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

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PROJECT:

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

SYNTHESIS REPORT

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INTRODUCTION

In 2006, the Ontario government launched an ambitious and multi-faceted Transformation Agenda for child welfare services. Among this Agenda's objectives was the development of more cooperative helping relationships in child welfare, reducing the system's reliance on legal authority to engage families, creating community and service partnerships and increasing child welfare capacity to respond differentially to families. Within this shifting child welfare context, the *Transforming Front-line Child Welfare Practice Project* research's main purpose was to understand how centrally located service delivery settings and service delivery settings that were more accessible to families affected front-line child protection practice. A second encompassing objective was to examine how partnerships with other service organizations and neighbourhood associations affected front line child welfare practice. This Transforming Front-line Child Welfare Practice research examined eleven separate accessible and central child welfare service delivery sites at six child welfare agencies in Ontario. These sites were selected to vary on these two dimensions of accessibility and partnerships. These two dimensions have also been identified in the literature as contributing to child welfare capacity to respond differentially or flexibly to families (Cameron, Freymond, & Roy, 2003; Schene, 2001, 2005).

With one exception, accessible service delivery models in this research embedded front line child protection service providers in neighbourhoods or schools so that service providers would be more familiar and accessible to families.¹ The philosophies of accessible programs emphasized collaboration with other community service providers, local community building and prevention. Central models located child protection service providers in agency premises that generally were not physically close to most of the families served. This was the more common service delivery setting for child protection services in the participating agencies and in other Children's Aid Societies in Ontario.

Earlier exploratory research through the Partnerships for Children and Families program of research (Frensch, Cameron, & Hazineh, 2005a) at Wilfrid Laurier University found that different child protection service delivery settings had notable impacts on child protection service delivery including: (1) service provider accessibility to children and families, (2) the development of cooperative helping relationships with children and families, (3) the development of partnerships with other service

¹ At one accessible site, the child welfare agency supplied community development workers to support neighbourhood development associations and, while front line child protection service providers' offices were not located in these neighbourhoods, they cooperated with the community development workers and were familiar with the neighbourhood association's resources.

organizations, (4) the development of partnerships with neighbourhood associations, (5) the levels and types of assistance provided to children and families, and (6) client and community image the child welfare agency.

This more extensive research built upon this earlier exploratory research. More specifically, this multi-faceted longitudinal research incorporated:

- An assessment of the impacts of accessible and central service delivery models on family functioning indicators and child protection system indicators (e.g. formal court applications, out-of-home placements of children, etc.).
- An exploration of how these different child welfare service delivery settings affected front line child protection service providers' satisfaction with their work with children and families.
- An exploration of how these different child welfare service delivery settings affected parents' satisfaction with their child welfare service involvements.
- An examination of how these different child welfare service delivery settings influenced the services and supports available to families.
- An assessment of the impacts of accessible and central service delivery settings on front line helping relationships in child welfare.
- An exploration of how accessible and central service delivery settings affected employment satisfaction and sustainability.

This research also discusses the development requirements of the accessible service delivery models and what practical lessons can be gleaned from these experiences. Finally, it looks at broader implications for how we understand and organize our efforts to keep children safe and help families.

Research Design

This research utilized a multiple qualitative and quantitative methods and a quasi-experimental outcome design. Design elements included the following:

- 261 parents were surveyed using a set of standardized outcome measures to assess parent, child, and family functioning at the time their case was opened to ongoing services
- 188 parents participated in a follow up interview occurring approximately 8-10 months after the initial survey
- 73 parents participated in a semi-structured qualitative interview about their service experiences and satisfaction with either accessible or central service delivery settings
- 115 front line service providers completed a survey of employee experiences in child welfare including job satisfaction and burnout
- 18 focus groups involving approximately 150 participants were conducted with teams of front line service providers about their experiences as employees in either accessible or central service delivery settings
- 17 individual interviews were completed with child welfare supervisors and administrators about their experiences of differing service delivery settings
- 201 agency files were reviewed to gather data on selected system indicators including frequency of child placement and use of legal authority

Methodology

All research participants were recruited through the partnering organizations. Parents who received ongoing child protection services from either the accessible program sites or central sites during the recruitment year of 2007 were invited to participate in the study. Parents were contacted via telephone by an agency employee working in a support position (non-direct service work) using a standardized telephone script and asked for permission to release their name to researchers. Researchers then placed a follow up telephone call to parents who expressed an initial interest in participating in the study to arrange an interview. Interviews were conducted primarily in people's homes, although some participants chose to be interviewed elsewhere (such as the local library or at the university). All participants gave their written informed consent. Interviews were approximately 1 ½ hours in duration

and all parents received \$25 for their participation. At the interview, parents were asked for their consent to allow researchers to view their child welfare agency file. Additionally, parents were asked to indicate if they were interested in participating in a follow up interview approximately 8 months later.

Researchers maintained contact with parents by mailing letters twice over the 8 months. Parents were then contacted via telephone by researchers to arrange a follow up interview. At the follow up interview, parents could choose to participate in an additional 30 minute qualitative interview about their perceptions of child welfare services. These qualitative interviews were recorded and transcribed. All parents who participated in a follow up interview received \$25 and parents who participated in the qualitative interview component received an additional \$15 stipend. All participants gave their written informed consent.

A survey questionnaire was sent to all direct service providers working in the agency programs of interest. Service providers who chose to participate returned their completed surveys through the mail directly to researchers at the university. All service providers who were sent a survey were eligible to enter their name into a random draw for a prize consisting of a \$100 gift certificate to a spa in their city.

Focus groups with direct service providers and individual interviews with supervisors and managers were arranged with researchers directly. Each focus group was comprised of members of a service delivery team. In several cases two teams were combined for an interview. Teams were coworkers who shared the same supervisor and worked together in delivering child welfare services. These focus groups and interviews occurred at each of the participating organization's offices. All participants gave their written informed consent. Focus groups and interviews were recorded and transcribed.

RESEARCH SITES

Data were collected from parents, service providers, and agency files at 11 accessible and central service delivery settings at six child welfare agencies in Ontario. For purposes of analyses, research sites were broadly organized into two groups, accessible and central models. Descriptions of the research sites at the time of data collection are included below.

Children's Aid Society of Brant

Central Site

The Children's Aid Society of Brant is a medium sized child protection agency in southwestern Ontario serving Brant County which includes the City of Brantford, the town of Paris, and the surrounding rural area including the Six Nations and Credit reserves. The main agency building is located in downtown Brantford. Eight teams of protection workers, including three aboriginal units are housed at this location. At the time of data collection, agency based teams were divided into intake and ongoing services. Protection workers were assigned to certain geographic areas or special populations.

Accessible Community Sites

The *Stepping Stones Resource Centre* is located in a 50-unit geared-to-income townhouse complex. The community based protection program and child development program worker serve families within the complex and work cooperatively with various service providers close to the townhouse complex, in particular with personnel at two elementary schools.

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 families in a nearby geared-to-income housing complex and three local schools.

Grey Street is a storefront office in a densely populated downtown core community. Community based program workers serve families in the neighbourhood. There are several large housing complexes in the vicinity and most service recipients are within walking distance.

Paris Willet Hospital is a small community hospital in the town of Paris, population 11,000. Community based program workers serve the town and nearby rural residents.

Accessible School Sites

Four *School based programs* were operational at the time of data collection. One school has a specialized program for children with behavioural challenges and the worker is heavily involved in the classroom. At the other three schools, workers have a mix of child protection responsibilities and school social work responsibilities such as being involved in group work with students. The school based workers have offices in the schools but are supervised in mixed teams with community based program workers.

Family and Children's Services of Guelph and Wellington

Central Site

Family and Children's Services of Guelph and Wellington County's main office is located in the downtown of the city of Guelph. Teams serving the east half of Guelph work from the main office. Family service workers carry both intake (investigative) and ongoing cases. The agency also employs family support staff to provide additional support to families receiving ongoing services.

Accessible Community Sites

The *Shelldale Centre* is a collaborative, integrated service center situated in the Onward Willow neighbourhood, a 1km square area of Guelph that has a high rate of poverty and families facing a variety of challenges. The Shelldale Centre houses two child protection teams responsible for cases from both Onward Willow and the rest of West Guelph. At the time of data collection 13 social service agencies and community organizations were partners at Shelldale.

The *Neighbourhood Group* model is part of a continuum of services that address community prevention and support, early intervention as well as provide ongoing support for families. The four community development workers serving six selected neighbourhoods have an informal working relationship with child protection workers and they may refer families as protection cases or provide support to families who already have open cases.

Children's Aid Society of Halton

Central Site

Halton Children's Aid Society's serves the Halton Region which includes the urban centres of Oakville, Burlington, Halton Hills, Acton and Georgetown. The Society's main office is located in Burlington, Ontario and there is a smaller North office located in Milton. Central teams are divided into intake and ongoing protection teams.

Accessible School Sites

At the time of data collection, there were 9 established *school based sites* and 4 service hubs located next to schools that were in the process of opening. Only one hub was operational at the time of data collection. There were two teams of school based protection workers either located in the school or in a building attached to the school where other community services were also co-located (part of Our Kids Network). Child welfare workers accept service referrals from school personnel and work with these students and their families to improve general well being and school performance.

The Children's Aid Society of Hamilton

Central Site

The Children's Aid Society of Hamilton serves the primarily urban Hamilton-Wentworth Region. The main agency building is located in east Hamilton. All protection workers are housed at this location. There are separate intake and ongoing services departments with 6 intake teams and 9 family service teams. The agency has a number of specialized departments including a pediatric/medical team.

Catholic Children's Aid Society of Hamilton

Accessible School Site

The *School based team* is comprised of four child welfare workers based in 12 elementary schools throughout Hamilton. Each worker is responsible for three schools and divides their time

between locations. School based workers complete initial investigations and provide ongoing services. This community based program was designed to foster a stronger working relationship between schools and the Society, to allow for the early identification of at-risk children, and to provide immediate support to school personnel in response to child protection concerns.

Chatham-Kent Integrated Services

Central Integrated Site

Chatham-Kent Children's Services is a multi-service agency providing child protection, children's mental health, and children's developmental services to families in a mainly rural municipality in southern Ontario with 23 different communities including the First Nation Reserve of Moraviantown. There are 4 family service teams and 2 intake teams that provide child protection services mainly from a central agency site in Chatham.

Research Products and Reports

Research results from The Transforming Front-Line Child Welfare Practice Project offer information relevant to parents, service providers, child welfare management, and policy makers. This report provides a comprehensive synthesis of findings and a discussion of their implications. Additionally, a series of working reports are available covering issues central to understanding the impacts of institutional setting on the delivery of child welfare services, child and family outcomes, and the experiences of service providers working in the child welfare system. Readers looking for more information can access topic specific working reports archived at the [Partnerships for Children and Families Project Collection](#) page on Scholars Commons @ Laurier.

For this synthesis report, research findings are organized into a discussion of the impact of institutional settings on four outcomes: (1) helping relationships, (2) services and supports, (3) child welfare jobs, and (4) family functioning, system indicators and community attitudes.

HELPING RELATIONSHIPS

Compared to central service delivery settings, creating better access for families to child protection service providers and other service providers was one of the main ambitions of the community and school based child welfare service delivery settings in this research. These approaches are referred to as accessible sites in this discussion. They also hoped to improve how child protection services were perceived in the communities served. They wanted to reduce the stigma and fear of being involved with the agency. Their rationales placed an increased emphasis on relationship building with families and communities. They also believed that these approaches would lessen the need to use formal authority to secure family compliance and perhaps reduce the need to move children from their homes. This section examines whether there is evidence from this program of research that these ambitions were achieved. Table 1 provides a brief overview of the relevant findings.

Accessibility

The accessibility discussion in this research focused on several service delivery model characteristics including the geographic proximity of the server to the client, the acceptability of the service delivery setting to the client, and service provider expectations about levels of contact with families and how they could carry out their work. Table 2 provides an overview of accessibility findings from this research

Geographic Proximity

The geographic proximity of the child welfare service to clients was typically a central consideration when planning community based and school based services. Whereas, for the central agency based sites, such proximity was not a priority. Central service settings served large geographic areas. The accessible service models served small geographic areas and typically were located close to where families served lived.

Table 1: Overview of Findings

	Central Sites	Accessible Sites
Accessibility	<p>Service Providers: described serving large catchment areas from a centrally located office and having less frequent and less informal contact with families</p> <p>Service Participants: described somewhat more difficulty reaching service providers and less time spent with service providers</p> <p>Service Participants (survey) Access by phone was similar to the accessible settings, however, frequency of contact was lower</p>	<p>Service Providers: Located in inviting settings close to where families live. More frequent and informal contact with families is expected as part of the job</p> <p>Service Participants: parents described easier and more frequent contact through various means</p> <p>Service Participants (survey) Access by phone was similar in survey data to the central, however, frequency of contact was higher</p>
	<p>Synthesis: Service providers from both types of settings were generally seen as quite accessible by phone. There was a perception by both parents and service providers of easier access in accessible settings. There was some evidence of more frequent face to face contact for a significant percentage of parents at the accessible sites. These factors influenced how parents felt about their service providers and service involvements.</p>	
Use of Formal Authority	<p>Service Providers: expressed more acceptance that barriers like stigma and fear impeded welcomed helping relationships and that formal authority was frequently needed.</p> <p>Service Participants: often described service providers as clear but not collaborative and reported more use of formal authority.</p> <p>Service Participants (files): suggests somewhat more reliance on legal measures.</p>	<p>Service Providers: expressed belief that they could overcome fear and stigma and reduce the need the need to use formal authority.</p> <p>Service Participants: described more positive first contacts with service providers with many examples of service providers who were seen as supportive and collaborative.</p> <p>Service Participants (files): suggests somewhat less reliance on legal measures.</p>
	<p>Synthesis: Both service providers and parents perceived more collaboration and less use of formal authority at the accessible sites. The file reviews suggested marginally less use of formal authority at the accessible sites.</p>	

Helping Relationships	<p>Service Providers: emphasis on good assessment, good case management and clear communication.</p> <p>Service Participants: some parents described good communication and helpful service provision.</p> <p>Service Participants (survey): A majority of parents saw service providers as helpful and knowledgeable. No significant improvement in satisfaction from case opening to follow up.</p>	<p>Service Providers: strong emphasis on building constructive relationships with families as well as with local communities, community partners and schools.</p> <p>Service Participants: more parents described good communication and appreciated relationships with service providers. Knowledgeable and trusted service providers also noted by some parents.</p> <p>Service Participants (survey): a larger majority of parents saw service providers as helpful and knowledgeable. There was a significant improvement in satisfaction from case opening to follow up.</p>
	<p>Synthesis: Many good helping relationships were described in all settings. However, more service providers and parents described appreciated and helpful relationships at the accessible settings.</p>	

In the following excerpt, the service providers at one central office talked about some of the barriers the physical location presented for families:

P3: ...where we were before, we were in a residential area and then I think there's something symbolic in a sense that we're moving now away from the residential area, a huge building and it's almost like we are further out of reach of clients and their connection with us. You know what I mean?

P2: The connotation for families who maybe don't recognize or don't really care about those issues, that we're distant from them, from many people – some people live nearby, but there's that sort Yeah, I think it increases the authoritative feel for families....

P1: It's quite a distance for our clients that aren't primarily out in this end of the city; to get from downtown it's about an hour to get to the building...

[Central site 1]

Table 2: Accessibility

	Central Sites	Accessible Sites
Geographic Proximity	Central, large catchment areas	Located next to schools or in communities where families served live
Acceptability of setting to client	Buildings sometimes described as uninviting or too formal.	Neighbourhood and school settings described as familiar and inviting for many children and families
Accessibility of the staff	Service providers do not describe much informal contact with families	Service providers describe informal contact with families and children as part of the job

In contrast, accessible sites in this study were located in local housing complexes, community centres, local offices and in schools. At many accessible sites, local residents, including clients, would pass by the child welfare office during their everyday routines. For example, the accessible site discussed below was in a residential building:

P1: I think [P2] was saying this morning... that they sometimes have 750 to 1000 people coming in and out of that building on a day of the week.

P2: It's an easier part of the city to get to so that's, you know... [Accessible Site 4]

Here a service provider talked about some of the practical benefits of service providers being physically close to families:

....I know, I'm just thrilled that I have clients whose home I can walk to and, you know, I think one of the biggest things that we can do for our families is to show them, to teach them what is available in their community to help them so that we – you know, it'll reduce our concerns about the children and it's just a short walk over here and I can take them around and introduce them to all the programs, they can leave with a stack of information and choices about, you know, child care programs and parent/child programs and all sort of stuff that's just a walk away, and that's a huge thing, I mean, I just feel like I've made a big difference in a family's life if I've got them connected here. [Accessible site 1]

In school based settings, service providers' contact with children was frequent. Not only on a daily basis, but sometimes over a number of years:

It's probably the daily contact with kids that we have as well, because if you worked at the main office you'd go out to that school maybe once, maybe twice, but that would be it. You might not go back for another month to that particular school, but this way every day you see the same kids and parents. [Accessible site 2]

Here a service provider located at school described how service providers were accessible to parents:

P1:... I guess our accessibility right? They know where we're at, they know if they have a problem they can come and find us and... they're coming to find us versus us going to them right? So that's definitely, you know, a perk.

P2: The—from family standpoint, families often drop their kids off and we're on-site, they know we're there, they'll drop their kids off at school and then come to the service providers and say, can I talk to you for a second? I know we've had a lot of—
[Accessible site 4]

Service providers located at a neighbourhood service centre talked about the advantages of this setting:

P1: Another thing that I experience here is, for example, I had a client, I had to call her down for a meeting, Public Health had brought a situation so, we're their neighbours, walked over to my office, talked about it, I called her, she came down, nervous, stopped at [prevention program], picked up a support person there and came to the meeting, all within 10 minutes of my calling her and saying, you know, 'I have an issue, can you come down in about half an hour?' 'Yes.' So she was able to arrange childcare, bring her little one down, childcare drop, get a support member, Public Health and I, across the hall into meeting and boom, there within half an hour. That was fantastic.

P2: Like yesterday, I took one of my clients over there just to introduce this client to all the resources they had and then they showed up last night just to enjoy the program, you know, so these are the things that we enjoy within this setting, to make it easier for us to really, you know, to be involved, to be inclusive. I won't compare that to what (we have at the main office) just like [P1] was saying, we have (inaudible) so they just know CAS and nothing. For us to have access to resources in the community, takes a lot of time, time and distance, got to drive here and there, and before you know it the whole day is spent driving all over the place. [Accessible site 3]

Acceptability of Setting to Clients

Service providers in community based and school based sites generally thought their office locations were “client-friendly”. Service providers at some but not all central sites talked how intimidating their premises can be for clients:

P4: Even the title across the front door, you know, [statement about agency purpose] is kind of a, right away every child that walks in here, every parent that walks in is, you know ...

P1: – I even find when bringing clients into the rooms for interviewing and they’re just overwhelmed, like where am I supposed to go? It’s just a circle around and it’s still for them, like overwhelming, so you know the fact that we’re the authority figure, it’s involuntary, the building is big, I mean – when we talk about child welfare in this kind of setting it’s a real challenge for us as service providers to convey we’re here to support you, even with this whole Transformation and strength based, it’s like, you know, the clients are ‘yeah, tell me about it’, I mean you have those that feel the support but the ones that don’t want our services, with all these factors that we’re describing it makes it that much more challenging in this setting. [Central site 1]

The following service provider contrasted a community centre location where a lot of clients dropped by to her central setting:

P: I think our setting is – I used to work at a community centre for awhile, for four years, we had a satellite office there, and that community setting was a lot different for the frontline work being where we are too, if you’re talking about physical, even, settings is – I find we have – I have a lot less clients come to see me at work and that’s probably because I arrange it that way, but at the community centre there was non-stop drop ins and non-stop walk ins[...] [Central site 3]

Community and school settings were much more likely to be described by service providers as “comfortable” for families that encourage people to drop in:

I think in terms of families feeling more comfortable to come and meet with their service providers, I think it’s a... it’s certainly a centre where, y’know, I’ve gone to see the centre quite a few times and it’s a very active centre so there’s a lot happening there. There’s a lot of programming there. There’s a lot of positivity and energy around the place. [Accessible site 4]

Our families do appear to be feeling more and more comfortable to approach us on their own and to come in and drop in. [Accessible site 2]

People will come to us. They feel more comfortable because we’re able to build that relationship. They don’t have to feel they have to come directly to that office because the main offices can seem very scary. Whereas, if they come into a neighbourhood group

where it's a much relaxed atmosphere we can they're, we find, they seem to feel a little bit more comfortable with us sometimes. [Accessible site 3]

Well and I think... even when I go out, people in [town] really don't know about the hub and even when I go and say my office is in a school right away their eyes light up like oh, you're not in a big office, sitting somewhere where I'd be so scared to walk into and have to talk to the receptionist who could page you and find you or whatever. Like their... their anxiety goes down immediately because they know... I think they maybe just think oh, this is just different. Something is different about this and it's probably a good thing and she's sort of not in her big office and she's more down at our level, working in a setting that we could feel very comfortable going into and wanting to talk to somebody. [Accessible Site 5]

Um, but a lot of times I think just saying that you work out of the school will break down some of the resistance from the families that we work with. You don't get as much, well I don't want to talk to you, I don't want to see you. For the most part, I've found that when you say, you know, I'm the service provider who's based out of the school. The school came to me because they had some worries, I just wanted to touch base with you and talk to your child at school because I'm there, most families are fairly receptive that way. [Accessible site 6]

Access to Service Providers

Service providers in community and school based settings had relatively high expectations that clients would drop-in informally to their offices and that service providers should be visible in the neighbourhoods served. Service providers in the central service delivery settings generally did not expect to have clients drop into their offices or to have informal contact with clients outside of the office. In the following agency central setting, a service provider talked about drop-ins being discouraged:

And client drop in's that happen because they need to see you immediately and they show up and all the rooms are taken, you talk in the lobby or out in the parking lot and I always, right from the get go discourage that for them to just walk in because I know what's going to happen and if they're coming in they need to talk, so they're starting to talk right there in the lobby, but then when you go outside if you have to supervise visits, people are walking by, there's just ... [Central site 4]

In the accessible settings, many service providers emphasized being available to their clients as a strength of their approach:

I think being available. Having us in the building and having someone there for the families to be able to talk to is a big service for the families. [Accessible site 4]

It's the dropping in at the breakfast club on your way in to see if any of your kids are there and to say 'hi', it's taking a few minutes on the exit to the after school clubs or getting to know the youth service provider or stuff like that that doesn't, I don't think, take that much away from what our workload is and I think the beauty of this is that this is conducive to that. If this is the type of work that you like to do, that's part of who you are, then you have that option to do it. [Accessible site 1]

I think we get to see the clients every day. Like, maybe not every day, but it's numerous times a week or a month, whether it's just waving as you walk by to say hi, or whether it's them coming over to show you the kid's report card or coming down to ask for a voucher, it's more... you don't have to make an appointment so it's more, y'know you see it and y'know, if you're having a rough day, you can be like, hey, what's going on, do you need help, so you're right in the situation to be there as opposed to them having to call and ask for help. [Accessible site 2]

Parents also talked about how easy it was to contact their child protection service providers. In the qualitative interviews, parents involved with the accessible sites felt that their service providers were more easily available to them than did parents involved with the central sites. However, in the quantitative parent survey, there were no notable differences between accessible and central sites in how quickly calls were returned or how often service providers were seen. This suggests that the differences may have been more based upon parents' feelings about their ability to reach their service providers (including their comfort in doing so) rather than their estimates of how quickly or often contacts were made. Table 3 summarizes the relevant findings from the parent interviews.

