slightly larger for the comparison group with 66.3% of agency based parents reporting that their worker knew what was going on in their family "for the most part" or "definitely." The difference, however, was not significant.

Approximately the same proportions of accessible program parents (56.1%) and the comparison group (57.3%) reported that agency staff most involved with their families "definitely" or "for the most part" knew how to help them. A slightly larger proportion of agency based parents (27%) than accessible program parents (19.5%) said that their worker did not know how to help their family very often. These differences were not statistically significant.

Table 20: Parents' Perceptions of Worker Knowledge

	Responses			
In your opinion, was it necessary for the child welfare agency to become involved with your family in the first place?				
	<i>Definitely</i>	<i>Probably</i>	<i>Maybe Not</i>	<i>No</i>
Accessible Program Parents (n=41)	34.1%	14.6%	17.1%	34.1%
Agency Based Parents (n=89)	30.3%	19.1%	12.4%	38.2%
Did the agency staff <u>most involved</u> with your family know what was going on in your family?				
	<i>Definitely</i>	<i>For the most part</i>	<i>For some things</i>	<i>Not very much</i>
Accessible Program Parents (n=40)	37.5%	17.5%	17.5%	27.5%
Agency Based Parents (n=89)	37.1%	29.2%	10.1%	23.6%
Did the agency staff <u>most involved</u> with your family know how to help your family?				
	<i>Definitely</i>	<i>For the most part</i>	<i>For some things</i>	<i>Not very often</i>
Accessible Program Parents (n=41)	31.7%	24.4%	24.4%	19.5%
Agency Based Parents (n=89)	27%	30.3%	15.7%	27%

Parents were asked to rate how long it usually took to get in touch with their worker and how often they spoke to their worker. Table 21 shows that 41.5% of accessible program parents and 44.9% of the comparison group of agency based parents were able to speak with their worker the same day in which they tried to contact them. Approximately 32% of accessible program parents said that they usually spoke to their worker, either in person or on the phone, a couple of times each month. Of the comparison group of agency based parents, 34.8% said they spoke less frequently with their worker, approximately once a month. These differences were not significant.

Parents were also asked whether agency staff was able to connect their family with a useful range of services and supports. Over 80% of accessible program parents reported being

connected to one or more useful services; while 19.5% said that none of the services and supports they received were helpful. A slightly smaller proportion of agency based parents (73%) said they were connected to one or more useful services and 27% said that none of the services they received were useful. These differences were not significant.

Table 21: Parents’ Perceptions of Worker and Service Availability

	Responses				
When you tried to get in touch with your workers at the agency, how long did it <u>usually</u> take to be able to speak with someone?					
	<i>Same Day</i>	<i>Same Week</i>	<i>Longer</i>	<i>Calls often not/never returned</i>	
Accessible Program Parents (n=41)	41.5%	39%	7.3%	12.2%	
Agency Based Parents (n=89)	44.9%	41.6%	6.7%	6.7%	
How often <u>usually</u> did you speak on the phone or in person with one of your workers?					
	<i>A few times a week</i>	<i>Once a week</i>	<i>A couple of times a month</i>	<i>Once a month</i>	<i>Less Often</i>
Accessible Program Parents (n=41)	17.1%	14.6%	31.7%	29.3%	7.3%
Agency Based Parents (n=89)	6.7%	19.1%	27%	34.8%	12.4%
Was agency staff able to connect your family with a useful range of services and supports?					
	<i>All that I needed</i>	<i>Quite a few that were useful</i>	<i>One or two that were useful</i>	<i>None that were useful</i>	
Accessible Program Parents (n=41)	31.7%	19.5%	29.3%	19.5%	
Agency Based Parents (n=89)	25.8%	18%	29.2%	27%	

Parents were asked how likely they would be to recommend the child welfare agency to a friend, contact the agency themselves in the future, and call the agency if they were concerned about the safety of a child in another family. Table 22 shows that the largest proportion of accessible program parents (31.7%) and the comparison group (30.7%) “definitely would not” suggest to a friend that they contact the child welfare agency for help. Similarly, 34.1% of accessible program parents and 31.5% of agency based parents said that they “definitely would not” call the child welfare agency if they were having difficulties in the future. However, when parents were concerned about what was happening to a child in another family, the majority of both groups of parents “definitely would” or “probably would” report their concerns to the child welfare agency.