Table 3: Level and Ease of Contact

Dimension	Central Sites	Accessible Sites
Access by Phone	More difficulty reported reaching service providers by phone	Parents tended to perceive service providers as easy to reach and more likely to call back quickly. Parents also identified multiple methods of reaching their service provider.
Frequency of Contact	Slightly less frequent contacts/visits described overall.	Slightly more frequent contact/visits described overall including descriptions of service providers who would come over immediately if needed.

At accessible sites, some parents talked about knowing when their service provider was at the office and likely to be available.

I: She easy to get in touch with?

P: Oh, yes, definitely.

I: How do you get in touch with her?

P: If not in the school, through her cell. [Accessible Site Site 2]

P: Uh she... she's pretty easy to get in touch with. I... I've pretty much figured out the times where she's in the office and she's pretty much on the same schedule so as long as I call her in the morning I know I'll get... actually get to talk to her. If I call her any time after eleven then usually I get her voicemail but by four-four thirty she will get back to me, so it is pretty easy to get in touch and she even goes over and beyond and she'll call me from home if needed and stuff like that so and even if um it's after hours I just call the agency and they'll get in touch with her and she'll phone me so... it... it's pretty easy....she always lets me know she's there and stuff so...[Accessible Site 6]

I: So your service provider for the most part, your service providers have been easy to get in touch with?

P: I don't have a problem, I'm – but I see them pull in, so, I knew their car so I just look out the window, see if my service provider's car was there, look at the time, make sure it wasn't lunch time and then I'd call and they normally go from the office the same day I called and talk to them about what my issue was. [Accessible Site 4]

P:... Following my 911 call, I was on the phone with CAS making a service provider come to my house. Come to the house, come to the house now and she came right away. She dropped was she was doing in the office and came to my house right away. Now mind you, I could probably throw a rock at their office from here but she came right away. And I didn't even want to talk to the police until I talked to her. ...[Accessible Site 4]

There were examples in the parent interviews of service providers who had much higher levels of contact with families than the norm. Most of these high contact examples were from accessible settings. It also was apparent that parents appreciated service providers who went out of their way to see them or talk to them regularly. There were examples of this appreciation from both central and accessible settings.

Quantitative data from parent surveys with a larger sample of parents showed little difference between accessible and central sites in phone access to service providers. These data also showed marginally more contact with service providers at the accessible sites. Generally these data suggested few problems in parents contacting service providers or in meeting with them regularly. Table 4 summarizes these findings.

Table 4: Parents’ Perceptions of Service Provider Availability

	Accessible Sites				Central Sites					
When you tried to get in touch with your service providers 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>	<i>Same Day</i>	<i>Same Week</i>	<i>Longer</i>	<i>Calls often not/never returned</i>		
Case Opening	40.3%	42.9%	10.4%	6.5%	46.6%	35%	9.7%	8.7%		
Follow Up	43.6%	45.5%	5.5%	5.5%	41.3%	43.8%	7.5%	7.5%		
How often <u>usually</u> did you speak on the phone or in person with one of your service providers?										
	<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>	<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>
Case Opening	7.7%	14.1%	44.9%	24.4%	9%	11.4%	21.9%	26.3%	22.8%	17.5%
Follow Up	12.3%	19.3%	29.8%	28.1%	10.5%	7.5%	21.3%	23.8%	35%	12.5%

More than 80% of parents from both program types reported being able to talk with their service provider either the “same day” or within the “same week” that they tried to get in touch with them. However, central program parents estimated that they spoke slightly less frequently with their service provider but this was not a statistically significant difference. A positive growth in perceived

contact for accessible site parents from case opening to 9 month follow-up contrasts a drop in perceived contact among central sites. There is also a noticeably larger group of parents at the low end of contact in the central settings at both time periods. At follow-up almost 48% of agency based parents spoke with their service provider only one time per month or less frequently in comparison to 38.6% of accessible program parents. There was a noticeable difference on the high end with 12.3 % accessible site vs. 7.5% central site parents who spoke to service providers a few times a week. These findings provide tentative evidence that accessible program parents did speak somewhat more frequently with their service providers than did agency based parents.

Client and Community Perceptions

Becoming involved with a child welfare agency can trigger many fears in parents, fears of being judged by the agency or by the community, or even of losing their children. Child protection service providers are known to have significant formal authority to intervene with families. These factors naturally have a significant impact on helping relationships. Table 5 summarizes how service providers at accessible and central sites talked about fear among clients and negative community perceptions.

Table 5: Service Provider Perspectives on Stigma and Authority

	Central Sites	Accessible Sites
Stigma and Fear	Stigma of Child Welfare Services is a given that one must work with Ontario child protection procedures over recent years have heightened families’ fears	Stigma can be successfully overcome. Believe that accessible approaches help decrease families’ fears
Community Perceptions	Educating clients on CAS is seen as important but needs to be addressed primarily by larger system	Educating clients is seen as an outcome of local community and school interactions.

Service providers in many central sites talked extensively about the stigma of being involved with their services. Some service providers suggested overcoming this perception was a daunting task:

The bigger community? Well, the reality is that we’re not viewed in a positive light. We’re not seen as a helping profession, we’re seen as the agency that goes out there and takes people’s children away by a lot of not only our formal community partners, but by

the community as a whole. That's an ongoing struggle that my staff have to deal with on a regular basis. [Central site 1: supervisor]

I think a lot of it is intrusive and, you know, we – obviously at some points we need to be and I think that's just the message that goes around the community. [Central site 5: front-line service provider]

While there was a strong theme of being fatalistic about such images at many central sites, there were also service providers who saw themselves as successful at overcoming stigma and building good relationships where previously there was fear.

While the stigma was recognized as a problem, there was definitely less discussion about negative images of child welfare among service providers at the accessible sites. Changing the image of traditional child welfare was one of the intentions of many community and school based programs:

... part of our role in the community I think is to reduce the stigma associated with the CAS in making us more approachable to clients or to families in the community so they look at us more as a helpful resource as opposed to a scary monster that only takes kids. [Accessible site 1: front-line service provider]

This supervisor talked about successes in breaking down the negative image of child welfare:

People get to know, over time, that if they're treated respectfully that they get to hear that, right, from other people. I mean, I even hear them here when you'll have somebody talking about something, 'well, they're just going to do this' and you'll hear somebody in the community say, 'no, no, no, I know that – that's not what's going to happen, it'll only happen because of this', with some of our people and I've heard that out here in the community – almost defending what we do and how we do it. [Accessible site 2: supervisor]

Service providers at some central sites talked about the use of legal authority as one useful set of tools in attaining compliance from parents. At other central sites, service providers talked of the use of legal authority as something that was discouraged. The management philosophy of different agencies may be shaping these attitudes towards the use of legal measures. Strong legal and policing partnerships were described as key features in several central settings. Service providers at accessible sites talk much less about the use of legal authority. Generally said that the use of legal authority was discouraged and to be used as a last resort. This message was quite consistent across the accessible sites.

Quantitative data on the use of legal authority and out-of-home placements was collected through file reviews for families in each program type. The Children's Aid Society used legal or court

action in 12.3% and 18.7% of non-retrospective accessible and central files respectively. For those cases in which court authority was used, 47% of central files and 38% of accessible program files involved the use of a court mandated supervision order. Children were placed in out-of-home care in 24.2% of all files regardless of program type. The most frequently used out-of-home placement was foster care for both accessible files (47.1%) and central program files (45.5%). This was followed by group home care (22.7%) for central files and kinship service (41.2%) for accessible program files. Fifty percent of the children placed in out-of-home care within the accessible program model were returned home; while only 39% of children placed in out-of-home care within the central model were returned home.

There was a statistically significant difference in the type of out-of-home placement between central and accessible program files suggesting kinship service was used more often (41.2% compared to 13.6%) in the accessible program model ($Z = -2.129, p < .05$). While this difference is substantial, and could be construed as reflective of the program philosophy of the accessible sites, given the small number of children involved, it should be interpreted with caution.

First Contact

Parents often expressed fear of their children being apprehended and shame about being investigated by child protection authorities. These feelings were most prevalent when first contacted by the child welfare service provider. Table 6 summarized what parents had to say about these initial contacts.

Descriptions of what parents saw as inappropriate use of power and authority by service providers was the most prevalent criticism of first contact experiences at the central settings.

She was very...authoritarian and...very - I felt rude. [Central Site 1 -156]

Makes you feel like—makes me feel, anyway, it's like... I... have no power when it comes to... like, it makes it harder for me, anyways, to do the right thing, like, because they put more stress on me. [Central Site 3 - 318]

P: I just didn't think it's fair that, you know, they could just assume things and do what they want, so...They weren't happy; they wanted my kids out of here. That's the impression I got. [Central Site 3 - 321]

We did not get off on a good start at all... she kept threatening me with my daughter— if I didn't place [child's name] here or do something with my son, that she would remove my daughter. So I brought that to the attention of her supervisor who was then... there was a big meeting. [Central Site 5-527]

P: I was hurt like broken inside... they were still accusing me of doing it and I... did the drug test. I signed over all consent to prove to them that I wasn't. [Central Site 4 - 423]

Table 6: Parent Perspectives on First Contact Experiences

Dimensions	Central Sites	Accessible Sites
Consultation	Families did not explicitly describe consultative or collaborative approaches .	A significant number of parents used language that suggested the inclusion of their perspectives and the idea that the service providers were working “with them” .
Use of Authority and Legal Measures	Somewhat more perception of service providers being authoritarian and using/misusing power.	Fewer criticisms of service providers being authoritarian in first contact experiences.
Positive Shift in Perception	Some examples of experiences and perception shifting from negative towards more positive after first contacts.	More examples of experiences and perceptions shifting from negative towards more positive during first contacts.

At accessible sites, there were numerous examples as well of first contacts that were experienced negatively by parents. However, criticisms of service providers being authoritarian were not as common at the accessible sites. At accessible settings, a positive first contact theme from some parents was an appreciation of service providers who listened and made them feel like their opinions were valued in decision making and service planning:

P: Surprising... but courteous, you know nothing out ordinary (...) like they knew, okay well we have to kind of check it out. But alright, tell us what happened- type-thing. Yeah, it was okay. [Accessible Site 2-278]

P: Um we discussed it and we decided together that they would stay in my life, on a voluntarily... a volunteer basis due to the fact that [my daughter] has very special needs and has a very bad behavior problem. Um we decided that they would be there just to support me and assist me with uh community supports and getting her the help she needed to make the transition as smooth as possible so that she could be a well-rounded child. [Accessible Site 6-176]

P: I felt...I guess I felt pretty good. I...I was...I didn't have that mental image of the ogre anymore. You know they are not coming to get my kids away anyway and that felt good. She said that she was going to come back again. I think it was she was going to come back a week later and she was going to stay in contact with the youth care service provider at the school and just to keep an eye on was happening with [daughter 1] and

[daughter 2] getting in trouble and stuff. And I was in close contact with the school as well. So we were all working together. [Accessible Site 6-181]

I: And on that day when they showed up, how did you feel about that visit?

P: (Pause) Like somebody was on my side. Somebody was listening (tearfully). [Accessible Site 2-276]

P: I did. I felt confident that you know, they weren't going to be removing the children and that they were going to be supporting me and working with me and not against me – [Accessible Site 6-180]

P: She felt my frustration and she listened to me when I said I'm frustrated, she like heard me and felt, you know, some compassion like she wasn't mean to me or anything. [Accessible Site 1-119]

At accessible settings, more parents described a shift toward more positive feelings about the service provider at the end of the first contact. However, first contacts remained stressful for many parents and difficult for child protection service providers. Parents in both groups in this study valued clarity of expectations and feeling heard during this initial discussion.

Building Helping Relationships

This section describes service provider and parent perceptions of their relationships with each another. Evidence was presented earlier that service providers at the accessible sites typically talked explicitly about their sites' intention to stimulate cooperative service provider-family helping relationships whenever possible. No such program intention was articulated by the central sites' service providers.

Table 7: Service Provider Helping Relationship Orientations

	Central Sites	Accessible Sites
Helping Relationship orientation	Emphasis on investigation and assessment, good case management and clear communication.	Emphasis on building cooperative relationships with parents, children, and local communities.

At the central settings, building relationships with children and parents was seen as important to investigation and assessment. The importance of case management was often voiced along with closing cases in a timely fashion:

...and so during the transfer process which is kind of like the important stage where the intake service provider is taking the family service provider to meet with the family, that meeting is really important to identify for the family service provider what the family understands about our involvement. ... I think situations where clients are very clear about why we're involved and what we plan to do to bring their protective factors into the equation, to bring safety, they will generally tend to know what they need to do, and have a very clear goal in the service plan about what they need to do in order to then be able to terminate involvement... (Central site 2: supervisor)

So it starts right from that – the very first step – in terms of the family service provider attempting to engage that family in a productive relationship with us so that they can move forward towards reaching those goals that we no longer have to be involved any longer. [Central Site 5: supervisor]

... want to close off and get the other ones open and I've actually had several cases whereby the family has requested that we stay involved, that they wanted the support, you know, appreciate that we've connected them, but please keep a file open. ... We've had to say, 'no, we can't stay involved because there's a community service provider ... so it's very contradictory with the message we're trying to send to the community. [Central site 3: front-line service provider]

Relationship building was a central theme in descriptions of front-line service delivery in the community and school based models. Many service providers appreciated the benefits of what they considered to be a broader and less formal approach to their child welfare mandate. Immersion in the community or school was described as a primary venue for building rapport with families:

P1: It's just, you're able to, you go, you meet with the families, you're better able to develop a relationship or a rapport with them. It seems like you've got more of a chance to do that out here. You run into a lot of people, it is a small area. When we started out over at the church there's a children's group that's run there so we were involved with that, but you just, you start to meet a lot more people and you know, word spreads in the community about what we're like to work with.

P2: Like people know (name)'s the service provider in (area), so people... get to know you and know you more personally rather than just a CAS service provider, but know you as like, maybe they're not involved yet and they're just someone who's coming to sound off and ask you your advice on something or someone that has a concern about a friend and because you're there so your presence is more visible and acknowledged. [Accessible site 1: front-line service providers]

P:... so when I think back that this is somebody who came from a very adversarial relationship with our agency, but over years of seeing us, getting to know we're real people and getting to know us, started to realize how we work and why and what it's about, to the point where they're seeking us out now and to let us know the significant events in their life. [Accessible site 2: supervisor]

Overall, about twice the proportion of parent at the accessible sites described helping relationships that they appreciated with their child protection service providers compared to the central settings. There were of course differences across individual accessible sites and individual central sites. In this analysis, three dimensions characterized positive helping relationships from the parents' perspectives (see table 8):

1. Service providers who communicated well with parents (i.e. listened, did not judge, sought their opinions, made them comfortable).
2. Service providers who had a good understanding of their family issues and were knowledgeable about how to help them.
3. Service providers whom parents trusted.

Table 8: Qualities Appreciated by Parents in Helping Relationships

Element	Central Sites	Accessible Sites
Communication	Fewer parents described easy communication between themselves and their service provider.	More parents described service providers who were easy to talk to, were good listeners and were "like a friend".
Knowledge	About 1/6 of parents explicitly described their service provider as knowledgeable about how to help them.	About 1/3 of parents explicitly described their service provider as knowledgeable about how to help them.
Trust	Only one parent talked about feeling trust in a helping relationship.	Feeling trust in helping relationships was described by about ¼ of parents.

An important element of good communication described by parents involved service providers who listened. The majority of examples of service providers who parents perceived as listening to them came from accessible settings. In the following examples, parents indicated how listening made a big difference for them:

P: She was great. She listened to me. She did not make me feel like what I was seeing, that I, things that happened in my past didn't happen. She actually, (child crying) but see, I already went and got my school teacher letters and stuff like that so there was already proof of everything that my brother did to me. [Accessible site 4-492]

P: Somebody was listening [Accessible Site 2- 276]

P: When I found out that the CAS service provider was pregnant and she heard my story, she felt my frustration and she listened to me when I said I'm frustrated, she like heard me and felt, you know, some compassion like she wasn't mean to me or anything.[Accessible Site 1-118]

P: And you just got to listen and [name] knows that. And she pays attention to that. She can sense things with the kids. Like she, [name] is great with my kids when the kids see her walking through [the Centre] they're "hi {[ame]}!" and they run and give her a hug. So, they're not threatened by her at all. [Accessible Site 1-119]

Parents also appreciated when a service provider was able to engage them in dialogue about their family situation. They liked service providers who were "easy to talk to". Such descriptions were more common at the accessible sites:

It was more easier to talk and I felt like this other service provider understands me and is willing to go and talk to children, that was my main goal. [Accessible Site 3-379]

She was easy to talk to....She gave me lots of information, yeah. If I asked the questions and she didn't know the answer, she'd go to her service provider and call me back... [Accessible Site 1-100]

P: I felt comfortable with him. I felt comfortable asking him. He was very personable. He was very understanding, from a parent's point-of-view. [Accessible Site 6-190]

P: She's very - she's very easy to talk to. Very approachable and I had any questions, it didn't matter--she would answer any of my questions [Central Site 5-511]

...it...she became really, really involved with everything in what was going on with the children and we... we were talking about a lot more than just what was happening. There was a lot of surrounding situations and you know things that happen surrounding that time that created what happened with them? And she was really interested in that as well and she was interested in knowing how I was coping. Then what was happening with

the children and where they were going and what they were doing and... [Central Site 2-224]

Sometimes parents described service providers who were easy to talk to as being “like a friend”:

P: ...actually there was a couple times I called stressed out and bawling my eyes out and she, you know, calms me down and lets me know she’s there and asks me what happened and just, you know, let me vent out a little bit and then explains to me how I can get through it and there’s a couple times I felt like giving up and she just doesn’t let me and she’s... it, it’s pretty much more of a friend relationship than anything. She’s very helpful and very... (sighs) nice. [Accessible Site 6-176]

P: And he would say hello to the girls and you know ask them how school is doing but just mainly like you know a friend coming over and having coffee with me and sticking around.[Accessible Site 6-181]

P: She was easy to ask advice to, she was easy for schooling, like where do I let my kids go, like anything I had to ask her, you know, because she comes to see me the week before they were coming, “are you excited? did you get them into school”, you know. She was kind of like having a friend --- a friend that knew everything, you know what I mean? [Accessible Site 5-492]

P: Yeah and I like her, she’s... she comes in and it’s like talking to a friend. [Central Site 3-323]

Parents in this study appreciated when service providers approached their families and asked what was going on. Several parents indicated that this helped to make them feel better about their parenting and become more willing to share and to accept help. There were many more examples of service providers who parents perceived as non-judgemental at the accessible sites:

“He just... he just was very... he made me feel like I could trust him. I trusted him fully, like from day one. And he was... it was like you could tell he wasn’t out to finger me or just say that I was a bad parent or to make me feel like I had done something wrong or... yeah, he just... he was really good. Like he helped, every service we needed, he... you know, with the kids and made sure, you know, [service provider], like really, really good.” [Accessible Site 1-123]

... like I said she was a good service provider. Um she was very um she listened, she didn’t judge, she um she was good. [Accessible Site 4-449]

P: I felt comfortable with him. I felt comfortable asking him. He was very personable. He was very understanding, from a parent's point-of-view. [Accessible Site 5 -490]

P: "...like the more I seen her, the more I really bonded with her and I just have a really good relationship. I think that she's the most awesome lady and she does a good job and she's there for the kids, not for herself. She's not coming in my house judging me, thinking she knows where I came from and she knows best —she doesn't— and she, she admits it when she doesn't know. And I mean, that to me means more than anything because she's not sitting there thinking she's better than me - she's sitting there thinking, okay you know what, this lady is struggling, what can I do to make it easier for her, and that is her approach." [Accessible Site 6-180]

P: "Yeah and I like her, she's... she comes in and it's like talking to a friend. That's how it feels like. And I like that 'cause she comes in and will just say you know and if she has any con... like concerns and she, and she... you know she... she talks to me like I'm a human being not like you know what, this is what you did and now you've got to be punished. No she's not there and I really like... and I really like her. And that's you know, I'm glad that she's in.[...] "She's just got a good vibe on her. Like you know I can tell when people are going to be negative, I can feel their negativity, but no she came in... you know and it just felt like relief, she was there just to support me not to judge me"[Central Site 3-323]

Parents identified the importance of feeling that service providers were aware of what was happening in their homes and knew how to help. Once again parents at the accessible sites were more likely to describe their service providers in this way:

I: Did you feel your service provider was knowledgeable about what was happening in your family unit and what was happening at home?

P: "Yes- yes....when he came into our lives, he had followed up on the case and he came for a visit and everything else to see how we were. And he's been great. [Accessible Site 1-125]

P: Yeah. She read up on the file before she met with me. So I didn't have to re-explain everything again like all my past service providers it seemed like I was explaining everything over and over and over again. And then she went into the past, like, before with my dad and my mom and stuff like that and realized maybe that's some of the mental health issues that I have. [Accessible Site 4- 464]

P: She was very you know, good at, with like that. Like you can tell that she had knowledge, she went through it herself, she wasn't a very opinionated person, she was outgoing, you know and that makes a big difference. Easy to talk to, you know. And she called me back (laughs)." [Accessible Site 5-492]

P: I think they both have more of an understanding on the psychology behind domestic violence. How it's easy that partner, the ex partner is able to manipulate in all reality, the victim into their perception how things should be. And I think they understood that. ... Following my 911 call, I was on the phone with CAS making a service provider come to my house. Come to the house, come to the house now and she came right away. She dropped what she was doing in the office and came to my house right away. [Accessible Site 4 -453]

P: Somebody who understands that it's not easy being a single parent, raising two kids who are not even a year apart...So somebody who just understood that it's not easy being a single parent, who has a little learning disability, who takes longer to learn things than what everybody else wants – the somebody who understood. [Accessible Site 5-489]

I: Was she knowledgeable about what was happening in your home?

P: Yeah. She knew what was going on and I always told her everything. (...) So, things turned out pretty good. [Central Site 2-220]

Parents from both settings identified that it was important for their service providers to be aware of the helping resources that would be available to them:

“Well, I asked for help for getting the second thing for them, like Pinky Lewis for the girls, for them to have something to do and then she gave me numbers for housing, they helped with that and some other numbers they gave me for my diabetes and different things, like anything I phone for, they pretty much have helped me with.” [Accessible Site 3-377]

Very helpful. If I had any questions about anything that came to the boys, or anything – if I needed ideas, I'd sit down and I'd talk to her and I'd say like, “What can we do about this?” She would go through a list of different ideas as to how to deal with different situations with the boys because of her behaviour and whatnot. And she was very knowledgeable. Like quite a few of the stuff that she made helped the boys immensely [Central Site 5-529]

On the flipside, when service providers were not perceived as having the knowledge necessary to help the family, they were often harshly criticized.

P: ... they're young. Like, the one girl couldn't help me at all. Like, everything she told me to do for [child's name], I already do. You know, take things away. Well, hello! I've already done that. And she had no suggestions, whatsoever. Like, she was boggled because of everything that was going on. Like she couldn't believe my daughter would destroy my house, put holes in my wall [Central Site 5-524]

In the parent survey, there was no significant program difference at case opening in parents' assessments of how much knowledge their service provider had about the family.

However, at follow up, the difference between program parents in their assessments of how much their service provider knew how to help the family was approaching significance at the .05 level. More specifically, a greater proportion of accessible program parents (38.6%) believed that their service provider “definitely” knew how to help their family compared to 23.6% of agency based parents ($Z = -1.867, p = .062$).

More accessible program parents believed that it was necessary for the child welfare agency to become involved with their family at follow up than at case opening ($Z = -1.935, p = .053$). Similarly, at follow up, more accessible program parents perceived that their service provider knew about what was going on in their family than at case opening ($Z = -2.685, p < .01$). For example, at follow-up, 52.6 of accessible parents saw their service provider as definitely knowledgeable about what was going on in their family compared to 32.5% at the central settings. There was little change in agency based parents’ assessments of service provider knowledge from case opening to follow up. These positive shifts in parents’ assessment from case opening to follow up suggest a greater capacity at the accessible sites to foster welcome helping relationships with parents.

On the other hand, it is encouraging that at follow up, many parents from both accessible and central sites saw that there was a definitely or for the most part a need for child welfare involvement with their families (59.6% and 46.3%), that service providers definitely or for the most part were knowledgeable about their families (66.6% and 62.5%) and how to get the help their families needed (63.2% and 52.8%). This is a more positive image of parents’ willingness to engage with child welfare services than is often assumed and, from our perspective, suggests a constructive base that can be built upon.

A caveat in interpreting these assessments is that they were based on parents’ experiences. They cannot be understood as objective indicators of service providers’ knowledge of family circumstances or community resources. However, they do suggest how satisfied parents were with these elements. It is likely that these assessments were linked to parents’ overall satisfaction with their child welfare involvements. As shall be shown later, parents at the accessible sites were substantially more likely to give favourable general ratings of their child welfare involvements.

A greater proportion of parents from the accessible sites indicated that they felt that they could be honest with their service providers about what was going on in their lives. In some instances, they said that this included sharing information that they knew could have negative consequences for them:

P: She's amazing actually, like, I can call her and I can tell her anything and ya know, we have a very honest, upfront relationship and I, I can call her and say you know this is what's going on at my kids, the kid's dads' house, this is what they have been telling me. [Accessible Site 1-119]

Oh yeah. Like I mean, I can pretty much tell her anything about what I've done. Even, for example, if I were to go out and relapse and you know, I screwed up really badly, I believe that I could go to my service provider and let her know what I did because she wouldn't—she might have a problem with it, like I wouldn't say that she would condone my behaviour, but she wouldn't make me feel like you know, I'm never going to be able to fix it or I'm going to lose my kids or whatever. I think I can trust her completely and I could tell her just about anything about my family and she would give me the support that I need to get on track with it." [Accessible Site 6-180]

P: For me...well it changed...it changed my outlook on family and children services for one. ... there was a lot of times that I would just talk about stuff and just sit and cry, and cry and cry. And it felt really good to be able to do that with someone that I felt comfortable with. I was still embarrassed by it mind you (clearing her throat) but as well with [service provider] you know I am able to be honest with him [Accessible Site 6-181]

These participants explained why they trusted their service provider:

P: Very helpful. She was very open and- and honest with me as to what she can do and what her boundaries were to help me out in the community. [Accessible Site 2-273]

"Yeah. She did what she said she was going to do unlike the other service providers, and I ended up really trusting her and liking her. Thought she was really good for, you know, keeping her word and doing what she said she was going to do" [Accessible Site 4 -464]

"He just... he just was very... he made me feel like I could trust him. I trusted him fully, like from day one. And he was... it was like you could tell he wasn't out to finger me or just say that I was a bad parent or to make me feel like I had done something wrong or... yeah, he just... he was really good. Like he helped, every service we needed, he... you know, with the kids and made sure, you know, Matt, like really, really good." [Accessible Site 1-123]

Only one participant from a central site talked about feeling that she could be open with her child protection service provider:

P: Good. My... when they first came, my service provider was awesome. Like, I never hid anything from them. I told them straight out what happened, what I did, what the kids have been through, what I've been through, what my boyfriend's been through. So, it was like... I don't know, it was... it was... it was really good. It was open, like she... anything I needed, if I need anything I just call her. Or if something was bothering me, I just call her. She's pretty good. [Central Site 2-220]

Finally, approximately 58% of accessible site parents said that they were “very” or “mostly” satisfied with their child protection involvement compared to about 41% of central site parents. Relationships with service providers likely played a significant role in these perceptions. For example, 18% of the accessible site parents and 39% of the central site parents were “not very satisfied” with their overall service experiences.

Many of the above helping relationships qualities may have existed more broadly than what was explicitly shared in these parent interviews. These interviews were structured around a few general questions and did not ask questions about the specific elements reported here. However, the fact that these relationship qualities emerged more often at the accessible settings suggests that they were more reflective of parent experiences at these settings. This conclusion is supported by the fact that these patterns are consistent with the different program intentions of the accessible and central service delivery sites in this study and match broadly how service providers described their capacity to forge helping relationships in these work environments.

Front-line child protection service providers built positive relationships with parents in all service delivery models. Similarities existed across service delivery settings in how these service providers engaged parents and what parents appreciated about the helping relationships with these service providers. Nonetheless, this study strongly suggests that accessible service delivery sites had some structural advantages in creating appreciated helping relationships.

Physically locating child protection service providers in settings accessible and acceptable to families was a central consideration.² This allowed for more informal contacts between family members and service providers. Children and parents dropped by to say hello or to ask questions more frequently. Service providers more often were present where families lived. Consequently, service providers at accessible sites believed that they had access to better information about families and communities. Program intentions were pivotal at the accessible sites. They began with a desire to improve relations with families and neighbourhoods. They wanted to be more familiar with the lives of the parents and children involved with their services. They wanted parents and children to know them and to be willing to approach them. They wanted service providers to become known in communities and to develop

² One accessible site supported resource centers in neighborhoods and provided community development staff housed at these centers. Front-line child protection service providers had relationships with these centers and community developers but were not located in the neighborhoods. The size of the study sample did not allow a comparison of the merits of this approach with the sites that located child protection service providers in local schools or neighborhoods.

relationships with potential partners. Striving for these intentions likely brought them to greater or lesser fruition at the accessible sites in this study.

The differences between accessible and central sites were differences of degree. Parents involved with both accessible and central sites were very aware that the agency had great power over them. Both had clients that respected and resented how this power was used. Both had satisfied and unhappy clients. Both created helping relationships that were appreciated and resented by parents. Yet the magnitudes of the differences between accessible and central sites on these dimensions were large enough to merit closer inspection. It seems probable that there are service delivery characteristics at these accessible sites that are worth emulating.

SERVICES AND SUPPORTS

Both service providers and parents provided information about the kinds of services and supports that were available to families they. Table 9 summarizes these findings.

Range of Services

Referral to professional counseling and other services from outside agencies was a focus in many of the central site interviews. At the same time, front-line service providers from central sites stressed underfunding of services as a major impediment to accessing assistance for families:

P4: ...It's nice to say we have all these partnership with other service providers but if they're completely underfunded, it, you know ... the wait list for services ... for the men's program, is four months long; that doesn't really help the family. [Central Site 3: front-line service providers]

On the other hand, parents from both accessible and central sites appreciated that service providers were able to help them access services that they believed they could not easily access on their own.

Staff at several central sites talked about partnerships that they thought gave advantages in getting their clients assistance. One central site was located in an integrated multi-service integrated centre. Front-line service providers there identified benefits such as greater awareness of when services became available, being able to personally connect clients with other service providers and finding out if clients followed through with referrals:

P2: And it helps you know what services are available, because I think if you were in an agency that was just protection focused you might not know about a developmental support service provider or a child and family consultant ... so we know what's available

for our families out there ... and ... we're more apt to find out are they following through with the recommendations ...

P4: ... often I'm going to bridge over ... because I know the service providers I can talk to them about who that service provider is and what that person's like and I really think it's going to be a wonderful match and then I introduce that service provider on a visit as well, so it seems like it's a nice bridging over... [Central/Integrated Services Site: front-line service providers]

Table 9: Services and Supports

	Central Sites	Accessible Sites
Range of Services	<p>Service Providers: talked extensively about referrals to formal services and challenges in accessing these services.</p> <p>Parents: described referrals to one or more formal services.</p>	<p>Service Providers: also discussed referrals to formal services and use local neighbourhood resources.</p> <p>Parents: expressed more satisfaction with more services and supports received.</p>
Service Facilitation and Advocacy	<p>Service Providers: described less active involvement in service facilitation and advocacy.</p> <p>Parents: provided relatively few examples of service provider active involvement in advocacy or active involvement in connecting them to services.</p>	<p>Service Providers: described substantially more active involvement in service facilitation and advocacy.</p> <p>Parents: gave many examples of service provider active involvement in connecting them to services and advocacy.</p>
Satisfaction with Services	<p>Parents (survey): about 20% of parents found the range of service connections to be "all that they needed".</p> <p>Parents: described satisfaction with professional services received.</p>	<p>Parents (quantitative results): about 40% of parents found the range of service connections to be "all that they needed".</p> <p>Parents: described satisfaction with a broader range of services and supports received.</p>

Service providers from the accessible sites were much more likely to describe formal and informal partnerships. At the school sites, collaborative programming within the school was typical. A couple of schools also served as hubs for cooperation with other service providers such as public health. Many of the community sites were co-located with other formal and informal partners:

P: I think truly that we're there to work with the families and the community to support them with, obviously, with the support of staff in [partner org.] because I really see it as working together, collaborating together, to support the families in the best way that we can, knowing that, yes, there are protection issues, but maybe we can address them through this centre or through extension of the centre, as opposed to some of the traditional... ways that we try to support families that hasn't been successful—the more imposed kind of approaches. [Accessible site 1: front-line service provider]

..so the way for us to get families what they need is to work collaboratively and in partnership with other organizations, so we have working agreements with public health, we have working agreements with [neighbourhood association], that's where the community development comes in, with the neighbourhood groups and the city ... And we have partnerships with the school boards in a variety of different ways where, y'know, we are active in providing resources and working with other partners to meet the needs of kids, so, y'know, it's not unusual for us to contribute in-kind resources or some staffing resources or a little bit of money to get a program off the ground and those are joint initiatives. [Accessible site 2: manager]

At one community site, community developers employed by the child welfare agency were located in specific neighbourhoods. This site collaborated with parks and recreation services and local community groups:

They have somebody that they're working with in the community that have some children that they may call and ask, "Do you have recreation, do you have an after school program or summer camp program. Um, I need a couple of weeks to give Mom a bit of a break do you have some spaces?" So we would support them that way. Um, I've had service providers call me if they have somebody that's coming out of the shelter and is needing help getting set up in their new housing place....

I've had similar experiences where a protection service provider will call and say I have a family who has a child who needs to be involved in something, um, some after school programs. So I've done that many times. Met with the family explained the programs we have at the neighbourhood group, and had them sign up for those. [Accessible site 4: community developer]

... it's not just we'll go get food vouchers, it's actually there are some other really good, useful, sustainable food supports in this neighbourhood that this neighbourhood service provider can connect with you about and build up that plan that can look like Wednesday this, you know,

maybe Friday that, so that there's a sustainable plan for that family to get food for the next month as opposed to for that night. [Accessible site 4: supervisor]

Service providers at most school sites described offering services in collaboration with schools staff or other service providers:

So... so then and we'll also do parent group, so again, it depends on what the need is of the school for that year and who they're identifying. Bullying, sometimes, sometimes it's bullying for the 9-10 boy age group and then the next year it's bullying for the 12-13 girl age group, so it really varies... [Accessible site 3: supervisor]

... So again they have a face and a person to come to rather than trying to email someone here, randomly, and hope that it would actually get back to the rest of the office. Where they know that they can come to us and we are excited because we need programs, we need services ... Specifically before I was more just school and now I'm hub I've really noticed that services are a lot more um, readily available ... [Accessible site 2: front-line service provider]

Many service providers at accessible sites emphasized education and prevention in addition to responding to crises and protection concerns:

I think that the goal would be too, is that the more services provided for a family, the more the community works with that family and the less likely they are going to be becoming involved with us because they'll have services wrapped around them ... so when community members say, you know, 'are you just coming here to watch us ... it's like, 'no, complete opposite, really, we'd like to see more services for the family so that there are less families involved in child welfare' [Accessible site 1: front-line service provider]

Two accessible sites hosted by the same agency highlighted the use of community to support families:

P1: I don't think you can measure it. And I and I and I think, what is so valuable to each family is they get what they needed at that time. And the important part is from that is I've seen families then start to give back themselves. They become better neighbours and to volunteer and to help out and then it not just all take and you see them give back.... So families become resources too.

P2: Well, I've got I've got a client whose got three kids, she's twenty, under the age of three and another one has two little babies under the age of two and they're sharing clothes. And I was talking to them and they've got a whole network of young Moms up there and they're all shifting clothes and passing them around and bassinets and bottles and they're all doing that. So they form that within even this big thing. And I think I think that's a huge impact....I think it brings it back to: it takes a community to raise a child, and makes it real.
[Accessible site 4: front-line service providers]

Parents were asked in qualitative interviews what services and supports became available to them as a result of their involvement with child welfare services. In interviews with 30 parents from central sites, an average of two services or supports was mentioned. In interviews with 42 families from accessible sites, an average of four service or supports was identified. Several families at the accessible sites specifically highlighted how impressed they were by the level of assistance that they received. For example:

P: Uh no if there's a support that I haven't gotten yet it's because I haven't needed it yet. I don't know if she brings up supports that I don't even know exist or that I don't know are there so um I ask for as many as I could and then she just keeps bringing things to the table. I don't have to ask too much she brings things that she feels are necessary for our family so... [Accessible Site 6]

P: Ah, yes. They got everything for [son]. Oh my goodness. [Accessible Site 1]

P: When I was waiting for the housing, she used to make sure I have food, clothes, winter stuff, anything that I needed- she would make sure I have it. (...) She would call right there and get it done. [Accessible Site 2]

..like [recreation centre] for the girls, for them to have something to do and then she gave me numbers for housing, they helped with that and some other numbers they gave me for my diabetes and different things, like anything I phone for, they pretty much have helped me with. [Accessible Site 3]

There were two exceptions to this trend at the accessible sites. Parents at a less developed site and at a newly established community site described fewer service connections than at the other accessible sites

Parents provided many more examples of receiving basic or concrete assistance at the accessible settings. For example, during the qualitative interviews, at the central sites, only 5 parents described receiving concrete assistance compared to 23 parents at the accessible sites:

... They were able to help out with food vouchers. And they were able to get my assistance up and going. [Accessible Site 2]

... She would come and help me and take care of whatever issue that may arise. She would give me milk if I needed milk- I need to get a bigger apartment which we're working on so there's more room... [Accessible Site 6]

P: -- I wouldn't have, and I wouldn't have this house to live in with my kids with all this beautiful furniture and those kinds of things 'cause she helped me. She got me my fridge, she took me to the store to buy my stove, she got me a kitchen table and a dishwasher and a DVD player.
[Accessible Site 6]

P: The food bank and the church and stuff for meals, yeah.[...] rent bank and the drop-in center [...] So they were real, it was really good, like, food wise and money for hydro and snow suits and gifts, that was really good.[Accessible Site 1]

P: Yes- yes....when he came into our lives, he had followed up on the case and he came for a visit and everything else to see how we were. And he's been great. He's helped us out with...getting a new place. And getting outta that two bedroom apartment that we were living in and helped us get into housing and if I need anything like bus tickets or a ride for the kids to doctor's appointment, etc. Whatever I need I go talk to him and if there is a way he can help out, he can.
[Accessible Site 1]

And she, like, whatever I needed help, she'd go out and help me like she'd buy it, like got us a cool air humidifier for him and if I was struggling sometimes, she, like, give me vouchers ...
[Accessible Site 4]

Referral to supports available in local neighbourhoods was talked about more often by parents at the accessible sites:

She set us up with the neighbourhood group um so that we could have a place that uh we can go to just during the day, like on Tuesdays we have coffee time and free Tim Horton swims and the... you know the... they do lots of stuff to help us out so... it... it's been really good (laughs). [Accessible Site 6]

And I was taking him to Baby Day over at [the Centre] every Tuesday...Yeah I find them help- I find them [parent groups at local Centre] all helpful. [Accessible Site 1]

P: But right now he's [son] having problems with some school work and some bullying stuff there. So, the school and CAS has put some ideas to us like cadet's, a math tutor, and a community police officer that goes into schools ... [Accessible Site 2]

P: They did do some stuff with my son, just stating what things he was having problems with and the techniques I could use to help him and told me if it didn't get any better that I could bring him back at any time.... [A parent support group at local school] I went there. It was quite helpful. ...YMCA. I went to a lot of them. [Accessible Site 5]

Service Facilitation and Advocacy

The degree to which service providers were actively involved in advocacy and in linking families with services and supports depend to a certain extent on individual service providers. For example, a few central site service providers talked about frequently supporting families in ways such as driving them to appointments and helping them to find housing. Some also talked about advocacy as an integral part of their work. In contrast, active engagement by service providers in advocacy as well as in developing and accessing services was expected at the accessible sites:

We're talking about being out there, working in communities, providing groups, working with your partners, coming to the table with the other partners in the community in terms of advisory groups, parent groups, all that kind of stuff. ... we want the community based really to be more than just doing child protection, we want them to be part of the school, right, so that's right, so we've got our school based, we've got our community based, which are in schools delivering protection services, and then ...they're delivering protection services out of the [service hubs] but we want them to be doing more than that, we want them to be working with the partners around the table around developing the community resources. ... So we really depend on community partners here.
[Accessible site 1: manager]

... the Baby's Best Start program runs from there, so if there's families on our caseload that are involved in that, then they'll be—they'll have the opportunity to go right in and be part of that program with the families and really have some hands-on experience, I think, as well... [Accessible site 1: front-line service provider]

... And um, so I've been picking her kids up every morning and driving them to daycare because she's recovering from a C-section. We have a neighbour that we found here at [the Centre] we have a neighbour walking the JK student to school everyday cause she's walking her own kids. I drive Mom's toddlers to daycare cause it's right here anyhow and I drive right past her place. And then at the end of the day, I pick the kids up from daycare and drive them home to mom just because we don't want volunteer drivers doing this all the time. But as of today I have a student from the youth group here who is going to be walking the kids' home from daycare. All of this possible because...
[Accessible site 2: front-line service provider]

... we've allotted one morning a week for um service providers to be out in the community and do activities. Whether it be a group, whether it be providing food... instead of a food drive thing, or anything that would actually meet the community's needs ... the one-to-one piece is the teacher and principles are always coming up and consulting with the service providers about services so we're providing a lot of extra information that we normally wouldn't provide ... we're trying to solve the problems before they actually become child protection problems by providing information.
[Accessible site 4: supervisor]

At school sites, in addition to community involvements, service providers often were involved directly in programming in the schools:

Last year I was fortunate to run groups throughout the full year which was really good because the kids – you could connect with the kids in such a different way, where you're going down and playing basketball. I know [other service provider] does that as well, but I ran a basketball incentive group, that was really successful. We're also identified as people who are able to support in a preventative way, so we end up – myself, I would end up getting calls from family members, getting calls from parents interested in being linked to services – either directly through me or through students or through community service providers who come in on a regular basis. [Accessible site 3: front line service provider]

Advocacy as a responsibility was as a much stronger theme among service providers at the Accessible sites:

P2: ...we also do non-protection where families will ask you for... to advocate with them, to go to meetings with them that they've known you before in the community so...

P5: ...the oldest boy is in [Group Home] so you go to meetings with her and advocate because she just feels she's not being heard so she's doing everything she's supposed to do, you just provide a support and sometimes the voice in the meeting for her.

[Accessible site 5: front-line service providers]

I support this, I support huge change in the community and in working and advocating with a lot of the other resources in this city' - even like OW, ODSP, even on the larger scale like that, I feel like there's huge need for advocating and brokering for clients

[Accessible site 1: front-line service provider]

Well at times I think we can be the biggest family-child advocates, right? For them, whether it's regarding their child in school and something again maybe our families might not take on with the school ... they're not strong enough to do that so to be able to support them and take that on for the best interest of the child. [Accessible site 4: front-line service providers]

In the qualitative parent interviews, there was more evidence of active involvement of service providers in connecting families to services and supports at the accessible sites:

P: She shows me um different programs I can take her to, she signs me up for groups, she provides car rides when needed, she set me up with counseling, she does anything possible. [Accessible Site 6]

P: At the beginning, when I first met [service provider] she ran out and got me some mops, cleaning supplies 'cause I didn't know anything about cleaning supplies. I mean nothing. So she went out and she's... like she had people come out. ...She got me into a parenting program—a couple of parenting programs that taught me a lot. [Accessible Site 5]

Parents at the accessible settings also provided more examples of service providers providing hands on guidance and support to families:

... It's just different ideas, you know, how to get them, how to do charts for chores ... to relieve my stress much, I'm not telling them every day to pick up your dirty clothes ... show them how to make up charts, and then you put stickers on them and rewards and stuff afterwards – so yeah. [Accessible Site 1]

But the service provider is trying to work with the school on some strategies they can use when she's having a meltdown at school so which will help me here at home because right now, she bottles it at school and then brings it home lets it all go on me. So, we're working to try to solve problems as they come rather than let them build up. So, she's helping us with that right now. [Accessible Site 6 - 184]

Examples of advocacy support were provided by parents at central and accessible sites but were more common at the accessible sites:

...she even helped me with my taxes, because, yeah, it was a mix-up of who gets the money and y'know, she got her... their taxation department got it all straightened out for me and that was even after... this was after my case was closed so... [Central Site 3]

... it was like, I was nobody to them (another CAS). They wouldn't even call me back or anything. So I got the Children's Aid here involved and then my-- everything got on ball. They helped me out, told me what I had to do, helped me get involved and stuff, like anger management and all kinds of different little situations. But that's how I got involved here because I needed them to help me. [Accessible Site 5]

She ended up helping out a lot when we were dealing with different things that were going on at the school because it was very intimidating (...) the case service provider on board she did facilitate a lot of the meeting that we had and very much stood up for us. She was in our corner so I think that was a bit of a barrier...a buffer between the school and everybody that they would bring in (...) So it was a full room and if it would have been just my husband and myself, it would've been very intimidating. So she did help...give us support in that way. [Accessible Site 2]

Satisfaction with Services and Supports

Parents completed a questionnaire when their case was opened to ongoing services and again between 9 months and 1 year later. Table 10 shows how parents rated the adequacy of the services and supports they received through their child welfare involvement. Among accessible program parents, at follow up, 42.1% estimated that agency staff were able to connect them to “all [the services and supports] that I needed”; only 21.3% of central setting parents were equally positive. On the other hand, it is encouraging that approximately 80% of accessible site parents and 70% of central site parents reported being connected to at least “one or two [services and supports] that were useful”.

Table 10: Services and Support Satisfaction

	Accessible Sites				Central Sites			
Were 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>	<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>
Case Opening	18.7%	32%	25.3%	24%	17.3%	12.7%	41.8%	28.2%
Follow Up	42.1%	8.8%	28.1%	21.1%	21.3%	20%	30%	28.7%

In the qualitative interviews, parents from the accessible sites were generally more enthusiastic about their connections to services and supports:

Yeah, [name], it was a great program. It was a great program.... It's just a... it's a child learning, child development place where pre-teen children, no... pre-teen adults go and just learn about everyday things that you do with your child. Good activities to do and stuff like that. It also does the first aid certificate and all that stuff as well. I found they were great, like they were an awesome place to be, like, it was awesome. And it was just awesome, great people there, and you also get to meet young parents as well, too. [Accessible Site 1]

Yeah, I don't know who would spend by a month but it's been awesome. She got me into Healthy Relationship Program. She got me into my psychiatrist's appointments. Well, she helped me get into it, the psychiatrist. She got me into individual counseling through [name of program] ... Yeah, a lot of great...a lot of great programs. [Accessible Site 5]

I ask for as many [supports] as I could and then she just keeps bringing things to the table. I don't have to ask too much she brings things that she feels are necessary for our family so... [Accessible Site 6]

Quite a few parents at the central and accessible sites felt that child welfare was able to help them get faster access to services. In fact, this help was mentioned more frequently by parents than the frustration of waiting lists:

P: I believe that they've been able to get it done faster. These services I was aware of, trauma assessment- I was going to do that, but since I asked them to refer me so that we could maybe get in a bit faster... [Accessible Site 2]

... waiting list for occupational therapy and speech therapy. I was able to get bumped up on waiting lists. [Accessible Site 6]

Like I probably wouldn't had the help that I got if I... if it didn't happen. I think it would have taken much longer I think... 'cause I go see a counselor and whatnot so I think it would have took a lot longer to get somebody in my house. [Central Site 3]

I: Did you think your-your family was able to get help that you might not have gotten had you not called?