Table 22: Parents’ Referral of Child Welfare Services to Others

	Responses			
	<i>Definitely Would</i>	<i>Probably Would</i>	<i>Probably Would Not</i>	<i>Definitely Would Not</i>
If a friend was having problems at home, how likely would you be to suggest that she or he contact the child welfare agency for help?				
Accessible Program Parents (n=41)	22%	24.4%	22%	31.7%
Agency Based Parents (n=88)	15.9%	27.3%	26.1%	30.7%
If your family were to have difficulties in the future, how likely would you be to call the child welfare agency for help?				
Accessible Program Parents (n=41)	31.7%	22%	12.2%	34.1%
Agency Based Parents (n=89)	20.2%	24.7%	23.6%	31.5%
If you were concerned about what was happening to children in another family, how likely would you be to call the child welfare agency to report your concerns?				
Accessible Program Parents (n=41)	41.5%	29.3%	19.5%	9.8%
Agency Based Parents (n=88)	39.8%	42%	11.4%	6.8%

Parents provided overall assessments of their child welfare involvement including whether or not what they were expected to do was reasonable, whether they were treated fairly by agency staff, and to what extent being involved in child welfare services helped to make things better in their family. The majority of both groups of parents said that what their family was expected to do was “definitely” reasonable or reasonable “for the most part.” (See Table 23) Approximately one-third of all parents said that they were treated fairly by agency staff “all of the time” while just under one-quarter of both groups of parents reported that they were “not usually” treated fairly by agency staff. The largest proportions of both accessible program parents (39%) and agency based parents (43.7%) said that being involved with child welfare services did not help their family at all. Overall 39% of accessible program parents were “not very satisfied” with their child welfare involvement. Similarly, 34.8% of the comparison group of agency based parents were not very satisfied with their family’s experience with the child welfare agency. There were no differences between program parents’ overall satisfaction with child welfare services.

Table 23: Parents' Overall Assessments of Child Welfare Services

	Responses			
Was what your family expected to do reasonable?				
	<i>Definitely</i>	<i>For the most part</i>	<i>Some of the time</i>	<i>Not usually</i>
Accessible Program Parents (n=41)	34.1%	39%	17.1%	9.8%
Agency Based Parents (n=87)	41.4%	31%	9.2%	18.4%
Did you feel that you were treated fairly by agency staff?				
	<i>All of the time</i>	<i>Most of the time</i>	<i>Some of the time</i>	<i>Not usually</i>
Accessible Program Parents (n=41)	31.7%	17.1%	26.8%	24.4%
Agency Based Parents (n=88)	31.8%	25%	20.5%	22.7%
Overall, to what extent did being involved with the child welfare agency help to make things better for your family?				
	<i>A great deal</i>	<i>Quite a bit</i>	<i>A little bit</i>	<i>Not at all</i>
Accessible Program Parents (n=41)	24.4%	19.5%	17.1%	39%
Agency Based Parents (n=87)	12.6%	23%	20.7%	43.7%
Overall, how satisfied are you with your family's experience with the child welfare agency?				
	<i>Very satisfied</i>	<i>Mostly satisfied</i>	<i>Somewhat satisfied</i>	<i>Not very satisfied</i>
Accessible Program Parents (n=41)	22%	17%	22%	39%
Agency Based Parents (n=89)	19.2%	25.8%	20.2%	34.8%

Summary of Findings

Accessible program parents saw improvements from case opening to follow up on a number of indicators. Levels of family burden dropped over time for accessible program parents and their average score was significantly lower than the comparison group at follow up. Both accessible program parents and the comparison group of agency based parents saw improvements over time on ratings of overall quality of life, parenting sense of competence, and family functioning. Despite these gains, levels of perceived stress did not change significantly from case opening to follow up for accessible program parents.

Fewer improvements were noted over time for children and youth. Perceptions of infant and toddler temperament, moods, general health, overall behaviour, and cooperation with others were unchanged from case opening to follow up for accessible program families. In contrast, the comparison group of agency families saw a significant improvement in their children's general health and ratings of general health were higher than accessible program families at follow up. Among children ages 4 to 7, significant improvements were noted in children's self esteem and quality of life within the family for accessible program children. At follow up, smaller proportions of accessible program children were getting into trouble in the neighbourhood and suspended or expelled from school than at case opening. For youth ages 8 to 16, ratings of quality of life in all life domains remained relatively unchanged over time for accessible program youth. Additionally all average scores for this group were lower than the comparison group of agency based youth at follow up with physical health ratings being significantly lower than the comparison group.