P: Yes [Central Site 5 - 511]

There were more examples of dissatisfaction about services and supports among parents at the central sites, particularly about the lack of assistance received:

I: Did anything become available?

P: Nothing. (...)Any services I've gotten I've gotten on my own separately from CAS. [Central Site 2]

I: Okay. So did they ... Were they able to provide or connect your family with any helpful services and supports?

P: I would say no. [Central Site 5]

As mentioned, at two accessible sites, a similar lack of services and supports were identified by parents. One of these sites was a less developed school site and the other was a neighbourhood site recently formed by transferring a team from a central office.

This was evidence in this research that there a greater number and variety of services and supports were available to families involved with accessible settings. There were also more examples of advocacy and active engagements by service providers to connect families to services in their

communities. Service providers at both central and accessible sites were praised by quite a few parents for connecting their families with professional services that they may not have been able to access on their own. Overall, parent satisfaction with the services and supports received was greater at the accessible sites.

CHILD WELFARE JOBS

In this section, we investigate whether front-line child protection service providers experience their jobs differently in the accessible and central service delivery sites in this research. It would be erroneous to present either an image of employment homogeneity among similar service delivery models or an image of black and white differences in front line employment realities across the different models. Front line service providers' perceptions of employment were more nuanced. Notwithstanding these caveats, there were meaningful differences between the accessible and central service delivery models investigated.

Before a pattern was considered to represent a difference in perceptions of employment among service delivery models, two conditions had to be satisfied: (1) The pattern had to be substantially more prevalent in service providers' discussions of their work within particular models than others; and, (2) When more than one service delivery model was present at a child welfare agency (e.g. community as well as central approaches), the differential pattern had to be evident in the service delivery models at that agency. These conditions ensured that the differences were robust and represented service delivery model rather than agency differences. Finally, in presenting these results, care is taken to clarify whether the patterns were shared across all or some of the sites representing particular service delivery approaches.

Job Sustaining Narratives

It is normal for colleagues sharing a work place to elaborate a shared story about what makes their work worthwhile and what is hard to accept. There were some very clear differences in the shared employment stories between central and accessible service delivery models. This section presents two contrasting general narratives about employment realities at the central and accessible service delivery settings in this research that we have entitled: (1) Pride and endurance and (2) Belief and integration. How readers assess these different perceptions of employment realities will depend on their values and

experiences. There were also substantial areas of overlap in perceptions of job satisfaction and stress *across all research sites*. These commonalities are discussed later in this section.

Pride and Endurance

There was narrative present at the central sites and not at all at the accessible sites. This narrative reflected a pride in being able to do a very difficult and important job that many others could not do. Related to this were feelings that this difficult work was not understood or appreciated by families and outsiders. In an earlier chapter, evidence was presented showing that central service providers were much more likely to talk about adversarial relations with parents and to feel misunderstood by service providers and others in their community. The following quotes illustrate these patterns:

P1: I think, for me, it's a very, very difficult job that I don't think a lot of people could do. I don't know certainly not every social service provider could do it. ... I find it rewarding to do a job that a lot of people couldn't do... I mean, if you're in it for the right reasons, in the sense of you know, you're a caring individual, and you have that natural ability to juggle the authority piece with the clinical piece and you can do those things and you've lasted more than two years, then maybe you have what it takes to do the job.

P4: You know, one of the most rewarding things that happens to me is the times when I am out in the community, just as Trish, and someone says, 'so what do you do?' and I say, 'well, I'm a child protection service provider' and they're like 'whoa, I could not do that job, oh my goodness, you guys should get a medal', that is kind of rewarding when that happens. (Central Site 1: front line service providers)

P: Oh my god. How did I get into this job? We ask ourselves that a lot. (laughs) ... this is not an easy job either, because some of the kids we have in care are pretty difficult and a lot of hard work and travel all over the province and whatnot kind of stuff. (Right) ... people find out fairly quickly, child welfare generally is not a good job for me (right) or they gravitate to intake or children's services and depending on how that migration is working, it'll then move to different areas... (Central Site 4: front line service provider)

This theme of pride in enduring or "having what it takes" under very challenging work circumstances was voiced at all of the central sites³ in these interviews. It certainly should not be assumed that all front line service providers at these five sites viewed their employment this way. However, what was striking was that this ethos was not present at all in the school and community

³ The integrated services site was considered an central sited in these analyses. This was both because of their central service delivery and the similarity of their employment narrative with the other central sites.

based interviews. This difference was particularly surprising since front line service providers at these more accessible sites talked about similar levels of job stress as central service providers.

Central child protection service providers described a more insular or disconnected world of work than their more accessible model counterparts. They talked about less frequent contacts with families and service partners. They portrayed adversarial rather than cooperative relationships with families more frequently. They were more likely to talk about a lack of cooperation from community service partners (with the exception of the integrated services site). As shown below, central service providers focused more within their own teams for support and a sense of employment identity than did school or community based service providers. This distinction between perceptions of relatively insular and connected worlds of work is one of the most important distinctions between central and accessible service delivery models emanating from this research.

While service providers at all research sites expressed concern about inordinate work demands, front line child protection service providers at central sites were more likely to focus on the obstacles to connecting with families and to perceive their work as misunderstood and unappreciated by others:

P1: ... we work really hard to do that but we can only do what we can do and sometimes it's just not possible, but it seems like the common misconception is that we're just trying to tear families apart, but we work extremely hard to try to do the opposite, but sometimes it can't be done. ...

P3: Yeah, because I've had incidents where people, like I was getting my hair cut one time and he went 'you're a what?' and he started yanking because he said, 'yeah, I've had involvement with the CAS' and I didn't know whether I was going to come out of there alive, like he was just he clipped my ear a couple of times (shared laughter) I didn't go back to him again.

P4: Well, my hairdresser's totally supportive of the work that I do. (shared laughter)
(Central Site 1: front line service providers)

P2: ... I mean, you're never caught up, you're always dealing with something, some crisis and that other stuff gets left behind or is on the back burner and stuff that we would like to do on a more regular basis, the therapeutic piece, the counselling piece as much as possible, we can't do it on a regular basis, we can't spend any more time with our families because it's impossible. (Central Site 4: front line service providers)

While concerns with heavy documentation demands were voiced at every research site, and service providers everywhere were cognoscente of personal liability risks in their work, central service providers did talk more explicitly about their liability fears in their work:

P4: It's always big because you're liable no matter what, you know, and it goes back again, you know, when you can't find – when you've got your teen who's – like I keep going back to the 14 year old who you suspect is at risk, and you suspect is going to end up hurt or dead, right, and you've done everything you can possibly do, but she's still out there and it weighs on you all the time because you know that you can't seem to get any services or to get her the treatment that she needs. (Central site 5: front line service provider)

P6: Yes, the liability is huge. I don't worry about that as much as I worry about other things, but it's always in the back of your head. ...

P3: It's with you every day. You can never turn it off. You just have to learn how to live with it. (Central site 2: front line service providers)

There was agreement among service providers across the central sites that access to the support of other child welfare service providers in their service team was very important to being able to cope with the pressures of their job. Closely connected was the importance placed on having accessible support from a supervisor. Overall, having access to this support was an aspect of their employment that central service providers in their interviews found more satisfactory than front line service providers at the more accessible sites. This valuation of team also was connected to a sentiment that only others facing similar challenges could understand what they were going through.

P3: I think that's something that's always kept me out of community, because I like to have the support of people around me. It scares me to be out in the school kind of on my own, you know, without people around to just bounce ideas off of, you know, say 'hey, have you had a similar experience?', 'what would you do in this case', you know, it's nice to have people right around. (Central Site 1: front line service provider)

P2: I think one of the enjoyments, not to sound corny, is my co-service providers. Knowing that we're all in the same boat, well especially in protection, like in family service, we're all in the same boat and we all understand the stress that somebody is going through so we may make off-colour jokes that only we get, because it's a sense of humour that you probably develop that helps you through it. (Central site 5: front line service providers)

Central service providers also expressed belief in the value of their work or talked about aspects of their service involvements that they found rewarding. There were strong expressions of commitment and appreciation of their child welfare jobs at several central sites. The work was considered interesting and challenging. Service providers appreciated being able to establish good helping relationships with children and parents and for being part of facilitating positive changes in families. However, central

service providers generally described greater barriers to establishing cooperative helping relationships with parents than service providers at school or community sites:

P6: It is interesting. You don't know what to expect so that kind of keeps me going. You wonder what's going to happen today. I think the most satisfying part is when you get clients who may have been difficult initially, but then over the months they're workable they start to work with you and they have some realization that maybe you are trying to help.

...

P5: I love my job. I love coming to work, I have fun, I think it's I love meeting the people, I love the challenge of getting through the door, I like it's changed, like I said, but I love my job, I think it's great. (Central Site 1: front line service providers)

P4: I think, for myself, I see it as a privilege; like I really see it as a privilege for me – or an honour to be just so intimately involved in people's lives ... but I'm there to help them to develop their parenting skills or to enhance them or to have their children returned or to prevent the child from coming in ... but deep down they all want to be good parents and it's really neat for me to go in their homes and be with them and be that much – that closely involved with their families.

...

P2: My job's great. (shared laughter) It is, working with the team, working with the parents....– And even like the children, I guess, the teens or the kids I work with, you know, like you walk through schools and they'll say, 'oh hi', you're not even there to see them, 'oh that's my CAS service provider' ... there's nothing I really don't like about my job.

...

P3: I find it satisfying when I close a file and six months later, a year later, I'll get a phone call from a client and we'll get into a discussion and they'll tell me how much they've changed and how much their family's grown. I guess those calls are few and far between ... so I think that something's that gives me the gift to keep going. (Central site 5: front line service providers)

P2: ... it's the small things, or even having a client who says 'I just completed this parenting program', and they've been waiting for six months and you've been waiting and you've been thinking 'Okay, okay, keep going, keep going and they finally give you a copy of their certificate and say 'Look what I did', and that's, that's nice. ... we do get to send our kids to, or we get [hockey] tickets donated so, sending a kid, you know, with bus tickets and tickets to a hockey game that he may never get to see, and he enjoys it and the next day he's able to tell you about it, and that's nice too...

...

P3: I think knowing that we're here to better children. As a whole, I think, the agency is, we are keeping a lot of children in the community safe that would be struggling a lot more if the agency wasn't around. So I think that's personally rewarding.(Central site 4: front line service providers)

Another common positive theme was that the work “is not boring.” Central service providers at three sites expressed appreciation for the challenges and diversity in their everyday work:

P1: And you’re constantly learning. Always, always, always learning. I don’t you’re always learning about something new and a different way of doing things and I think Joan said it correctly, it’s the clients for the most part that I love ... even the most difficult ones, you enjoy the challenge (Central Site 1: front line service provider)

P6: It does, because you can’t believe what people actually do, I mean, for the long term that we’re in it, it never gets boring, I’m never bored and I’m always I don’t know if excited is the word, but intrigued the case that keeps me up at night intrigues me the most too and trying to figure it out, you know, so you never get bored, I’m never bored, you can never say that. ... (Central Site 2: front line service providers)

A service satisfaction theme that was expressed by a few service providers at some of the central sites, but not mentioned at all at the school or community based sites, was valuing the use of legal authority to successfully remove children from their homes and place them in more appropriate living circumstances. This was only mentioned as a positive aspect of their service work by a minority of front line central service providers:

P3: I like when I bring kids into care and I place them into a foster home and they attach and bond to a foster home, like the foster parents, who – whatever, for whatever reason, meet their needs, love them pay attention to them – the kids respond to that and when you see that growth in the child, you know. ... in the seven years that I’ve been here, of all the children I’ve apprehended not one child has been returned home ... (Central Site 5: front line service providers)

There were several dominant themes in these central front line child protection service providers’ narrative about their employment. There was a belief that the work they were doing was important and necessary. And for some, there was a commitment to continuing to do this type of work. There was a pride expressed in “having what it takes” to carry out this stressful and personally demanding work. There was a sense of being able to endure in these jobs rather an enthusiasm for how they were required to go about their jobs. They talked about the personal costs for themselves and their families. Access to team, colleague and supervisor support were seen as an integral and much appreciated aspects of doing their jobs. They also portrayed a fairly insular everyday world of work with the main referents being within the formal child protection system. There was a sense that others would not understand their challenges or be necessarily supportive. Service providers described their work as

fast paced with lots of variety, exposing them to a broad range of family situations and work responsibilities. They said the work was “never boring.” While they talked a good deal about obstacles to establishing cooperative relationships with families, they also drew satisfaction from instances when they were able to establish good helping relationships with parents or children and when they were able to perceive positive benefits for kids or families from their efforts.

Belief and Integration

There was an enthusiasm among front line service providers and their supervisors about the school and community based approaches to service delivery that was not evident in the central employment narratives. There was not only satisfaction expressed with specific aspects of these approaches but also belief in the value of the accessible service delivery model.

These expressions of enthusiasm and conviction for the service delivery model were clearly present in the narratives at four of the five accessible sites in this research. Not every service provider at these sites reflected these sentiments. There were also differences in the intensity of these convictions across accessible sites. Nonetheless, these positive statements and belief in value of the service delivery approach were broadly shared at these sites. The contrasts with the central employment narratives was striking, especially since the accessible model service providers described comparable struggles with workload expectations.

P1: Like they're there, they pop by, their little eyes are like glued to my window in my door right so I think they would have an easier time because they know me, I'm like you know somebody they see you know every day, to knock on the door and say hi, you know, maybe they'd come in themselves you know and they wouldn't have had that opportunity if there hadn't have been somebody there.

P2: I think it's enhanced me as a person too because I've met such wonderful people in the community, whether it's partnerships or community members. And um, they all bring something to the table, they all bring something to us so it's been a... I'm just really quite thrilled to be part of the community. I love that whole aspect so that's really rewarding.

P4: ... you're a part of that whole family and the teachers like to know who they're dealing with as well. ... it's a huge piece. It's wonderful I think. (School Site 3: front line service providers)

While accessible model service providers did stress the limitations broader system expectations placed on their work, their talk about their immediate service models emphasized the positive things that they believed they could do. The overall sense in these employment narratives is that these

accessible model service providers generally found a good fit between the kind of service involvements they enjoyed and these service delivery models. They talked about frequent and flexible engagements with many children and parents. They felt that they were parts of a school or neighbourhood community and described advantages in access to information as well as a capacity to respond to protection concerns. They illustrated situations where they had quick contact with other types of service professionals to gather information and to obtain assistance for families. Compared to central service providers, these front line service providers provided a relatively integrated conception of their service jobs. They talked about protection and prevention responsibilities with little focus on irresolvable tensions between these undertakings. There was no sense of an excessive distance or mistrust with families. Partnerships with other types of service providers were normal parts of everyday work. They talked positively of “doing more than child protection.” The sense in these narratives was that all of these characteristics, for the most part, were experienced as rewarding aspects of their jobs:

I think being visible within the school is also a good thing. I know that we’ve all struggled with an area... to spend time in, in each of our schools and having a specific area that we can be seen in all the time makes it easier for everyone to approach and to know how to get a hold of you. If you’re somewhere else every time you’re there they don’t know where you are and a lot of times they don’t come looking for you, right? (School Site 1: front line service provider)

P1: If I walk out the door and we’re going to go get a coffee and somebody—there’s a baby left in the car and you can’t find the parents around, it’s completely different. You’re not going back and doing the screening, collecting all the information and doing your 5 steps. You’d stand there, quite literally, we have, I’ve stood there with (colleague) and looked down the row and said, so... who do you think this baby belongs to? ... then she’ll stay with the baby and I’ve literally knocked and I’ve got lucky, but knocked on the first door, happened to be that house ... you know the family and what’s the situation with that kid and you’re doing all that with your bag over there and your water bottle, your laptop on your other shoulder and then you’re knocking on the door, saying, hey, y’know, what’s going on? Do you need some help with something? ... You’re in the moment ... (Community Site 1: front line service providers)

P5: It’s fun, because, y’know, I tell the kids, y’know, the principal’s office and y’know, bring a book, bring some spelling sheets, I’m doing paperwork, so you could read to me, did you do spelling while I’m typing... I love it. (School based site 2: front line service providers)

P4: ...there was one client I couldn’t see for a couple weeks, you know, I kept trying to get into her house, trying to get into her house and it was a serious child protection – I saw her here with her daughter, I stopped and we had a quick meeting and we set up a home visit, it worked great, whereas I would have probably been a couple more weeks

trying to get in through her door, I was able to approach her here in the setting and she felt very comfortable to speak to me here. (Community Site 2: front line service provider)

P1: I think it's enhanced me as a person too because I've met such wonderful people in the community, whether it's partnerships or community members. And um, they all bring something to the table ... I'm just really quite thrilled to be part of the community. I love that whole aspect so that's really rewarding.

...

P1: So much of that is like the proactive stuff too right? Talking to that public health nurse, she might be able to that that back to the client so that that client actually doesn't become a client of ours um or, you know, whatever. So it's that... we're not, we're not always reactive service providers. (School based site 3: front line service providers)

One of the frustrations of being a front line service provider at one of the accessible service delivery sites was coping with periodic isolation from other child protection service providers. Because they were often dispersed across different school or community settings, a common lament was not having quick access to a colleague for support or assistance when making decisions in a school or neighbourhood setting. Creating a supportive team of child protection personnel was seen as more challenging at the accessible service sites. Nonetheless, some sites seemed to be more successful than others at creating a sense of team among service providers working in different settings. Where the accessible service delivery team was physically located in one community setting, concerns with access to team and collegial support were less prevalent. Coping with this relative isolation was seen as one of the major employment challenges with the accessible service models. In some instances, front line child protection service providers described outside school and community personnel as providing their everyday sense of support and belonging.

P2: I think when you're talking about getting support from child welfare, like your fellow service providers or whoever it may be, you're very isolated because it's not often that we can all get together at the same time ...

On the flip side, it's like you are forced out in the community and when you don't have your support from your staff you build relationships and very good ones with the people in the community...

...

P1: Not everybody can work in an isolated setting. There have been many service providers that cannot accommodate and struggle and get chased out. (School Site 2: front line service providers)

P1: Your school becomes your family. Um, like when you're in the traditional model you have your team ... I know my school, my principle ... you're a part of that whole family and the teachers like to know who they're dealing with as well. ... it's a huge piece.

...

P4: ... when it comes down to crisis, if I was in a crisis, I need to know who... you need to know that person to a certain extent if they're going to be there with you to do an apprehension you don't want a stranger assisting you.[...] as much as it's nice to connect with the other community people sometimes it's nice to connect with one of us so you can say, okay look this is what I went out on last night, I just need to tell you. It was absolute chaos. And then describe it, and they're like yeah, I know what you're talking about. I can't just tell the public health nurse or email or phone call.

...

P1: Or even some feedback or direction from another service provider. You know what I mean like sometimes it's not something you're going to go to your supervisor on but you just want to throw it to another service provider. Or hey do you know any services that would, you know or they're looking for a couch or a refrigerator, have you heard anyone that's, you know getting rid of... so things like that it's nice to have. (School Site 3: front line service providers)

Earlier, evidence was presented that front line service providers in accessible school and community settings valued their greater accessibility to service clientele and to service partners. It was described as enabling them to have more positive helping relationships and to be more flexible and proactive in their jobs. Nonetheless, this accessibility also contributed to their sense of working in "fish bowl environments." Service providers described frequent interruptions to their everyday work routines and feeling the need to respond constructively in these interactions. They talked about needing to work at home or elsewhere to be able to have the uninterrupted time needed to complete their documentation requirements. Overall, the sense was that most service providers enjoyed and believed in the merit of their accessible service models, but the price was some unique employment frustrations as well:

P1: But for me like, I could be in the office trying to do recordings and they see my car outside so that means, okay we're here, we're knocking on the door, (name) I need to talk to you about this, this, this, this, and it could be something, it could have waited until tomorrow at our appointment, but they just... come right there. It's a good and it's a bad.

...

P2: I think because you're so accessible, they stop in. They just don't think. Of course, now they see someone's car in the parking lot, they know you're in the office. (School based site 1: front line service providers)

P1: I would say that you tend to have more to do here, because ... in our setting you, you don't depend on scheduled appointments, people just walk in...

...

P2: Well, it can be quite disruptive to – and I hate to say this as a downside, because it’s a plus side, but it can be quite disruptive to your day when you have these walk-ins all the time ... I have two clients who drop in all the time. They’re not even clients any more, they’re ex-clients, but they drop in all the time just to say hi and the kids want to give me a picture or invite me to their school play and just to say how they’re doing. I love that, I think that is a great example that, you know, we made a good connection and that, you know, I like to hear that they’re doing well, but at the same time – oh, there are times when the receptionist calls me and says oh, you know, ‘your favourite client’s here’ and I just go, ‘not today’, like I don’t have 20 minutes to sit with her. I mean, that’s a very minor downside, right? (Community based site 2: front line service providers)

Despite belief in their accessible models of child protection services, there was a perception at several sites that working in these “fish bowl environments” was not for everyone:

P3: But again, I think it’s the type of service provider you put in a community setting, is very much all the difference in the world. Some will not ever adjust properly and other ones have - just the type of approach you use is going to make the difference.
(Community based site 1: front line service providers)

At one community based site, some front line service providers did comment about a lack of security in their work locations. For most, this did not cause them to question the overall value of their service delivery model.

P1: Because you are in a building that isn’t necessarily secure. Our offices are not always locked. ... so the safety issue is a concern, where at the other buildings, y’know, you do have the locked doors, you do have that....

...

P2: But yeah, other things though, like I’ve flat tired and lucky for me they’ve been in the day time, but... (colleague) has flat tires, nails in the tires at our complex, (colleague) had her car sanded. I do not feel safe in my community at (neighbourhood office) after dark, I’m out of there. (Community site 1: front line service providers)

School based and community based service providers enjoyed when they were able to establish welcoming helping relationships with parents and children, as did central service providers. A difference was that service providers in the more accessible service delivery sites believed that they were able to establish cooperative relationships with a larger proportion of families that they served than did central service providers. Both groups recounted with pride those instances when kids and parents appeared to benefit from their interventions.

There are several encouraging aspects of the employment narratives from these school and community based child protection service delivery sites. First, there was an enthusiasm and a belief in the value of these service delivery models. Second, there was a belief that these service delivery models

allowed them to be more flexible and do more things to be helpful to children and parents. Third, these service providers felt that these approaches provided them with earlier and more complete information about what was going on in the lives of children and families. Fourth, they described sometimes being able to respond to requests for assistance or to perceptions of danger to children more rapidly because of their informal contacts and networks. Fifth, they talked about being accessible to service partners and, in some instances, being able to access resources for kids and parents faster. There was no sense in these narratives of the inevitable tension between protecting children and supporting parents common in many discussions of child welfare. On the other hand, they had to manage the unique challenges of working in “fish bowl environments” and to having less access to the support of child protection colleagues, teams or supervisors. A few thought that they might be less safe from angry clients by working in less physically secure premises.

However there was a catch. Despite their appreciation of their local service delivery approaches, accessible model service providers also told a story about the broader child protection system’s expectations undercutting what they are trying to do. Like the central service providers, they voiced strong concerns about the sustainability of their jobs and about obstacles to doing a good job.

Impossible Expectations

Despite the presence of contrasting local employment narratives at the central and accessible service delivery sites, another narrative about the impacts of the formal child protection system on their jobs was shared across all research sites. This narrative was noteworthy not only for its pervasiveness but the strong emotions expressed. The central theme of this formal system employment narrative was that the expectations from the formal child protection system were very excessive. There were several main components to this description. First, front line service providers were expected to do far too much. The job was never done. It was not possible to meet all expectations or to remain up to date meeting their job responsibilities. There were always trade-offs and choices about what were the most important responsibilities. Second, there was a perception of a disconnection between formal system requirement and the realities of everyday front line work. Finally, there were vivid descriptions of the inordinate pressures these expectations placed on front line service providers, with significant negative personal and professional consequences:

P1: ...who the heck else would go up to see their clients Friday night at seven o’clock or whatever? Saturday morning too. Like that stuff doesn’t happen in a lot of other jobs or most other... how many nights are we lugging our computers home to try to complete

some of the work and even if you don't complete it that night you still bring it home because... You can't get it out of your head! You feel guilty. We feel guilt. ... you're tired at the end of the day you have the intention to do the work but you're just exhausted.

...

P3: It's a huge thing so now we're accessible so you're driving, you answer your phone and you have a conversation you still have to document that and then your phone rings again? So it's brutal. (School Site 1: front line service providers)

P2: You are, absolutely. I take three week blocks [of vacation] now for one three week block in October, but to get ready for that is just, you're insane, I now need that three weeks and that's when I'll have my anxiety attacks, my panic attacks, I'll get sick I always get sick on vacation because it's like my body is like, staying well, staying well ok, I'm on vacation whoosh. ... And then two days before you come back, sleepless nights again thinking, 'what's going to hit me when I come back, what's it going to be?'

...

P1: I just find it even takes up time when I'm at home because I'll be thinking, 'oh my God, I forgot to do this' or making mental notes to myself, 'you need to do this tomorrow, don't forget to do this' kind of thing, so it's constantly thinking about the job and what I need to do. (Central Site 1: front line service providers)

P1: It's quite scary, actually, what's expected of us and yet we know, is it even possible, I don't think so at this point.

...

P2: I've been – you get sick, you know, when your child is sick you're not staying home with her you're passing her off to grandma to take care of her because you've got court to be in, so I just find it's hard to manage the amount that we have and try to be a good service provider, because that's what you want to be, right.

...

P3: It's frustrating, absolutely.

...

P4: ... the job's never done, you could work overtime forever, you know, but you just can't do it otherwise you sacrifice your own physical, mental health and it's not worth it.

...

P5: I don't love my job. How can you love being – yeah, do you want to be overworked and stressed and seeing what you do every day and the amount that goes on – how can you love that? (School Site 2: front line service providers)

P1: It's like ADHD on wheels (shared laughter). There's so many different things – I don't know ...

...

P3: ... there's so many hats that we're just getting saturated that nothing really is getting done, so to speak – I mean, how much can you accomplish when you only are able to visit a family once a month, or once and you miss that month and it's two months – what's really being done

...

P4: And when you take time off then you have more work to come back to – see, like I think we need more vacation, but if we took more vacation we'd have more work to come back to.

...

P5: Sometimes you know your head is spinning so fast that it's overwhelming ... being compensated is one thing, but I just don't have enough time to fit all the stuff in that I need to do and then give – I know the big stress that I have and [colleague] and I talk a lot about this is that I don't give my family the same amount of attention that I'm giving to my work. (Central Site 5: front line service providers)

P1 ... so basically what we're expected to do is just keep going out, 7 p.m., 8 p.m. if we have to to meet these families because they're not allowing me to really put the reality of why some of these standards aren't being met ... So it's basically falsifying not giving them the true sense of why you can't make these commitments.

...

P2: We're the gerbil on the wheel.

...

P3: And that's where you get the disconnect. What our view of child welfare and how long a case takes and the issues around that and what the Ministry's expectations of timeline and how much time is allotted to a file, is very different.

...

P4: The pace with which they've asked us to completely change [under Transformation Agenda] how we work on a day to day basis has been head spinning. (Central Site 3: front line service providers)

One of the largest demands on these front line service providers time was completing the formal documentation requirements of their job. At all sites, front line service providers talked about spending 50% to 70% of their time on documentation. A common frustration was that this left little time to provide services adequately. Service providers believed that compliance with the accountability requirements of their work outweighed any other priorities in their jobs. They stated that this reflected a self-protection emphasis for the Ministry and child welfare agencies. Service delivery timelines were also built into these documentation requirements obliging them to work on schedules that were sometimes seen as inflexible and unreasonable. Being complaint with these documentation requirements and service timelines was also a way for service providers to protect themselves. If something went wrong, they thought that they needed to be able to show that they had complied with all formal system documentation and timeline expectations.

One of the ambitions of the Transformation Agenda was to free up more service time for children and families. With the caveat that these data were gathered early in the process of implementing this Agenda, the impression from these service providers was that, while some recording procedures were more efficient, overall documentation required for their jobs may have increased

under these reforms. This increase was linked to the amount of additional documentation required by new mandated procedures (e.g. kinship care, mediation, family group conferencing) and by the new expectation that all contacts relevant to any case be recorded in computerized case notes. Their perception was that the motivation for these case note requirements was to have credible evidence about what was done in a case if involvement with the court was necessary:

P3: ... we're documenting even if they just... if we consulted and gave them a resource we have to open up a new thing and document all that too like it's not just referrals in the file, if we're consulting, if we're giving a resource, we have to open up a new thing and document all that too... whereas before we never would have had to do any of that.

...

P5: And we're measured by our paperwork. Not by our social work, we're measured by our paperwork and that is so frustrating (School Site 1: front line service providers)

...it's mostly about the recording and that's because for the last 10 years, it's been hammered into our heads about, "it needs to be recorded, it needs to be recorded". And so people are so anxious about the recording and about documentation and now we have an inquest, so again, and it goes back to, "How good was your recording? How good was your documentation? (Central Site 1: manager)

P1: Liability ... protect yourself.

...

P2: Liability, accountability.

...

P1: See the case notes, all those things are very instrumental with your court documents, but not every family goes to court, but they're great information. If there's an audit this is what they're going to be looking at – or if there's a complaint. (Community Site 1: front line service providers)

P3: Paperwork is crazy; frustration, you're never ahead of the game and when you get ahead of the game – two weeks ago I was doing my happy dance because I had no tasks overdue, got three investigations in a 24 period, an apprehension in that period as well, next thing I know I'm drowning in paperwork, don't know where to start and that's frustrating. (Central Site 5: front line service provider)

P1: ... Everything is done in a legal context, it's about us being accountable for what we're doing with our families and it's 70% of our job, to report, it's a huge, huge component ... I look at it 70% recording, 10% meetings, 20% with your clients... (Central Site 2: front line service provider)

Two harmful consequences of the above profile were identified by front line child protection service providers. First, many of the service providers at these research sites implied or stated clearly

that it was very hard and perhaps impossible to do good work with children or their parents under these conditions. Quite a few of these service providers believed that they could not do what they felt that they should be doing with clientele because of these formal child protection system expectations:

... I don't think any ongoing service provider should have more than 10 to 12 cases, in order to do a good job considering the profound impact of the decisions we make on the family ... but the thing that makes you not want to work is all the bureaucratic crap, all the paperwork, the policies and procedures you don't understand, a lot of the barricades that keep us from doing our job effectively. (Central site 1: front line service provider)

P1: I think when you talk about limits, we're talking about workload and not being able to do good social work in the amount of time that we have to do it; which and we want to do more for our families and we can't do it and if something breaks down in that family it comes back on us.

...

P2: ... so I just find it's hard to manage the amount that we have and try to be a good service provider, because that's what you want to be, right. (School Site 1: front line service providers)

P2: ... it only works if we, as service providers, have time to be able to do it. ... so child welfare, in a setting like this, will only work if management and supervisors recognize the need to give us the physical and emotional, mental space to be able to have time to get to know and make those connections and network. (Community Site 2: front line service provider)

P2: I feel like my hands are tied in a lot of ways, that there are things that I want to do but I can't do them.

...

P3: I think that hinders us in doing a proper, good assessment because you're always worried 'well, I've got this time to do this' or whatever and 'I need to get out', you know, it's just ridiculous the expectations they have on us in terms of administrative work. (Central Site 3: front line service providers)

The second perceived negative consequence across all of these service models was that front line service providers leave their jobs⁴. The impression from these narratives was that central front line child protection service providers simply wear down and leave their jobs. Despite providing a more enthusiastic local employment narrative, in the words of one respondent, community and school site front line child protection service providers "speak well (of the program) and leave":

⁴ At one research site, front line staff leaving their jobs appeared to be lower than turnover in similar models at the other sites.

P1: One of the things that I find very frustrating would have to be along the same lines as the client's is – the service provider turnover, you know, I have a hard time dealing with all the different service providers and the turnover and if I'm having a hard time dealing with it and I'm a pretty functional person, then how are our clients dealing with it... (Central Site 5: front line service provider)

P2: If you want to keep your service providers – look at how many new service providers are in this room – if you want to keep and support your service providers than listen to what they need to do the job. (Central Site 2: front line service provider)

P1: ... we've had a lot of turnover. People speak positively about this, yet after so many years seem to go look for other work and they say it's other challenges, but it might be about the hard work. (Community Site 2: front line service provides)

There's been staff turnover at a very high rate. I think that some of that has to do with lack of clarity in their roles and expectations. I think it has to do with the length of the process, to get things up and running and that staff get frustrated and want to leave, because they want to get down and do the job. (School Site 3: supervisor)

... I don't think a lot of people are running out the door or changing jobs and taking other jobs because of the way they're treated in this organization, as much as the workload and the difficulty in managing it – and the liability involved in what we do, I mean, it's a huge responsibility and with trying to balance so much, you know ... (Central Site 4: front line service provider)

Employment Survey

There was confirming evidence for the patterns identified in the qualitative interviews from the employment survey of front line child protection service providers. However, the relatively low return rate for this survey suggests that these results be interpreted cautiously. In particular, the low return rate combined with small program size makes it impossible to illustrate employment environments at specific accessible or central research sites from the survey data. Consequently, we have reported survey results separately in an aggregate fashion for central and community based samples. In addition, we compared the 2008 survey results with results from similar surveys of community based front line service providers in 2004 and child protection direct service child welfare service providers in 2001.

With the ongoing workload pressures described by central and accessible program model service providers, it would be reasonable to expect that many would show signs of moderate or high employment "burnout". One manifestation of burnout would be greater difficulty feeling empathy for service clientele. The Depersonalization Scale of the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1986) measures an unfeeling and impersonal response towards recipients of one's service

(scale range 0-24). Table 11 shows that between 54% and 75% of front line child protection service providers scored in the medium and high range of this measure of depersonalization. In all four samples, at least one-third of direct service providers scored in the high range for depersonalization (11 or higher). There were no clear differences between accessible model and central service providers on this scale nor any evidence that service provider depersonalization had decreased between 2001 and 2008.

Table 11: Maslach Burnout Inventory—Depersonalization

	2008 Central Sample (N=93)	2008 Accessible Sample (N=24)	2004 Accessible Sample (N=21)	2001 All Direct Service Providers Sample (N=237)
Low (Score 0-5)	30.7%	45.8%	25%	33%
Medium (Score 6-10)	36.3%	16.7%	25%	30.3%
High (Score 11 or higher)	33%	37.5%	50%	36.7%
Average Score on Whole Scale	8.79	8.16	10.31	8.85

The Emotional Exhaustion Scale of the MBI assesses feelings of being emotionally overextended and exhausted by one’s work (scale range: 0-54). Table 12 shows that only about 25% of front line service providers in all four samples scored in the low range on this measure of emotional exhaustion. On average over 40% scored in the high range (28 or higher) on this scale. Once again, there were no clear differences between central or accessible model service providers on this measure of emotional exhaustion. Equally important, there is no evidence here that levels of emotional exhaustion have declined for child protection service providers between 2001 and 2008.

Taken together these depersonalization and emotional exhaustion patterns support the theme from the previous employment narratives about the challenges of sustaining front line child welfare employment. In these narratives, this difficulty was related to feeling frustrated in being able to do good work with children and parents as well as having more work to do than they thought was reasonable. The survey results in Table 13 confirm that most front line service providers in all four samples felt that

they did not have enough time to do the work they were expected to complete. Table 14 confirms the fear in the employment narratives that many front line child protection service providers think a fair bit about leaving their jobs. Once again there were no clear differences between service providers at accessible and central sites on these indicators or change since 2001.

Table 12: Maslach Burnout Inventory—Emotional Exhaustion

	2008 Central Sample (N=93)	2008 Community Based Sample (N=24)	2008 Community Based Sample (N=24)	2001 All Direct Service providers Sample (N=237)
Low (Score 0-16)	25.3%	28.6%	17.6%	23.7%
Medium (Score 17-27)	34.1%	52.4%	17.6%	32.6%
High (Score 28 or higher)	40.7%	19%	64.7%	43.8%
Average Score on Whole Scale	24.09	22.61	31.82	25.32

Table 13: Time and Amount of Work [Range: 1 (not at all true) to 4 (very true)]

	2008 Central Sample (N=93)	2008 Community Based Sample (N=24)	2004 Community Based Sample (N=21)	2001 All Direct Service providers Sample (N=237)
I have enough time to get the job done.	1.91	2.08	1.88	2.0
I am not asked to do excessive amounts of work.	2.11	2.17	2.14	2.08

Table 14: Intention to Leave Job [Range: 1 (never) to 7 (all the time)]

	2008 Central Sample (N=93)	2008 Community Based Sample (N=24)	2004 Community Based Sample (N=21)	2001 All Direct Service providers Sample (N=237)
I think about leaving this organization.	3.70	3.66	3.81	3.64

In the employment narratives, from both the central and accessible site service providers, in addition to highlighting the strains of their work, talked a good deal about the rewards of front line child protection employment at their sites. This duality is confirmed by these survey results. Table 15 shows that 75% or more of front line service providers derived a moderate or high sense of personal accomplishment from their work based on this scale. On average, across the four samples, over 40% of front line child protection service providers scored in the high range (37 or higher) on the personal accomplishment measure.

Both central and accessible model in the employment narratives were empathetic that their jobs “were not boring”. Front line child protection work at all sites found their jobs interesting and challenging. Table 16 shows that almost all child protection service providers in all four survey samples agreed without equivocation that their work was interesting and challenging enough.

Table 15: Maslach Burnout Inventory—Personal Accomplishment [scale range: 0-48]

	2008 Central Sample (N=93)	2008 Community Based Sample (N=24)	2004 Community Based Sample (N=21)	2001 All Direct Service Service providers Sample (N=237)
Low (Score 0-29)	23.1%	26.1%	12.4%	15.7%
Medium (Score 30-36)	37.4%	39.1%	43.8%	35.2%
High (Score 37 or higher)	39.6%	34.8%	43.8%	49.1%
Average Score on Whole Scale	34.07	34.43	35.60	36.17

Table 16: Interesting and Challenging Work [range: 1 (not at all true) to 4 (very true)]

	2008 Central Sample (N=93)	2008 Community Based Sample (N=24)	2004 Community Based Sample (N=21)	2001 All Direct Service Service providers Sample (N=237)
The work is interesting.	3.68	3.73	3.66	3.74
The problems I am expected to solve are challenging enough.	3.59	3.52	3.66	3.56

There was a duality in how front line child protection service providers in this research experienced their employment. This distinction reflected the difference in how they felt about their local service delivery settings and how they saw the formal child welfare system expectations shaping their everyday employment realities. Reflecting this duality, two important child welfare service delivery

system implications stem from these findings – one opening possibilities for positive innovations and the other questioning such possibilities.

It was very clear from the narratives of front line child protection service providers at accessible and central sites that there were meaningful differences in how they understood and experienced their roles. The suggestion from these narratives is that, if we want more cooperative relationships with service partners, community partners and clientele, it can be done. The implication also is that we do not have to compromise the safety of children to make progress in these areas. The evidence is that both the service philosophy guiding our efforts and the physical settings for delivering child protective services matter a lot.

Yet these service providers described a force pulling in an opposing direction and it may have been the dominant influence over their employment experience. There were underlying currents of central bureaucratic control, risk aversion and system self protection substantially shaping the world across all of these research sites. The suggestion was that these forces would reshape any efforts at reform to reflect their priorities. A tangible manifestation of these priorities was the extraordinary amount of time service providers at every site spent in front of their computers documenting their work. It is striking that no front line service provider at either the accessible or central sites in these narratives linked these accountability procedures to better protection of children or to providing needed assistance for families. They were much more likely to believe that these accountability procedures represented obstacles to these service goals. The point here is not that accountability is irrelevant or that formal procedures cannot promote better protection of children and assistance to families. But an appropriate balance is required and the portrait painted by these service providers is of a radically unbalanced system. The implication is that we have to examine the nature and consequences of the formal central bureaucratic organization of child protection services. This is a much more daunting undertaking than proposing specific changes to service delivery strategies.

FAMILY FUNCTIONING, SYSTEM INDICATORS AND COMMUNITY ATTITUDES

Previously evidence was presented about noteworthy differences in how helping relationships, services and supports and front line child protection jobs are experienced and valued in accessible and central service delivery settings. But do such differences make a difference to the outcomes of child protection interventions? That is the subject of this discussion. The outcomes of accessible and central child protection service delivery are assessed here based on three groupings of 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.

This study involved gathering parent, child and family functioning data from a sample of 250 parents involved with accessible and central child protection services. Information was gathered from these parents at case opening (Time 1) and on average 8.69 months later (Time 2)⁵. Data were available for about 77% (192) of these parents for both case opening and follow up points in these analyses.

Parents also supplied data about the well being of 488 individual children in their families: (1) 147 toddlers (under 4 years old); (2) 137 children (4-7 years old); and (3) 204 youth (8-16 years old). Data were available for 76% of these young people for both case opening and follow points in these analyses.

In addition about 80% (201) of parents gave permission to researchers to gather information from their files at the child protection agency. Finally, 73 of parents from these accessible and central research sites agreed to take part in a brief semi-structured qualitative interview about their child protection service experiences and the benefits for themselves and their families that they attributed to these child protection involvements. These interviews were transcribed and coded to provide information about the questions of interest in this research. Finding from the analyses of all of the above sources of data are combined in this discussion of outcomes.

⁵ Some parents provided retrospective information on their case opening as they were recruited into this study after their case had been open for more than one year. See the discussion of the analysis of retrospective cases that follows.

Quantitative Analysis Notes

At case opening, there were no statistically significant differences between accessible and central parents on the outcome variables of interest. This was also true for children under 4 years of age (toddler) and children between 4 and 7 years old (child). This suggests that there was Time 1 “equivalency” between the groups on these measures and bolsters the confidence of any significant differential patterns of change over time. As an exception, central youth and accessible youth (8 to 16 years old) differed at case opening on their levels of self esteem as measured by the KINDL Quality of Life Questionnaire (Ravens-Sieberer & Bullinger, 2000). Accessible service youth had higher average levels of self esteem than central youth at case opening ($U=1894.00$, $Z= -2.995$, $p < .01$).

Scores on most outcome variables of interest at both Time 1 and Time 2 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 problem 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 Time 2.

Also, tests were conducted on a range of variables to see if the cases remaining in the sample at follow up were different from those who had dropped out of the study. No statistically significant differences were found between these two groups.

Analysis Caution

Many of the accessible programs in this study were relatively small and some tended to keep cases open for a lengthy period of time. Consequently, it proved impossible to recruit a sufficient number of cases within a reasonable time frame at the accessible sites that had been opened after the inception of the study. This recruitment problem did not exist for the larger central sites. Our “solution” was to recruit 54 cases that had been opened at the accessible sites prior to the beginning of the study. These parents were asked to retrospectively rate functioning at case opening on a limited number of outcome variables. They also supplied current functioning information at the Time 1 and Time 2 periods for the study. This represented a substantial shift in the outcome design for this study. This procedure proved adequate for looking at changes over time, as well as the system functioning indicators for these cases. But it required great caution in making comparisons between these cases and the cases from central sites as well as cases from the accessible sites that were opened after the start of the research.

The major difficulty was that these retrospective cases had been opened an average of 26 months prior to the study – a relatively long time for a case to be opened at these agencies. This

suggested that these may be cases that were considered more problematic by service providers. Indeed, on almost all functioning indicators in this study, at case opening, these retrospective cases had statistically significant more difficulties. Indeed, they had about twice the rate of child placement of other accessible site families and central site families. In addition, at some accessible sites, the length of case opening meant that quite a few of these families had been served elsewhere during the time the case had been last opened. The meant that overall service ratings from these respondents would likely be a conflation of different service delivery approaches.

Efforts to match these retrospective cases with cases from central sites with similar levels of problem scores were only partially successful. Consequently we analyzed the data from these retrospective cases separately from the other accessible cases. We relied mainly on cases from accessible sites opened after the study began for making comparisons with functioning for cases at central service delivery locations. The qualitative interviews with parents were not conducted with parents from the retrospective sample.

Sample Profiles

Table 17 provides a brief demographic profile of the parents at the accessible and central sites who participated in this study. Their average age was about 35 years old. Between 89% and 99% were female. Between 37% and 48% of parents lived with a spouse or partner at the time of the study. Transience levels were high with 70% to 76% having lived in their place of residence three years or less. Education levels were not high: between 47% and 58% had a high school education or less.

There were a few statistically significant differences between the non-retrospective accessible program parents and the central program parents. The differences in length of time in their current residence between accessible and central parents were statistically significant suggesting that accessible based parents were less transient than central parents ($\chi^2 = 7.85$, $df = 3$, $p < .05$). The differences in total household income between the two program types was statistically significant suggesting that central parents were less financially secure ($U = 3566.5$, $Z = -2.005$, $p < .05$). Consistent with our previous caution, the retrospective accessible sample included more parents who had not completed high school (46% compared to 30% and 38%) and more with incomes under \$20,000 per year (60% compared to 33% and 45%).

Table 18 using information with parent permission from files shows that the most common overall risk rating for all three samples was moderate followed by a high risk rating. A caution is that many of the risk ratings for the retrospective cases would have used the measures and procedures in

place prior to the Transformation Agenda and there is reason to suspect that this had a bias towards lower risk ratings than the newer procedures. These data show comparable risk assessments between the non-retrospective accessible and central site program samples. Similar patterns were evident for the Eligibility Spectrum Level of Severity ratings with the exception of evidence of higher level of severity ratings for the retrospective accessible program sample.

Concern with care giver capacity was by far the most common classification under the Eligibility Spectrum with 42.4% of accessible cases and 40.7% of central cases having this designation. However, 54.5% of the retrospective accessible cases had this designation suggesting a higher level of challenges for these parents.

Parents were asked at case opening and at follow up to identify whether a range of specific problems or concerns had affected them or members of their families within the last month. They were asked to indicate whether statements about a range of different topics were true or not true for their families within the last month. The primary purpose of these assessments was to provide a general descriptive profile of the challenges facing these families. In most instances, there were no significant differences between the accessible and central site samples on these descriptors; any notable differences are highlighted in the following discussion. Problems or concerns specific to topics covered in separate sections (e.g. parent well being, child well being, family functioning, etc.) are presented in the appropriate sections.