Results of the child welfare agency case file review revealed that the most frequently cited reason for continued child welfare involvement was a problem with "caregiver capacity" for more than half of accessible program parents and one-third of the comparison group of agency based parents. Use of legal authority occurred in a significantly greater proportion of accessible program cases (35% versus 17%) and two-thirds of these cases involved a court mandated supervision order. Placing children in out-of-home care was noted in 42.5% of accessible program case files which was significantly greater than among the comparison group

of agency based case files (21.3%). In more than 75% of all accessible program files, the child or children were returned home. These differences should be interpreted cautiously as accessible program case files were typically open longer than agency based program files at the time of our data collection allowing a greater length of time for events (such as going to court or placing a child in care) to occur.

Parents' satisfaction with child welfare services indicated that the majority of parents seemed satisfied with how clearly things were explained to them such as reasons for first contact with the agency and what was expected of their family to close the file. There was less clarity around issues of out-of-home care such as why a child was being removed from the home and how long they would remain in care.

More than half of all parents said their workers knew what was going on in their families and knew how best to help them. Approximately 70% of all parents said what they were expected to do was reasonable. Over 80% of all parents were able to speak with their worker within the same day or same week of contacting them. Most parents saw their worker once or twice a month. More accessible program parents than the comparison group of agency based parents reported being connected to one or more services that were helpful to their families.

Despite their satisfaction with child welfare services when they were involved with the agency, more than half of all parents said they would not recommend the child welfare agency as a source of help for a friend in need nor would parents call the agency for help for their own family in the future. Furthermore, approximately 40% of all parents said that things were no better in their family as a result of their child welfare involvement and similar proportions of parents were not very satisfied overall with their involvement.

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Appendix A: Research Reports from the Transforming Front Line

Child Welfare Practice Project

Report #	
1	Service Model Accessibility (Service Provider Perspectives)
Hazineh, L. & Cameron, G.	This report examines the differences in service accessibility across central, integrated, and school/community based sites including geographic proximity to families, acceptability of the setting to families, and accessibility expectations of service providers.
2	Client and Community Relations (Service Provider Perspectives)
Hazineh, L. & Cameron, G.	This report addresses two important questions: within each service model, how much emphasis is placed on building positive relationships with families and communities? And, how successful is each model at building relationships, minimizing stigma for families, and improving the image of child welfare in the community?
3	Use of Legal Measures and Formal Authority (Service Provider Perspectives)
Hazineh, L. & Cameron, G.	The focus of this report is, across service models, how front line protection workers view their formal authority role and the extent to which they relied on legal measures in order to achieve protection goals.
4	Range of Services (Service Provider Perspectives)
Hazineh, L. & Cameron, G.	This report examines the differences in range of services across central, integrated, and school/community based sites including referrals to other services, direct support, advocacy, and collaborative efforts to provide services to families.
5	Child Welfare Jobs (Service Provider Perspectives)
Cameron, G., Hazineh, L., & Frensch, K.	This report compares how service providers experience their employment realities across central, integrated, and accessible service models. Differences in job satisfaction, worker retention, and feelings about the work itself are examined.

6	Values in Child Welfare Work: Perspectives of Child Welfare Service Providers in Central and Accessible Service Delivery Models (Service Provider Perspectives)
Freymond, N	This report identifies what service providers across institutional settings say about the values that guide the work that they do with families and children, as well as their perspectives on professional identities and roles in the day to day delivery of child welfare services.
7	Helping Relationships (Parent Perspectives)
Hazineh, L., Cameron, G., & Frensch, K. M.	This report examines the nature of first contacts in child welfare, the level of contact between families and service providers, and the quality of relationships over time across central, integrated, and accessible service delivery models.
8	Services and Supports (Parent Perspectives)
Hazineh, L., Cameron, G., & Frensch, K. M.	This report compares the types and diversity of services and supports offered to families, number of service connections, and parents' overall satisfaction with services across central, integrated, and accessible service models.
Retrospective technical Report	Overall Child Welfare Outcomes: Family Functioning, System Indicators, and Community Attitudes
Frensch, K. M.	Outcomes of accessible and central service models are assessed in this retrospective technical report using three criteria: (1) impacts on parent, child and family functioning; (2) impacts on system functioning (e.g. child placements, court involvements); and (3) impacts on parent and community attitudes towards child protection organizations.
Non-retrospective technical report	Overall Child Welfare Outcomes: Family Functioning, System Indicators, and Community Attitudes
Frensch, K. M.	Outcomes of accessible and central service models are assessed in this non-retrospective technical report using three criteria: (1) impacts on parent, child and family functioning; (2) impacts on system functioning (e.g. child placements, court involvements); and (3) impacts on parent and community attitudes towards child protection organizations.