Table 17: Demographic Parent Profiles for Accessible and Central Sites

	Accessible Sites (81 Parents)	Accessible Sites- Retrospective Sample (54 Parents)	Central Sites (115 Parents)
Average Age in years	35.44	35.8	34.22
Gender*			
<i>Female</i>	88.9%	98.1%	96.5%
<i>Male</i>	11.1%	1.9%	3.5%
First Nations			
<i>Yes</i>	6.4%		14%
<i>No</i>	93.6%		86%
Currently Living with Spouse or Partner			
<i>Yes</i>	48.1%	37%	41.6%
<i>No</i>	51.9%	63%	58.4%
Length of Time in Current Home*			
<i>Less than 1 year</i>	32.1%	40.7%	50.4%
<i>1 to 3 years</i>	39.5%	29.6%	25.2%
<i>4-6 years</i>	6.2%	16.7%	7.6%
<i>More than 5 years</i>	22.2%	13%	16.5%
Level of Education			
<i>No high school</i>	29.6%	46.3%	38.3%
<i>High school</i>	23.5%	22.2%	20%
<i>Some college</i>	18.5%	11.1%	12.2%
<i>College Diploma</i>	21%	11.1%	18.3%
<i>Some university</i>	3.7%	5.6%	3.5%
<i>University</i>	2.5%	1.9%	4.3%
<i>Some Graduate Degree</i>	0	0	.9%
<i>Graduate Degree</i>	0	0	1.7%
Total Household Income before Taxes*			
<i>Less than \$10,000</i>	9%	21.2%	11.8%
<i>\$10,001-\$19,999</i>	24.4%	38.5%	33.6%
<i>\$20,000-\$29,999</i>	15.4%	21.2%	17.3%
<i>\$30,000-\$39,999</i>	12.8%	3.8%	14.5%
<i>\$40,000-\$49,999</i>	10.3%	3.8%	4.5%
<i>\$50,000-\$69,999</i>	12.8%	7.7%	8.2%
<i>\$70,000-\$100,000</i>	11.5%	3.8%	5.5%
<i>More than \$100,000</i>	3.8%	0	4.5%

* p < .05

Table 18: Overall Risk Ratings

	Accessible Sites (66 Files)	Accessible Sites - Retrospective Sample (44 Files)	Central Sites (91Files)
Overall Risk Rating			
<i>Low</i>	3%	11.9%	1%
<i>Moderate</i>	48.5%	57.1%	46.2%
<i>High</i>	42.4%	31%	41.8%
<i>Very High</i>	6.1%	0	11%
Eligibility Spectrum-Level of Severity			
<i>Not Severe</i>	0	0	1%
<i>Minimally</i>	1.5%	4.5%	2.2%
<i>Moderately</i>	72.7%	63.6%	74.7%
<i>Extremely</i>	25.8%	31.8%	22%

A sizable minority of parents, regardless of program type or when the information was gathered, were concerned about the neighbourhood in which they lived. Approximately 25-30% of all parents did not believe there were enough suitable things for their children to do in the neighbourhood. Furthermore, around 40% of parents believed there were too many opportunities for children to get into trouble in their neighbourhood. About one-quarter to one-third of all parents also believed that it was not safe to walk around their neighbourhood at night.

Poor housing conditions seemed to be a problem for more central parents than accessible program parents. Specifically, 23.8% of central parents said that their housing was in bad repair compared to only 8.8% of accessible program parents at follow up ($\chi^2 = 5.168$, $p < .05$). Similarly a larger proportion of central parents (13.8%) than accessible program parents (3.5%) reported that the building they lived in was not safe due to poor upkeep ($\chi^2 = 5.168$, $p < .05$).

Approximately 30-40% of all parents reported borrowing money for food or daily living expenses within one month of the interview. Around the same number of parents said they were not able to pay

all of their bills within the last month. Approximately one-quarter of all parents reported that they had to ask for donations of food “every so often”.

Approximately two-thirds of all parents said that they regularly visited extended family members; and, over 85% of all parents believed that they could count on an extended family member for help if they needed it. At the same time, 35-46% of all parents said that members of their extended family had been a source of stress for them within the last month.

General Assessments

During the qualitative interviews with 73 parents, parents were asked to provide an overall assessment about whether their involvements with child protection services had produced benefits for their families. What was most striking about their responses was that most parents in both accessible and central settings reported some positive changes for their families that they attributed to their child protection involvements. This is an encouraging portrait. The second important pattern was that about 10% to 15% more of the parents at the accessible service delivery sites identified substantial amounts of positive change because of their child protection service involvements. These general assessments of significant amounts of positive change patterns were confirmed by the 179 parents who were involved in the quantitative follow up functioning interviews.

Members of the research team classified each of the 73 qualitative parent interviews in terms of the amount of positive change described. These estimates are summarized in Table 19. These data show that between 59% and 69% of parents described significant or some benefits from their child protective services involvement. On the other hand, it is worrisome that 30% to 40% of these parents perceived no benefit from their involvement with child protective services. The other notable pattern was that about 10% more of the parents from the accessible sites described benefits from their service involvements, with over half noting significant positive changes for their families. In interpreting these data, it is important to keep in mind that these are very general classifications and they are based upon the research team’s subjective judgments about the magnitude of the changes described. On the other hand, these ratings are consistent with other general assessments by parents in this study; indeed, they are more conservative in noting differences between the accessible and central site samples.

Table 19: Parent Qualitative General Estimates of Benefits from Child Protection Services (n=73)

	Significant Change	Some Change	No Change or Worse
Central Sites	43%	16%	41%

Accessible Sites	53%	16%	31%

Table 20 supports these estimates. It shows that out of 179 respondents at follow up, 25% of parents at accessible sites felt that their families had benefited a great deal from being involved with the child welfare agency compared to 12% at the central sites. At accessible sites, 46% of parents felt that their families had benefited quite a bit or more in contrast with 31% at the central sites. About 76% of parents at the accessible sites saw some benefit for their families from their child welfare involvement compared to 54% at the central sites. However, at follow up, almost half (46%) of parents involved at the central sites saw no benefit from their involvement and this represented an increase in the proportion of negative assessments since case opening. In contrast, at follow up, 25% of accessible site parents saw no benefit from their child welfare involvement, a 14% drop in the proportion of negative assessment since case opening.

These ratings show the same broad patterns as the qualitative general assessments. Most parents in both groups perceived some benefits from their child welfare involvements and parents in the accessible settings made more frequent positive general assessments of these benefits than parents in central settings. Of particular concern is that only 31% of central site parents perceived quite a few benefits or more at the central sites and 46% saw no benefit at all to their families from their child welfare involvement. Increased positive ratings at the accessible sites suggest that it is possible within existing system constraints to do better on these indicators.

It is possible that such general assessments of benefits are influenced by how parents' felt about their service involvements. At any rate, even if they do not provide specific estimates of how families have changed, they certainly provide insights into how parents valued their service involvements. And, as will be shown later in this analysis, how parents valued service in turn affected parents' opinions about their willingness to ask for help in the future and what they might say to friends and neighbours about child welfare involvement.

Table 20: Parent General Estimates of Benefits from Child Protection Services (n=179)

Overall, to what extent did being involved with the child welfare agency help to make things better for your family?								
	Accessible Sites				Central Sites			
	<i>A great deal</i>	<i>Quite a bit</i>	<i>A little bit</i>	<i>Not at all</i>	<i>A great deal</i>	<i>Quite a bit</i>	<i>A little bit</i>	<i>Not at all</i>
Case Opening	14.5%	22.4%	25%	38.2%	14%	12.3%	31.6%	42.1%
Follow Up	24.6%	21.1%	29.8%	24.6%	11.5%	19.2%	23.1%	46.2%

The following quotes provide a sense of the general positive assessments provided by parents in the qualitative interviews:

...my life is better. And I would say, well it's good. I have a job and I have my son. And I don't have to fall back on the Welfare system. I don't have to go that way. I showed him that I won't go on welfare again. Work 5 days a week and pay my taxes and work like everybody else [laughing]. Something I haven't done in 17 years. So, I'm... I'm good to go. They did leave me on the right track. [Accessible Site 2-276]

The two years I had before I came here, I would, I would tell people to run from them. I would have, they were monsters to me until I met her, you know? And then it all changed and I had a family again and that we're all together and, you know... She was easy to ask advice to, she was easy for schooling, like where do I let my kids go, like anything I had to ask her, you know, because she comes to see me the week before they were coming, "are you excited? did you get them into school", you know. She was kind of like having a friend --- a friend that knew everything, you know what I mean? [Accessible Site 5-492]

P: And I say (F&CS) saved our lives. (Chuckles). That's the way I look at it. [...] I get counseling there and then they have parent groups for kids, you know, with mental health problems. So, [my partner] and I go to- We see a counselor once every two weeks to deal with our family issues... [Accessible Site 6 - 187]

Because I know it's all been for the best. I've - we're just better - we're better off and the only thing that they are doing for me right now is helping me leave [town] ... They're writing a recommendation letter because there is concern still with their father. They're going to still have me hooked up with the family services in the region that I'm moving to [Accessible Site 4 - 453]

P: I've got more confidence. I'm able to be doing things on my own, not needing other people to be there and helping me all the way and not thinking I can do this. [Central Site 4 - 416]

A theme that was identified almost exclusively by parents at central sites was the idea of being motivated through coercive measures. There were only a few quotes to this effect but interesting because in so many cases clients critique coercive measures:

P: ...they had a big help in me helping my clean myself up and clean... and my man cleaned himself up, too because basically you always have somebody there in your lives like that's going to just jump in at any time and can do testing at any time. So it's kind of like you have to watch yourself. So it kind of makes you... helps you stay out of what you don't want to be in because it is hard to stay away from things that when you become an addict. But this having them in when you're like that, it makes it easier to not do it because you're scared. You know, because that will be your last chance. So, it yeah... I've gotten a lot out of it having them in my life. So... [Central Site 2 -220]

P: Yeah I think the...the relationship with my ex-husband's girlfriend and the kids is calmer now because whether it being... you know, because she's scared that they're going to be involved in their lives again (laughing) or maybe they made her realize that, you know, it's...it's not easy being a parent but there's a certain way to deal with things and I think they helped her out quite a bit. [Central Site 2 - 224]

P: ... because if it wasn't for them saying that they might apprehend my kids, I don't know if I would have given him one more shot to try or doing things that were... I made that realization. (laughs) So that did help. [...] Yeah, it made them... it put them in a safe environment. It made sure that they were in a safe environment so that was very helpful. [Central Site 4- 425]

Approximately 30-40% of parents in the qualitative interviews had generally negative things to say about the impacts child welfare involvement had on their families. About 15% said that things at home became worse because of this involvement. Not surprisingly, as suggested above, such negative general assessments were connected with negative perceptions of the child protection agency. The following quotes illustrate the types of negative assessments of benefits provided by these parents:

P: I honestly feel frustrated from the event with CAS. I respect their job and the way that they operate. But I do not feel that they brought my family closer. It's stayed the same like it's... It's scary when CAS is in your life. [Accessible Site 1-121]

P: I'm feeling really angry with them. I'm feeling really dissatisfied. I'm really disappointed – really disappointed with the help that I've received from them. [...] My children could be doing better. I... I think that they could have already you know been put into programs that they were mentioning. I feel like we're being neglected because they're just... they have too many cases and not enough workers I guess. [Central Site 4 - 418]

(Interviewer: So, what-- did you feel like when you look at the whole last year, did you think that anything got better for your family because of your involvement?) P: No. (I: What ...) P: Why? Because they don't tell you nothing and another thing they haven't got that boy any help. [Central Site 5-536]

P: No, actually it became worse. Because the children came to believe that they had all these different rates and authorities. So when they [the children] came home, their respect for me, there was none. So it was a constant battle. "Well, you did this and you did that, you'd—"and I'm going, "No, I didn't. There is nothing here." "Well, let me see the papers." So I'd show them [the children]. "Well, that doesn't make any sense. How come they would keep us away from you?" "I don't know either." That's a question I've always asked. [Accessible Site 3- 384]

P: No. No. Made it worse. Made it worse. The stress got in the house, 100 times worse with them coming and the dog barking and [my partner] being upset, just getting off of work, he's working part-time at that point. Y'know, right at suppertime and the kids, they're in school all day, you can't take them out...but we've been doing much better. Without them around and out of our face completely. [Central Site 1-167]

P: Nope, I think it's gotten worse, because since Children's Aid has been involved with the family, [child] has had extreme difficulties at school to the point where he was expelled last year. I don't think that the current worker that we have advocates for the family and what's good for the family. If she did, there would be other supports put into place a lot quicker than there ever has been. [Central Site 4-447]

P: I didn't feel like I was always doing things wrong (laughs). A bit of that pressure's gone, you know. Again, if I feel I need someone to talk to, I know that he's there and he'll talk to me about anything. (Interviewer: What about for your children? What do you think changed for them?) P: Again, I think they... they... they know that if they have question or want help with something, they know that [worker] there. Yeah. [Central Site 1 - 159]

Parental Well Being

Parental well being was measured at case opening and follow up using several standardized questionnaires assessing perceptions of stress, levels of depression, quality of life, and sources of support among parents. The following section presents information on parents' well being at case opening and follow up, as well as comments on patterns of change over time for each program type. It also uses information from the qualitative interviews with parents to illustrate the types of positive changes identified.

There is a caution in interpreting the specific change over time indicators in this section and those to follow. The study design does not allow us to clearly attribute these changes to child welfare involvements; many other factors could have contributed to these changes. Nonetheless, if many families were doing better after their child welfare involvement it would be encouraging information, whatever the reasons. If there were consistent differences between accessible and central sites on these specific change indicators, the possibility that child welfare interventions contributed to such differences would be raised. This caution does not apply to the analyses of system indicators (e.g. formal court applications, out-of-home child placements, etc.) or service experience indicators since these are clearly linked to child welfare involvements.

Parents in both accessible and central site samples identified ways in which their lives had changed for the better after their cases were opened at the child welfare agencies. The following quotes are illustrative of the types of changes that they talked about:

P: I've got more confidence. I'm able to be doing things on my own, not needing other people to be there and helping me all the way and not thinking I can do this. [Central Site 4 - 416]

P: I got off the drugs and now clean. And I probably parent my children a lot better now. I know I can parent my children a lot better than I was. [Accessible Site 1 - 105]

P: Because it gave me time to... sit down and take a good look at myself too. And where I wanted to go and where I needed to go and be and for my children. It did make me sit down and look at myself. (Interviewer: And you made changes?) P: Yes, I did. All for the better, yeah. [Accessible Site 3-325]

P: For me, mainly the support. The, it's going to sound weird but, the, the when they tell me you're doing a good job and you, we're proud of you. [...] [worker] tells me that, ya know, they talk about how well I've come and how far I've come since then and how well the house is doing, how well the kids are doing, how well I'm doing and they, it kind of makes me feel really good [Accessible Site 1-119]

P: Oh yeah, quite a bit, like they—I got my first aid certificate out of it and I learned how to do nutrition and food and different activities you can play with your child to make them learn better and stuff, it was a great, great place to be. [Accessible Site 1-103]

P: I didn't feel like I was always doing things wrong (laughs). A bit of that pressure's gone, you know. Again, if I feel I need someone to talk to, I know that he's [worker] there and he'll talk to me about anything. (Interviewer: What about for your children? What do you think changed for them?) P: Again, I think they... they... they know that if they have question or want help with something, they know that [worker] there. Yeah. [Central Site 1 - 159]

Perceived Stress Scale

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, we used a short version of the scale, containing four items suitable for studies where the instrument is administered at several points in time. Scores on this version could range from 0 to 20.

At case opening, accessible program parents had an average score of 10.74 and central program parents had an average score of 10.73 (Table 21). Both groups saw a reduction in perceived stress over time with central program parents experiencing a significant change in scores from case opening to follow up ($Z = -1.973, p < .05$). Parents were experiencing elevated levels of perceived stress at case opening; however, levels of perceived stress at follow up were comparable to an average score of 9.86 for a comparison 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).

Table 21: Levels of Perceived Stress at Case Opening and Follow Up

	Accessible Sites	Central Sites*
Case Opening	10.74	10.73
Follow Up	9.70	9.95

* $p < .05$ (change over time)

Centre for Epidemiologic Studies—Depressed Mood Scale (CES-D)

Used to measure depressive symptoms in the general population, the CES-D (Radloff, 1977) has 20 items and total scores can range from 0 to 60. A higher score indicates greater depressive symptoms and a score of 16 or above is considered a high level of depression. Parents were asked how often (less than one day a week to 5 or more days a week) they felt, for example, "sad", "lonely", "fearful", or had trouble sleeping or eating.

The average score for both groups of parents was just below the cut off for high depression, with central parents scoring 15.81 and accessible based parents scoring 15.75 on this measure (Table 22). However, it is striking to note that at case opening 43% of accessible program parents and 39.6% of central parents scored at or above 16 which is considered a high level of depression. Average scores at

follow up for both groups suggested a reduction in depressive symptoms over time; however, these changes were not statistically significant. The average scores for accessible and central parents at follow up were 14.01 and 14.38 respectively. Approximately 30% of accessible based parents and 36.3% of central parents had high levels of depression (16 or above) at follow up. While these proportions were smaller than at case opening, the number of parents struggling with high levels of depression is noteworthy.

Table 22: Levels of Depression at Case Opening and Follow Up

	Accessible Sites	Central Sites
Case Opening	15.75	15.81
Follow Up	14.01	14.38

WHO-Quality of Life (Brief Version)

The WHO Quality of Life (Brief Version) is a 26 item abbreviated version of the 100 item WHO-QOL assessment (Hawthorne, Herman, & Murphy, 2006). Use of 24 of the 26 items produces scores for four quality of life domains including physical, psychological, social relationships and environmental. The Physical Health Scale is a 7 item measure of physical quality of life that incorporates assessments of activities of daily living, energy and fatigue, mobility, and work capacity. The Psychological Health Scale is a 6 item measure of psychological quality of life that includes assessments of self esteem, thinking, bodily appearance, and negative feelings. The Social Relationships Scale is a 3 item measure of quality of personal relationships, social support and sexual relationships. The Environmental Health Scale is an 8 item measure of environmental health that incorporates evaluations of financial resources, physical safety and security, home environments, and opportunities for leisure activities. The remaining two separate items assess overall perception of quality of life and overall perception of health. A higher score indicates a higher quality of life on all of these measures. Domain scale scores from the brief version can be transformed to make scores comparable to the WHOQOL-100. Table 23 shows average scores for accessible program and central program parents on all four quality of life domains measured by the WHO-Quality of Life questionnaire.

Accessible program parents reported an increase in their quality of life across three of the four domains over time with the greatest improvement noted in satisfaction with their living environment.

The difference in the distribution of scores from case opening to follow up on the environmental subscale was statistically significant ($Z = -1.968, p < .05$) suggesting that accessible based parents were more satisfied with their financial resources, personal safety, and home environments at follow up. Central parents reported increased quality of life at follow up across three domains with a slight decline in the average level of psychological health at follow up. None of these changes however were statistically significant.

Table 23: Parental Quality of Life at Case Opening and Follow Up

	Accessible Sites		Central Sites	
	<i>Case Opening</i>	<i>Follow Up</i>	<i>Case Opening</i>	<i>Follow Up</i>
Physical Health	68.51	71.99	69.07	70.93
Psychological Health	66.19	66.22	64.38	63.85
Social Relationships	63.32	67.69	66.66	69.27
Environmental Health*	67.91	72.86	66.52	67.18

* $p < .05$ (difference between case opening and follow up for accessible program parents)

Despite these patterns of increased quality of life at follow up for both groups, parents in this study were experiencing far poorer quality of life than a comparison sample of 33 women aged 40-49 in the general population (Hawthorne, et al., 2006). Average scores for these women were 77.5 (physical), 71.1 (psychological), 76.8 (social relationships), and 72.7 (environmental). As an exception, accessible based parents in this study had a higher average score on the environmental subscale than the women in the comparison study.

Parents were also asked to rate their overall quality of life and satisfaction with their health at case opening and follow up. Scores could range from 1 (very poor/very dissatisfied) to 5 (very good/very satisfied) on these individual questions. At case opening, accessible parents had lower ratings of their overall quality of life than central parents (Table 24). This difference approached significance at the .05 level ($Z = -1.687, p = .092$). Accessible program parents reported significant improvements in their overall quality of life over time ($Z = -2.148, p < .05$). Central parents also reported improvements in their overall quality of life; however, the change was not statistically significant. At follow up, accessible program parents seemed to be more satisfied with their health than at case opening; however, central parents reported a slight decrease in their satisfaction with their health from case opening to follow up. Neither of these changes was significant.

Table 24: Levels of Overall Quality of Life and Satisfaction with Health

	Accessible Sites		Central Sites	
	<i>Case Opening</i>	<i>Follow Up</i>	<i>Case Opening</i>	<i>Follow Up</i>
How would you rate your quality of life?	3.74	4.00	3.99	4.08
How satisfied are you with your health?	3.56	3.60	3.42	3.38

Interpersonal Support Evaluation List (ISEL): Tangible, Appraisal, and Belonging Subscales

Parents were asked to evaluate their sources of support using the Interpersonal Support Evaluation List (ISEL) (Cohen & Hoberman, 1983) which assesses the availability of tangible supports, appraisal support, feelings of belonging, and self esteem. The self esteem subscale was excluded from this study. Subscale scores could range from 0 to 30 with a higher score indicative of greater perceived support. Table 24 shows the average scores for both groups of parents at case opening and follow up for each of the ISEL subscales.

Increased availability of appraisal supports (such as someone to ask for advice or turn to for support) was reported from case opening to follow up for both accessible and central parents.

Accessible program parents reported an increase in perceptions of tangible support (such as help repairing an appliance or borrowing money from someone) over time, however, central parents saw a slight decrease in the average score on the ISEL-Tangible supports subscale from case opening to follow up. None of these changes was significant.

Scores on the ISEL-Belonging subscale increased from case opening to follow up for both central and accessible program parents indicating a perception of greater availability of support from other people. Questions included “when I feel lonely, there are several people I can talk to” and “there are several different people I enjoy spending time with.” At case opening, the average score for central parents was 21.92. This increased to 22.66 at follow up. While not large, the increase over time in perceived support and sense of belonging was significant ($Z = -2.053, p < .05$).

Similarly, for accessible program parents, at case opening the average score on the ISEL-Belonging subscale was 22.33. This increased to an average score of 24.17 at follow up. Again while not large, this change over time approached significance at the .05 level ($Z = -1.838, p = .066$). A significant difference was also noted between accessible and central parents at follow up on this measure with accessible program parents reporting higher levels of perceived interpersonal support and belonging ($U = 1819.00, Z = -2.02, p < .05$).

Table 25: Parental Evaluation of Support at Case Opening and Follow Up

	Accessible Sites		Central Sites	
	<i>Case Opening</i>	<i>Follow Up</i>	<i>Case Opening</i>	<i>Follow Up</i>
Appraisal Support	23.19	24.47	23.60	24.13
Tangible Support	23.00	23.36	22.55	22.16
Sense of Belonging*	22.33	24.17	21.92	22.66

* $p < .05$ (differences between case opening and follow up for *both* accessible and central parents; difference between accessible and central parents at follow up)

The following table (Table 26) shows the proportions of accessible and central parents reporting concerns with health and behaviours at case opening and follows up. At follow up, both accessible and agency base parents reported drinking less alcohol and that their partners also drank less alcohol over

time. Similarly, the proportions of parents and their partners in trouble with the law decreased from case opening to follow up. However, more agency base parents were in trouble with the law than accessible program parents. This difference was significant at case opening ($\chi^2 = 7.572$, $p < .01$) and remained so at follow up ($\chi^2 = 4.659$, $p < .05$).

Approximately 40% of all parents reported having health problems of a long term nature (greater than 6 months). Almost half of all parents said they have had to cope with problems with their emotions, nerves, and mental health within the last month. Over 40% of all parents also said that they have had to cope with ongoing physical pain or discomfort. These proportions seemed relatively unchanged over time.

Greater proportions of parents identified concerns with their partners' health at follow up than at case opening. More specifically, the proportion of partners with health problems of a long term nature almost doubled from 17.7% to 32.1% for accessible program parents and from 15.7% to 27.8% for central parents. The proportions of partners with medical conditions that required medical attention within the last month also increased for both program types over time. Increases were also reported in the proportions of partners coping with problems with emotions, nerves, or mental health at follow up. Furthermore, the proportions of partners with health problems that interfered with their work, family, and social activities increased over time for both accessible and central parents.

About 20% of all parents had difficulty finding affordable and good quality child care for their children. This did not change much from case opening to follow up. At follow up, 41.2% of accessible parents said that it was hard to find someone they trusted to care for their child when they needed a break. This was a larger proportion than at case opening, as well as a larger proportion than central parents at both case opening and follow up. Finally, increased proportions of both accessible and central parents reported that their child had special needs that made finding child care difficult at follow up. None of these differences was statistically significant.

Table 26: Parental Behaviours and Health Concerns

	Accessible Sites		Central Sites	
	<i>“True” at Case Opening</i>	<i>“True” at Follow Up</i>	<i>“True” at Case Opening</i>	<i>“True” at Follow Up</i>
I drink more than a couple of alcoholic beverages several times a week.	6.2%	3.6%	7.1%	6.3%
My friends or partner drink more than a couple of alcoholic beverages several times a week.	21%	14.3%	20.5%	16.3%
I’ve been using tranquilizers, sedatives or sleeping pills or anti-depressants regularly.	27.2%	19.3%	20.4%	23.8%
I’ve been in trouble with the law.	7.6%	3.5%	7.1%	2.5%
My friends or partner have been in trouble with the law.*	7.5%	3.6%	22.3%	15%
I have medical conditions or health problems of a permanent or long-term nature.	39.5%	35.1%	40.4%	41.3%
My live-in spouse or partner has medical conditions or health problems of a permanent or long-term nature.	17.7%	32.1%	15.7%	27.8%
I’ve had health problems that have required medical attention.	37%	40.4%	41.2%	37.5%
My partner has had health problems that have required medical attention.	12.7%	20.7%	14.9%	29.7%
I’ve had to cope with problems with my emotions, nerves, or mental health.	54.3%	47.4%	47.4%	48.8%
My partner has had to cope with problems with his/her emotions, nerves, or mental health.	20.5%	28.6%	22.8%	36.1%
I’ve had to cope with ongoing physical pain or discomfort.	45%	43.9%	42.1%	41.3%
The condition of my health interfered with my work or family responsibilities, or with social activities.	34.6%	29.8%	31.9%	26.3%
The condition of my partner’s health has interfered with his/her work or family responsibilities, or with social activities.	10.1%	14.3%	9.8%	19.4%

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. In the qualitative interviews, a key area of positive change parents talked about was relationships within the home. The following quotes illustrate the types of changes described:

P: It's pretty good and everything. Everything goes a lot smoother, we all can talk now openly. There's no secrets or hiding anything, everything's especially (? –inaudible-mumble) things that are appropriate. There's no barrier to communication. And they're just very happy kids now. They don't seem emotional or they don't seem overwhelmed by things. It's better. [Central Site 4 - 425]

P: It improved that the level of stress went down in my house without my two younger children having to be fearful that I was going to get hurt or they were going to get hurt. [Central Site 5 - 511]

P: Well we're not as stressed out (laughs). We're... we have time to do things instead of worrying about how we're going to get here or how we're going to get there or, you know we don't always have to fight 'cause the bills are getting piled up because we're giving up one thing to do others and um [daughter's] medication is very stressful to deal with because it's very expensive and we don't have the money and with her help in getting us involved with the Section Eight which is where Ministry of Health pays for her medication until she's sixteen. I would never have known that unless, you know, it was brought to the table by them and now we're... we're starting to deal with things as a family instead of just screaming and yelling at each other because we're all stressed out and don't know what to do and don't know how to go about it and just we get along a lot better 'cause we're not worried as much so... [Accessible Site 6 - 176]

P: Things did improve for my family because my family wouldn't be a family if I wasn't here, that my kid would be a ward to court and yeah. I don't know. Yeah, it did improve.
P: Yeah. I never spent any time before with [son] when I was using drugs. I just... did drugs. And it was like, I looked at it, as long as there was a roof over his head, some stuff in the fridge, my job is done. But (? – inaudible) that's not the case. You know what I mean? [Accessible Site 6 - 182]

P: I think it's helped mum and I talk better, you know, to relate better and be more open, you know, because she's old school, right? And, which is fine, you know, but I do things a little different than she does and we just learn to compromise, right, and not be pulling the kids in two directions, you know. Yeah. And [worker] there to help. [Central Site 1 - 159r]

P: He's learned to trust me more. Cause I used to fly off the handle and scream and yell and stuff. And for a long time now, I've been able to sit and talk, 'listen this is this and this is that, this is where you are, this is where you need to go, and this is where gonna go if you know follow these suggestions and stuff. So yeah, our relationship has improved. [Accessible Site 2 - 278]

P: I mean, me and my husband still argue but, but it's not, it's never been as bad as it was last year and stuff.... There's not as much yelling and screaming. [Accessible Site 1 - 100]

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. 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.

At case opening, the average score on the PCS scale was 4.29 for both groups of parents. At follow up, the accessible program parents' average score increased slightly to 4.43 while there was a slight decrease in the average score for central parents at 4.26. There were no significant differences between programs at either case opening or follow up. Average scores remained relatively unchanged over time for both groups. A comparison of the levels of parenting competence in our study to a random sample of 129 mothers with children age 7-9 years old recruited in a door-to-door survey in a large Canadian city (average score of 3.96) revealed that parents in our study had a higher weighted average score on the PSC (Johnston & Mash, 1989). This difference with the study sample could not be tested statistically and must be interpreted with caution.

Family Burden

Parents were asked to indicate how often within the last 6 months their child or children's behaviour had a negative impact on the family 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). A higher score indicated greater burden on the family. Individual item responses were used in these analyses rather than total scale scores because there was a sizable amount of missing data for

specific questions. 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 quarreled 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.

Overall there were no statistically significant patterns of change from case opening to follow up for either accessible or central program parents. Accessible based parents, however, reported modest reductions in the frequency with which they were experiencing family burden as a result of their children's negative behaviour. The proportions of accessible program parents reporting that they "often" or "always" did not take their child out in public, quarreled with their spouse, were anxious about their child's future, and had to forego plans to go away over night decreased from case opening to follow up.

The proportions of central parents reporting that they "often" or "always" were prevented from taking their child out in public and did not leave their child with a babysitter remained relatively unchanged over time. Frequent arguments with spouses and parents' anxiety about their child's chances for doing well in the future seemed to increase slightly from case opening to follow up for central parents.

At case opening, accessible and central parents did not differ significantly on levels of family burden with the exception of one item. A greater proportion of accessible program parents (26.7%) than central parents (14.2%) said that they had to change or forego plans to go away over night because their child's behaviour was difficult to manage ($\chi^2=4.411$, $p < .05$). There were no significant differences in the distribution of scores on any items for the two groups of parents at follow up.

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). A lower score indicated a healthier general functioning of the family. Possible mean item scores could range from 1 to 4.

The average score for accessible program parents was 1.92 at case opening. This decreased to 1.86 at follow up suggesting that these families had a slight improvement in functioning over time. Central parents had an average score of 1.85 at case opening and 1.84 at follow up indicating little change over time. Average scores for both groups at both 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 et al., 1988). However, average scores in this study were lower than the OCHS cut off score of 2.17 used to distinguish “pathological” family functioning from “healthy” functioning (scores under 2.17).

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. With the exception of the Problems and Concerns Checklist and the qualitative interviews with parents, 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.

Parents talked less about changes in their children’s lives as a result of their child welfare involvement. When we include the analyses of the quantitative indicators below, the portrait is of very little positive change in children’s lives that might be attributed to their families’ child welfare involvement. From our perspective, this is a finding that requires further exploration and a search for remedies. The implications of this finding will be discussed more in the concluding discussion. The following quotes illustrate the types of positive changes for children talked about by some parents:

P: His functioning has gotten better. His development is always going to be delayed. There’s nothing that anybody can really do about that one. He is getting as much help as he possibly can, but he’s always going to have issues. [Central Site 5 -527]

P: Yeah. He said now things he’s happier, daddy is over there, and mommy is over here, no more yelling and no more screaming, and things are... calm. And I feel he like it this way. [Accessible Site 2 - 276]

P: They don't run as much. They... if they do run, it's only across the road over there by the mailbox and that they'll sit there and I'll calm down then they come back and talk about it. (Interviewer: And that's working out?) P: Yes. It is. Now, with [daughter], it doesn't matter what we say right now. We can tell her she's grounded for four days, she'll tell me, "No, I'm not." "Yeah, you are." She's been doing good except for the once that she took off while we were gone. But she came back. [Accessible Site 5 - 497]

P: Just to know that [my son's] more settled. That's a big part for all of us. That's probably the biggest thing is to know that their brother and my son is okay, you know. [Accessible Site 1- 123]

P: It's been very helpful. I don't know where I'd be without them. Um they've done so much help with [daughter] that her behavior has finally starting to come together, slowly but surely, it is getting there but without them she probably would be just as far as when she first moved in. They assisted me with getting counseling for her and with making her life as normal as possible with her disabilities. [Accessible Site 6- 176]

P: I mean, I discovered my son's eyesight difficulty, my son he has this special friend so I mean, he's being more social and he feels more accepted. There's so many advantages—it's hard to describe them all. [Accessible Site 6- 180]

P: Yes, oh yes. They're calmer children. Um I think they see mom and dad talking as wow they're talking, they're not fighting, um dad comes and gets me and there's no, no issues. It's all good, yeah they see that. It's a calm home now, that's what they need something calm. So no, it all worked out well. [Accessible Site 4 -449]

P: It helped them out a lot. Like, [child], he and [child] like, they're more interactive with kids and they're not shy when they see kids and they go up to them and, like, play with them and stuff—so it seems like they helped them a lot and they like playing with kids... [child] likes going to [agency community program] and stuff with me, she has fun. [Accessible Site 4- 456r]

Problems and Concerns Checklist—Children's Behaviour and Health

At case opening, the proportions of children reported to have school problems, trouble with the law, and drinking or using drugs were fairly similar across programs. However, significantly more accessible program children (27.8%) were reported to have trouble getting along with their teachers than central children (16.1%) at case opening ($\chi^2 = 3.880, p < .05$). At follow up, more accessible program parents (32.6%) reported that their children were getting into trouble in the neighbourhood than central parents (16.1%) ($\chi^2 = 3.707, p < .05$). In addition, 20.9% of accessible program parents reported their children had been in trouble with the law compared to only 8.9% of central program parents. This difference was approaching significance ($\chi^2 = 2.886, p = .089$). These differences may be due to the

greater focus of the school-based programs on children having difficulties as well as the somewhat older age of the children involved with these programs.

Between 24% and 31% of the children in both samples were described by their parents as having long-term or permanent physical health problems; 30% to 37% required medical attention within the last month. About 20% to 26% of these children were said to be developmentally challenged or to have difficulty learning. Particularly striking was that about 48% of the accessible sample children and about 37% of the central sample children were considered by their parents to have problems “with their emotions, nerves or mental health”. Health problems were said to interfere with schooling or activities outside of school for between 16% and 21% of these children. There were no statistically significant differences between the two groups on these indicators at case opening or follow up. Also, there were no statistically significant changes on any of these child well being indicators between case opening and follow up for either program group.

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. It also examines the impact of child health problems on family functioning (Landgraf, 1994). The ITQOL questionnaire has 10 subscales and two single-item scales. For the current study, five subscales and one single-item scale were utilized. Transformed scores for all scales range from 0 to 100. A higher score is indicative of better health.

Parents were asked about how satisfied they were with their child’s overall development including physical growth, motor and cognitive development, language, feeding habits, and responsiveness to others. Both accessible (case opening average score of 87.34 to follow up average score of 92.27) and central parents (89.24 – 91.44) reported increased satisfaction in their child’s overall growth and development from case opening to follow up. At case opening, central parents reported higher levels of satisfaction with their child’s development than accessible program parents. However, at follow up accessible parents had a slightly higher average level of satisfaction than central parents. None of the differences was significant.

The temperament and moods subscale of the ITQOL questionnaire assesses how often a child seems to have changes in their mood, for example, having trouble sleeping, difficult to comfort, or less active than usual. At case opening, the average score on this subscale was similar for accessible (78.74)

and central (78.57) children. At follow up, both accessible (85.46) and central (82.50) saw an improvement in child temperament and moods with accessible program children having a slightly better score. There was, however, a statistically significant difference in the scores for central program children from case opening to follow up ($Z = -2.394, p < .05$). This pattern would likely have also been significant for accessible program children if there were a larger number of children in the analysis.

The ITQOL subscale that assesses children's overall behaviour asks parents to indicate their level of agreement with 12 statements such as "my child's behaviour is excellent" and "my child seems to misbehave more often than other children I know." Both accessible (66.28 – 67.96) and central (67.96 – 70.54) site parents rated their child's behaviour marginally more favourable at follow up than case opening. None of the patterns were statistically significant.

Parents were asked "compared to children of the same age, how would you rate your child's behaviour overall?" The average score for central children was 3.89 at case opening and increased to 4.15 at follow up. Similarly, the average score for accessible based children was 3.91 at case opening and increased to 4.00 at follow up. None of these changes was statistically significant.

The ITQOL Getting Along with Others subscale assess how often children interacted in a positive way with others. Example items include how often children "seem to cooperate with others", "seem able to adjust to new situations or strangers", and "respond positively to affection". Parents in both program types reported an increase in how often their child got along with others from case opening to follow up. The change in average scores from case opening (70.34) to follow up (74.94) was approaching significance at the .05 level for central program model children suggesting that these children were getting along with others better at follow up ($Z = -1.857, p = .06$).

Parents were asked to indicate how true or false 11 statements were about their child's general health. Response choices ranged from definitely true to definitely false. Some of the statements were "My child has never been seriously ill" and "My child's health is excellent". There was little change from case opening to follow up in central parents' perceptions of their child's health with average scores of 76.92 and 76.96 respectively. There was, however, an increase in accessible parents' perceptions of their child's general health. The average score for this group increased from 74.79 at case opening to 82.36 at follow up. Despite this large increase in the average score, the change over time was not statistically significant likely due to the small group size.

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 six 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”, “quarreled at home”, and “easily coped with school work.” Table 27 shows average scores for each of the subscales for accessible and central children at both case opening and follow up.

Overall, accessible program parents rated their child’s quality of life higher at follow up than case opening across all measured domains. These improvements in quality of life, however, were not statistically significant for this group. The patterns over time for central children were less favourable with parents reporting decreased quality of life at follow up in the areas of physical well being, self esteem, family, social contacts, and total quality of life. Improvements in quality of life were noted only for emotional well being and school. These changes were not statistically significant. At follow up, accessible program parents rated their child’s quality of life higher than central parents in all domains with the exception of school/nursery school quality of life. Again, these differences were not statistically significant.

Table 27: KINDL Quality of Life Subscale Scores for Children 4 to 7 Years of Age

Subscales	Accessible Sites (N=45)		Central Sites (N=56)	
	<i>Case Opening</i>	<i>Follow Up</i>	<i>Case Opening</i>	<i>Follow Up</i>
Physical Well Being	4.23	4.30	4.15	4.11
Emotional Well Being	4.36	4.40	4.26	4.35
Self Esteem	4.05	4.18	4.13	4.09
Family	3.95	3.82	3.68	3.62
Social Contacts	4.21	4.28	4.32	4.25
School, Nursery School and Kindergarten	4.11	4.13	4.18	4.20
Total KINDL	4.16	4.19	4.14	4.10

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 28 shows the average scores for each of the subscales at case opening and follow up for accessible program and central youth.

At case opening, accessible program parents consistently rated their child's quality of life higher than central parents across all measured life domains. However, only the difference on the self esteem measure was statistically significant ($Z = -2.995$, $p < .01$). At follow up, again accessible program parents rated their child's quality of life higher than central parents across all measures with the exception of physical well being. The differences between groups at follow up, however, were not statistically significant.

From case opening to follow up, accessible program parents' ratings on these scales remained essentially the same over time. The decrease in family quality of life from 3.78 at case opening to 3.73 at follow up was the only statistically significant change over time for accessible program youth ($Z = -2.126$, $p < .05$).

Youth age 8 to 16 whose families were involved with central services average score on the physical well being subscale increased from 3.86 at case opening to 4.09 at follow up ($Z = -2.321$, $p < .05$). Improvements on the total quality of life scale from case opening (3.81) to follow up (3.85) approached significance at the .05 level for central youth ($Z = -1.832$, $p = .06$). No other changes over time were statistically significant for this group.

Overall, the lowest ratings of quality of life for youth ages 8 to 16 were reported in the domains of family and school. This was true for both program types at case opening and at follow up. This finding may reflect an increase in parent-child conflict and tensions with teachers as these youth move into adolescence.

Table 28: KINDL Quality of Life Subscale Scores for Children 8 to 16 Years of Age

Subscales	Accessible Sites (N=67)		Central Sites (N=102)	
	<i>Case Opening</i>	<i>Follow Up</i>	<i>Case Opening</i>	<i>Follow Up</i>
Physical Well Being	4.01	4.09	3.86	4.09
Emotional Well Being	4.19	4.06	4.07	4.01
Self Esteem	4.07	3.95	3.68	3.73
Family	3.78	3.73	3.61	3.64
Social Contacts	4.03	4.10	3.99	3.93
School	3.75	3.90	3.62	3.62
Total KINDL	3.98	3.97	3.81	3.85

System Indicators

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. Of the 115 central parents interviewed at case opening, we collected data from 91 parents' child welfare files. We were also able to collect data from 66 out of 81 accessible based parents' files. We also collected file data for 44 accessible parents from whom retrospective case opening assessments were collected. Information gleaned from child welfare files included the overall risk rating, eligibility spectrum rating, use of court, out-of-home placement of children, and case closures.

Table 29 summarizes the prevalence of use of legal authority and out-of-home placements for these groups. The Children's Aid Society used legal or court action in 12.3% and 18.7% of non-retrospective accessible and central files respectively. For those cases in which court authority was used, 47% of central files and 38% of accessible program files involved the use of a court mandated supervision order. Children were placed in out-of-home care in 24.2% of all files regardless of program type. The most frequently used out-of-home placement was foster care for both accessible files (47.1%) and central program files (45.5%). This was followed by group home care (22.7%) for central files and kinship service (41.2%) for accessible program files. There was a statistically significant difference in the

type of out-of-home placement between central and accessible program files suggesting kinship service was used more often in the accessible program model ($Z = -2.129, p < .05$). Fifty percent of the children placed in out-of-home care within the accessible program model were returned home; while only 39% of children placed in out-of-home care within the central model were returned home.

While there was no difference between these approaches in the frequency of out-of-home placements for children, there were other noteworthy differences. Accessible sites had returned a higher proportion of these children to their homes (39%-50%) While both models had relatively low levels of formal court applications, there are indications that the accessible sites had lower levels of court applications (12.3% - 18.7%) and when applications were made used formal court mandated supervision orders less frequently (38% - 47%).

Table 29: Use of Legal Authority and Out-of-Home Placements for Accessible and Central Program Files

	Accessible Sites (66 Files)	Accessible Sites- Retrospective Sample (44 Files)	Central Sites (91Files)
Use of Court/Legal Authority			
<i>Yes</i>	12.3%	34.9%	18.7%
<i>No</i>	87.7%	65.1%	81.3%
Use of Court Mandated Supervision Order (for cases with court involvement only)			
<i>Yes</i>	38%	66.7%	47%
<i>No</i>	62%	33.3%	53%
Use of Out-of-Home Placements			
<i>Yes</i>	24.2%	42.5%	24.2%
<i>No</i>	75.8%	57.5%	75.8%
Type of Out-of-Home Placement			
Kinship Service	41.2%	16.7%	13.6%
Kinship Care	11.8%	11.1%	18.2%
Foster Care	47.1%	61.1%	45.5%
Group Home Care	0	11.1%	22.7%
Children Returned Home			
<i>Yes</i>	50%	77.8%	39%
<i>No</i>	50%	22.2%	61%

Table 29 paints a very different portrait of the retrospective assessment accessible program files. Compared to the other two groups, this group had substantially more use of formal court applications (34.9%) and many more court mandated supervision orders (66.7%) resulting from these applications. Out-of-home placements were used almost twice as often (42.5%) as with the other groups but a much higher proportion of these children had been returned home (77.8%). These findings are consistent with the image earlier of these cases being seen by service providers as more challenging: cases that, while children were not permanently removed, required long-term monitoring and support.

Parent Willingness to Ask for Help

One of the central ambitions of the accessible sites was to create more constructive relationships with families and communities. Arguably, if they were successful, then parents would be more willing to seek out services when they had difficulties and to advise others to do so as well. This could help to soften the image of child protection service somewhat among populations more likely to become involved with them. Perhaps the most important consequence could be the development of an improved capacity to keep children safe and to assist parents, in part, because of earlier access to families and possessing better information about family circumstances. This would be an even more significant benefit if, as is suggested in the services and supports portions of this research, these service providers also had greater access to professional and community partnerships resulting in faster and more varied ways to help children and parents.

This sections presents convincing evidence that in fact parents involved with the accessible sites were much more satisfied with their service involvements than those involved with the central locations and much more open to asking for help in the future. This indicates that client and community relations with child protection services may be more mutable than conventional wisdom has suggested. It also suggests that there are values and organizing principles at work in these fledgling accessible program models that are worth understanding and building upon. To make sure that appropriate comparisons between service experiences are being made, only the 81 accessible site cases whose only service involvements were with these programs (opened after the study began) are used in making these comparisons.

During the qualitative interviews with parents, reasons given by parents who said that they would call again for help or tell a friend to call included feeling that their child welfare service providers

were there to help and the agency had access to many useful resources. The following quotes illustrate these themes:

P: I would call [my worker]. If I needed help, I'd probably call her. But she's involved with them but --- that's because, just because I know who she is – I'd probably call her. And if I couldn't, yeah, I'd probably end up calling them just to ask them for advice. (Accessible Site 4)

P: Uh I would definitely call them up for help again, oh yeah (laughs). I would definitely. I don't think I'm... I've had the chance to close my case a couple of times and I just... I don't bother. I don't... I don't care if they're in my life, you know like it's all voluntarily and with all the help and support they've given me there's no... there's no point. People look at... look at me; you let them be in your life? What are you doing? And I'm just like well they support me and they help me, I... I don't know. (Accessible Site 6)

P: Because they can meet the needs of families as to other places in the community that I found that they can't, that other places in the community will just turn you in and tell you, "No, we can't help you." Or you can't get financial assistance or anything else, but CAS can step in and tell them that pretty much they have to do it or try to push a little bit harder to get it to be done. (Accessible Site 5)

P; The two years I had before I came here, I would, I would tell people to run from them. I would have, they were monsters to me until I met her, you know? And then it all changed and I had a family again and that we're all together and, you know... (Accessible Site 4)

P: Absolutely. (...)because I believe that everybody needs a little bit of help sometimes and not everybody knows exactly what to do and exactly where to go and they have resources that we might not know about. And...it...it's just an extra thinking head. An extra person to go, "Okay this is what you can do." Or "This is where you should go." Just, you know, help. (Central Site 2)

P: Yes, because they do have resources. I would definitely recommend other agencies but if a child or parent - if a parent is having difficulties, yes. I would definitely tell them to call and see what resources they have or what they can offer. (Accessible Site 1)

Having access to a supportive and knowledgeable service provider was seen by many parents to be the most important consideration:

P: I would. I would. Now I would probably go back to the same person that I originally dealt with because I've got that comfort zone with her now and I feel confident that she would have my best interests in mind. (Accessible Site 1)

P: I would. I would tell them to ask for a particular worker though because you've got the good ones and you've got the ones that aren't so... (Accessible Site 2)

P: ... if I had a friend that was having difficulty and stuff like almost like me, whatnot, I'd say... I'll probably say yeah like it's o... sometimes they're there to help you, not to judge you... some of them. So... (Central Site 5)

P: I'd tell them to call for help because sometimes you hit lucky and you get help. It's always hit and miss and I think what my thing is is my worker is too new to understand the system properly. She's still following the book. And, no offense, not every case is text book. And I honestly don't think they taught them how to deal with children who have really bad behavioural ups and downs. (Central Site 2)

Parents who said that they would not call for help in the future or advise their friends to do so talked about their fear of the agency and its power, the stigma or shame of being involved with child welfare, their lack of trust, their fear of losing their children and how they felt coerced. These themes arose also in the conversations with some of the parents who said that that they would call the agency in the future. The following quotes briefly illustrate some of these themes:

P:No (...) Because to me, it would just seem like they have some reason to try to take the children away from me again. (Central Site 3)

P: Probably would not. Only because you... fear that chance of yourself losing your children. P: Yeah. I can't imagine... having my children taken away from me. (Central Site 2)

P: No, I wouldn't at all. Basically, I feel that they screw you. Anything that you say basically can be turned against you with them, like, you can have one worker that's completely awesome and he's just great and then another worker that's just a complete ass, so it really just depends on, like, if I had a great worker, then I probably would, but there's no guarantee that you would get that worker, that you would get along with, so I wouldn't call them at all. I refuse. (chuckles) If I found another child in another family was being harmed, I would, but for my personal, I wouldn't call them. (Accessible Site 4)

P: I'm, going to say no, I wouldn't. Even though like this past one has been, you know, a good experience I still wouldn't want to be involved with them. (Interviewer: Can you talk about why?) P: Different workers, different managers, different locations play a factor. (Accessible Site 3)

P: Because, I don't know. It's just... you don't have to answer to anybody. The whole thing of just, y'know, y'know... just... yeah, not answering to anybody. ... I'm not that bad off or... I don't think I'm doing such a terrible job that I need you's in my life. And you got that stigma of yes, while you're in someone's life, it's because you're a bad parent, y'know. (Central Site 3)

Of parents receiving services from central sites, 40% said that they would call for assistance in the future, while 59% of individuals receiving services from an accessible setting responded that they would. The main reason individuals said that they would call in the future was that they felt the child

welfare agency was there to help. Twice the proportion of parents from accessible sites gave this reason

Of the parents interviewed, 27% of those receiving services from an accessible site said that they would not call in the future, whereas over half (53%) of individuals who had been involved with a central site said that they would not call. Many of these parents were afraid that if they were to ask for help, their children would be removed from their care. Many also talked about feeling uncomfortable, violated and “put under the microscope”:

P: They took us down a road that wasn't helping us, made us feel extremely uncomfortable almost to the point of feeling like a criminal, like it was under microscope with that document, so absolutely not. I would not recommend using ... We wouldn't call them again. (Central Site 1)

Others said they might call again but only reluctantly if they could not find the help that they needed elsewhere:

P: I mean as right now I'm looking for the resources. Obviously I've been looking through the phone book. I've been calling even my church and just trying to find different resources because I'm very unsatisfied with what CAS is. They said they had all these wonderful things and I've seen none of it. So I'm definitely looking elsewhere. The only problem is that they have to be involved for whatever reason I don't know (exasperated laugh). (Central Site 1)

P: Like, if it was something serious, yeah, but if it was something, just like, someone with my patience or something, I'd probably talk to a family member before them. Or I'd probably ask my sister to come across the street and sit with me and help me chill out, but it would depend. If it was something serious—But I don't think I would trust... [child welfare agency] again, I mean, because every time they work with me, they haven't worked with me, they've just taken, and taken and taken. (Central Site 2)

P: If they feel that their child is being abused. Then yeah, I would say call. But for behaviour problems or anything else associated around behaviours or development in that I would, you know, give her – give them suggestions on how to take care of that stuff before having to call CAS. (Accessible Site 3)

Others said that if they advised a friend to call they would also tell that person that they needed to be very cautious:

P: But I would also tell anybody that I referred, if I absolutely had to, to take your blinders off. Don't let the words social worker throw you into the heavens and think that you don't have to be aware. Check everything. Watch everything. Do not assume that

they have your best interest at heart. Keep your eyes open and do not sign anything that you do not read. (Accessible Site 3)

P:Very, very depend. Like, if... say if a guy was beating her, or the child, or somebody was hitting the child or sexually assaulting the child or something like that, I could see, but like, for just a little argument or little, y'know, a normal family feud, no, but for something like that's... y'know, very over... something where a child... something where they really should use the help, then yeah, but if it's nothing major, I don't think so, because then once you call, they're stuck. They're like, y'know, glue. (Accessible Site 2)

Table 30 shows that, at follow up, more accessible site parents (59.6%) believed that it was definitely or probably necessary “for the child welfare agency to become involved with your family in the first place” than central site parents (46%). Equally important, suggestive of a positive service experience, the proportion of accessible site parents who made this assessment increased by 18% from case opening to follow up while the proportion of central site parents declined by 2%. About 41% of central site parents at both case opening and follow up believed that the agency did not need to be involved with their families. Proportions of accessible site parents who did not believe the agency needed to be involved with their families decreased 9.1% from 35.4% to 26.3%.

In addition, the proportion of accessible site parents who believed that their primary service provider definitely knew “how to help your family” increased 17.3% from 21.3% at case opening to 38.6% at follow up compared to a 2.7% increase from 21.1% to 23.8% for central site parents. Proportions of accessible site parents who thought their primary service providers “not very often” demonstrated knowing how to help their families decreased by 5% from 22.5% at case opening to 17.5% at follow up while this negative rating increased 6.3% from 23.7% to 30% for central site parents.

It is important to highlight that what is being reflected in these assessments are parents’ opinions about their service involvements – not whether others would reach the same conclusions about the need for agency involvement or worker knowledge. It is parent assessments of their experiences that will influence their willingness to ask for help again and what they tell their friends to do. In both of the previous ratings, accessible and central site parents made comparable assessments at case opening but accessible parents were notable more positive at follow up. The most likely explanation would be different service involvement experiences for these two groups.

Table 30: Parents’ Perceptions of Need for Child Welfare Involvement and Worker Knowledge

	Accessible Sites				Central Sites			
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>	<i>Definitely</i>	<i>Probably</i>	<i>Maybe Not</i>	<i>No</i>
Case Opening	24.1%	17.7%	22.8%	35.4%	27.2%	21.1%	10.5%	41.2%
Follow Up	29.8%	29.8%	14%	26.3%	27.5%	18.8%	12.5%	41.3%
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>	<i>Definitely</i>	<i>For the most part</i>	<i>For some things</i>	<i>Not very often</i>
Case Opening	21.3%	31.3%	25%	22.5%	21.1%	24.6%	30.7%	23.7%
Follow Up	38.6%	24.6%	19.3%	17.5%	23.8%	30%	16.3%	30%

Table 31 confirms that overall parents from accessible sites were notably more satisfied with their involvements than parents were at central sites. At follow up, there were a number of differences between accessible and central program parents in their overall satisfaction with services. More accessible program parents than central parents believed that being involved with the child welfare agency made things better in their family ($Z = -2.607, p < .01$). Over 46% of central parents said that the child welfare agency did not help make things better in their family “at all”. A greater proportion of accessible based parents were more satisfied overall with child welfare services than central parents ($Z = -2.526, p < .05$). Over one-third of accessible program parents reported that they were “very satisfied” with their child welfare experience while 38.8% of central parents were “very unsatisfied” with their involvement. Moreover, as with the earlier indicators in this section, at accessible sites, parents’ assessments of the benefits of service involvements for their families and their overall satisfaction with their families’ child welfare experiences improved notably between case opening and follow up. In

contrast, assessments of parents at central sites were more negative on these indicators at follow up than at case opening.

Table 31: Parents’ Overall Assessments of Child Welfare Services

	Accessible Sites				Central Sites			
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>	<i>A great deal</i>	<i>Quite a bit</i>	<i>A little bit</i>	<i>Not at all</i>
Case Opening	14.5%	22.4%	25%	38.2%	14%	12.3%	31.6%	42.1%
Follow Up	24.6%	21.1%	29.8%	24.6%	11.5%	19.2%	23.1%	46.2%
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>	<i>Very satisfied</i>	<i>Mostly satisfied</i>	<i>Somewhat satisfied</i>	<i>Not very satisfied</i>
Case Opening	21.3%	28.7%	23.8%	26.3%	18.8%	25.9%	25.9%	29.5%
Follow Up	31.6%	26.3%	22.8%	19.3%	17.5%	23.8%	20%	38.8%

Table 32 shows that, at case opening, both accessible and central site parents’ ratings of how likely it would be for them to recommend the child welfare agency to a friend or call the agency for their own family in the future were almost equally divided between for and against calling. At follow up, a significantly greater proportion of accessible program parents (64.9%) said that they “definitely” or “probably” would refer a friend to the child welfare agency for help than central parents (39.2%) ($Z = -2.447, p < .05$). Similarly, if accessible program parents were to have difficulties in the future a greater proportion of these parents (61.4%) said that they “definitely” or “probably” would call the child welfare agency for help than central parents (41.3%) ($Z = -2.446, p < .05$). Among central site parents, almost 60%

said that they probably or definitely would not call for help if they were to have difficulties in the future compared to about 39% of accessible site parents. The willingness expressed by central parents to ask for help in the future decreased somewhat between case opening and follow up ($Z = -1.743, p = .081$).

Table 32: Parents' Willingness to Ask for Help

	Accessible Sites				Central Sites			
	<i>Definitely Would</i>	<i>Probably Would</i>	<i>Probably Would Not</i>	<i>Definitely Would Not</i>	<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?								
Case Opening	20.3%	29.1%	24.1%	26.6%	14%	35.1%	21.1%	29.8%
Follow Up	22.8%	42.1%	12.3%	22.8%	13.9%	25.3%	26.6%	34.2%
If your family were to have difficulties in the future, how likely would you be to call the child welfare agency for help?								
Case Opening	24.1%	31.6%	21.5%	22.8%	17.7%	31.9%	22.1%	28.3%
Follow Up	35.1%	26.3%	14%	24.6%	16.3%	25%	23.8%	35%

Change Over Time: Retrospective Accessible Site Sample

Table 33 shows how scores on various measures changed in a statistically significant fashion over time for the retrospective accessible site sample (N=54). On average these were child protection cases that had been open for 26 months prior to the initiation of data gathering examining family functioning in this research. About 80% had been open for one year or more. There were no cases in the central sample that had been open comparable lengths of time.

These retrospective cases appeared qualitatively different from the other non-retrospective accessible sample and the central sample cases in this research. Most critically for purposes of comparison, the assessments of family functioning at case opening were generally notably more

negative than the other accessible and central sample cases. Also, as seen previously, service providers' more frequent concerns with parenting capacity for the retrospective sample coupled with much higher rates of placement of children outside their homes suggest that the retrospective sample represented a subset of child welfare families where long term monitoring and support was deemed appropriate by service providers. All of these factors point to the inappropriateness of using these retrospective accessible site cases to make comparisons with the central sample.

Nonetheless these retrospective cases can be used to investigate whether similar patterns of change over time to those noted for the non-retrospective accessible and central samples were present. Table 33 shows that patterns of statistically significant positive change from case opening to follow up were evident for parent well being, parenting confidence, and family functioning indicators. Indeed these positive change patterns were more evident than for the two comparison groups. This may be due to more problematic starting points as well as the longer periods of time between case opening and the follow up time periods. As stated previously, while the design does not allow the attribution of such positive change to child welfare involvement, the evidence that many parents and families were doing better at follow up than they were when child welfare became involved in their lives is encouraging.

Table 33: Changes Over Time for Retrospective Accessible Site Parents

	Case Opening Mean (Std. Dev.)	Follow Up 1 Mean (Std. Dev.)	Follow Up 2 Mean (Std. Dev.)	Friedman Test Change Over Time
Family Assessment Device*	2.37 (.62)	1.84 (.44)	1.89 (.47)	$\chi^2= 20.28$ $p < .001$
Parenting Sense of Competence	4.47 (.98)	4.85 (.90)	4.90 (.80)	$\chi^2= 9.91$ $p < .01$
Family Burden*	9.22 (8.16)	4.83 (4.28)	4.30 (4.69)	$\chi^2= 7.19$ $p < .05$
Perceived Stress Scale*	11.98 (2.90)	11.14 (3.05)	10.05 (2.98)	$\chi^2= 9.85$ $p < .01$
Quality of Life	3.24 (.99)	3.76 (.89)	3.88 (.81)	$\chi^2= 14.29$ $p < .001$

* A lower score denotes improvements in functioning.

On the other hand, also consistent with the patterns for the non-retrospective accessible and central samples, there was little evidence of positive changes over time for any of the three age cohorts of children in this retrospective sample. In a system explicitly focused on keeping children safe from emotional and physical harm, the focus on parenting also means that little attention can be paid directly to children's longer term well being. In an expanded conception of child and family welfare, programming for children directly would provide both a better capacity to keep children self and to improve their long term well being.

SUMMARY AND CONCLUSIONS

The Canadian experience is illustrative of the challenges facing "Anglo-American" child protection systems internationally. Among the best documented unintended consequences of this child protection model in Canada and elsewhere are rapid expansion of the numbers of families investigated, greatly increasing system costs, minimal levels of assistance provided to most families investigated, increasing numbers of children in out-of-home care, concerns about employment stress on service providers and high staff turnover, increased time invested in documenting services and less time spent with families, and increasing difficulties in establishing cooperative helping relationships with families along with a greater reliance on formal court applications.

There is a more recent interest in differential response child protection systems in some Canadian provinces – maintaining procedure-driven risk emphases in "core" investigatory child protection services, yet encouraging a more collaborative service response to less "dangerous" family situations. Related to the interest in service and investigatory response modes is a desire to increase local communities' capacities to support families and to protect children, and to share more of the child and family welfare mandate with formal service partners.

In the *Partnerships for Children and Families* program of research, we developed the arguments that more flexible child and family welfare responses were needed and many Canadian communities already had in place elements central to creating effective flexible response delivery systems (Cameron, Freymond, & Roy, 2003). In our study of three community and school-based models of child welfare service delivery in Ontario (Cameron, Hazineh, & Frensch, 2005; Frensch, Cameron, & Hazineh, 2005a, 2005b; Hazineh, Cameron, & Frensch, 2005), it became evident that purposeful variations in institutional settings for the delivery of front-line child protection services affected service responses and family experiences in positive ways.

This project investigated the impact on front-line child protection practice of institutional settings that varied on dimensions theoretically important to differential response models of child welfare (i.e. service values, physical accessibility, service partnerships, community partnerships, and co-location). The general thesis for this research was that there would be patterned differences in client and service provider experiences of helping processes, work environments for front-line service providers, delivery system outcomes, and child and family outcomes across the purposively selected institutional settings for front-line protection services at the six child welfare agencies partnering in this study. By and large, each of these expectations was supported by the findings from this research. A series of specific hypotheses or expectations was included in the original research proposal. A selection of these is used to briefly discuss the main findings from this research.

Institutional settings developed with explicit formal goals of building more cooperative helping relationships with children and families and/or increasing formal and informal collaborations in carrying out their child welfare mandates will be more successful in doing so.

One of the central messages from this program of research is that program intentions matter very much. All of the research sites in this study had as their highest priority keeping children safe and there was no indication at all that this priority was compromised by any of the service delivery strategies investigated. However, the sites with clear intentions of being more accessible to children and parents were. The sites emphasizing the creation of more cooperative helping relationships with families made substantial progress on this intention. Those sites designed to facilitate more collaborations with professional partners had more success in doing so. The host child welfare agency that focused on supporting community development and creating partnerships with community associations fostered unique collaborations and had access to different resources to support children and parents. Even among the accessible sites investigated, some sites had much more elaborated and explicit intentions than others and these differences were reflected in what they accomplished. Some sites had all of the above intentions and some were more focused in their ambitions. These differences also were reflected in service delivery patterns.

Physical proximity and accessibility for children and families will result in higher levels of contact between family members and child welfare service providers.

This hypothesis received partial confirmation in this research. Quantitative ratings by parents of service providers speed in responding to their telephone calls or how frequently they had face-to-face contact with service providers suggested only modest advantages for the accessible sites. However, service providers and parents at the accessible sites believed that they could have much easier access to each other. Parents expressed greater confidence and comfort in contacting service providers at the accessible sites.

Physical proximity and accessibility for children and families will result in more cooperative helping relationships with families, service providers knowing more about children and families and feeling more confident in their ability to protect children and support families, and less frequent use of coercive measures with families.

The evidence in this research that service providers at the accessible sites were able to establish a higher proportion of cooperative and appreciated helping relationships with children and parents is unequivocal. Service providers at accessible sites were more confident about their capacity to establish cooperative helping relationships with families. Parents at accessible sites described many more trusting and helpful relationships with service providers and in the quantitative ratings clearly assessed these relationships as more beneficial and satisfying. Both parents and service providers indicated that there was less use of formal authority in helping relationships at the accessible sites. Service providers at the accessible sites believed that having access to clients in schools and neighbourhoods provided them with better and quicker access to information about children and families and consequently helped them to keep children safe.

Higher levels of collaboration with service providers in carrying out the child welfare mandate will result in more formal assistance being available to children and families.

There was clear evidence that central and accessible sites that were co-located with other professional service providers often were able to access more resources for families and sometimes do so more quickly. Overall, parents at the accessible sites described being connected with a much broader

range of services and supports and were more likely to rate these services and supports as sufficient. This was particularly evident at the community sites.

Higher levels of collaboration with community associations and informal partners will result in more informal assistance being available to children and families, and in children and parents feeling less isolated.

Only two accessible sites hosted by the same agency stressed collaboration with community associations and informal partners as central to their service approach. Both of these sites had access to informal helping resources and, to a certain extent, engaged community associations and residents in the mandate of keeping children safe and helping parents. These informal associations were able to offer parents and children types of assistance and participation opportunities that were not available through professional services. Our conclusion is that community development and informal partnerships are promising but extremely underdeveloped strategies in Ontario child welfare and worthy of further exploration. More in-depth discussion of these options is available in the earlier research that motivated this investigation (Cameron, Hazineh, & Frensch, 2005; Frensch, Cameron, & Hazineh, 2005a, 2005b; Hazineh, Cameron, & Frensch, 2005).

Higher levels of physical proximity and accessibility combined with higher levels of collaboration with community associations and informal partners will result in greater community acceptance of the child welfare agency, and more community engagement in implementing the child welfare mandate.

There was evidence of more client and community acceptance of child welfare involvement at the accessible sites. This was most evident in parents at the accessible sites indicating substantially more willingness to ask for help again in the future and to tell a friend to contact the agency for assistance. Also, at the two sites emphasizing community development and partnerships with community associations, there was evidence of useful community cooperation in implementing the child welfare mandate.

Institutional settings higher on several or all of the dimensions mentioned above will have higher performances on service provider and client satisfaction ratings as well as on system and client outcome indicators than those with lower ratings on all or most of these dimensions.

- More accessible site parents (59.6%) believed that it was definitely or probably necessary “for the child welfare agency to become involved with your family in the first place” than central site parents (46%).
- More accessible program parents than central parents believed that being involved with the child welfare agency made things better in their family. Over 46% of central parents said that the child welfare agency did not help make things better in their family “at all” compared to 26.3% at the accessible sites.
- A greater proportion of accessible based parents were more satisfied overall with child welfare services than central parents. About 58% of accessible program parents were very or mostly satisfied compared to about 41% of central site parents. Almost 39% of central site parents were “not at all satisfied” compared to about 19% of accessible site parents.
- At follow up, a significantly greater proportion of accessible program parents (64.9%) said that they “definitely” or “probably” would refer a friend to the child welfare agency for help than central parents (39.2%).
- Similarly, if they were to have difficulties in the future, a greater proportion of accessible site parents (61.4%) said that they “definitely” or “probably” would call the child welfare agency for help than central parents (41.3%).
- Almost 60% of central site parents said that they probably or definitely would not call for help in the future compared to about 39% of accessible site parents.

Future Possibilities

There was a duality in how front line child protection service providers in this research experienced their employment. This distinction reflected the difference in how they felt about their local service delivery settings and how they saw the formal child welfare system expectations shaping their everyday employment realities. Reflecting this duality, two important child welfare service delivery system implications stem from these findings – one opening possibilities for positive innovations and the other questioning such possibilities.

It was clear that there is nothing “written in stone” about how child protection service providers understand their work. What we have come to accept as proper and inevitable in child protective service delivery is in fact a choice. The suggestion from this research is that, if we want more cooperative relationships with service partners, community partners and clientele, it can be done. The implication also is that we do not have to compromise the safety of children to make progress in these areas. The evidence is that both the service philosophy guiding our efforts and the physical settings for delivering child protective services matter a lot.

It is also important to stress that all of the school and community based models were modest innovations within Ontario’s child protection system. These were all relatively small programs. What might the consequences be if more substantial structures were created to facilitate service partnerships? What would happen if locally accessible service delivery of child protective services became the expectation? What if we invested in engaging local communities to partner in protecting children and helping families? What if creating cooperative helping relationship with many or most families became a central part of what we were trying to accomplish? What if we expected to develop negotiated rather imposed service plans with most families? There are other possibilities. The central point is that we have choices and these choices matter. They are reflected in our policies as well as in how we strive to engage with children, parents, families and partners.

Yet service providers in this research described a force pulling in an opposing direction and it may have been the dominant influence over their employment experience. There were underlying currents of central bureaucratic control, risk aversion and system self protection substantially shaping the world across all of these research sites. The suggestion was that these forces are powerful enough to reshape any efforts at reform to reflect these bureaucratic imperatives. The point here is not that accountability is irrelevant or that formal procedures cannot promote better protection of children and assistance to families. But an appropriate balance is required and the portrait painted by these service providers is of a radically unbalanced system. There is a need to examine the nature and consequences of the formal centralized bureaucratic organization of child protection services. This is a much more daunting undertaking than proposing specific changes to service delivery strategies. To go further, we have to look to other less costly ways to manage risks to the system and to create space for much more of service providers’ time and creative energy to be invested into helping children and families.

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Appendix A: Research Reports from the Transforming Front Line Child Practice Project

Report #	
1	Service Model Accessibility (Service Provider Perspectives)
	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)
	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)
	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)
	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)
	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	Helping Relationships (Parent Perspectives)
	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.
7	Services and Supports (Parent Perspectives)
	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.
8	Overall Child Welfare Outcomes: Family Functioning, System Indicators, and Community Attitudes
	Outcomes of accessible and central service models are assessed in this 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.