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

Gary Cameron

Wilfrid Laurier University, camerongary@wlu.ca

Lirondel Hazineh

Wilfrid Laurier University

Karen Fensch

Wilfrid Laurier University, kfensch@wlu.ca

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PROJECT:

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

SUMMARY OF FINAL REPORT

AUTHORS:

**Gary Cameron
Lirondel Hazineh
Karen Frensch**

**Partnerships for Children and Families Project
Faculty of Social Work
Wilfrid Laurier University**

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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

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.

relationships with children and families, (3) the development of partnerships with other service 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 summary report provides a comprehensive synthesis of findings and a discussion of their implications. Additionally, a full length synthesis report and 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. See Appendix A for a list of working reports. Readers looking for more information can access the detailed working reports archived on Scholars Commons @ Laurier's [Partnerships for Children and Families Project Collection](#).

For this summary 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. The final section provides concluding remarks and implications for child welfare policy and practice.

HELPING RELATIONSHIPS

Compared to central service delivery settings, creating better access for families to child protection service providers and 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 of 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 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.

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

...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? [Central site 1: front line service provider]

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: front line service providers]

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>	

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: front line service provider]

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: front line service provider]

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: front line service provider]

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. [Accessible site 3: front line service provider]

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 accessible settings, many service providers emphasized on 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: front line service provider]

In the qualitative interviews, parents involved with the accessible sites felt that their service providers were more easily available to them than did the parents involved with the central sites. 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 2: parent]

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 ... it's pretty easy....she always lets me know she's there and stuff so...[Accessible Site 6: parent]

Quantitative data from parent surveys with a larger sample of parents showed little difference between accessible and central sites' 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. 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. On the other hand, a positive growth in perceived contact for accessible site parents from case opening to the 9 month follow-up contrasted with a drop in perceived contact among central sites. At follow-up almost 48% of agency based parents said that they spoke with their service provider only one time per month or less frequently in comparison to 38.6% of accessible program parents. Also, 12.3 % accessible site and 7.5% of central site parents said that they 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 of Child Welfare

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. 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]

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 of being involved with child welfare was recognized, 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:

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]

Formal Authority

Service providers at some centralized 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 among service providers 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 results showed that legal or court action was used in 12.3% and 18.7% of accessible and centralized files respectively. Children were placed in out-of-home care in 24.2% of all files regardless of program type. However, 50% of the children placed in out-of-home care within the accessible program model were returned home compared to 39% of children at the central sites. Kinship service was used more often (41.2% compared to 13.6%) in the accessible program model ($Z = -2.129, p = .045$). While this higher use of kinship care would be consistent with accessible program intentions, given the small number of placements made, further research would be useful to confirm this pattern.

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: parent]

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: parent]

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, 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

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. 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:

... 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:

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 2 summarizes the findings for the accessible and central sites on these dimensions.

Table 2: Qualities Appreciated by Parents in Helping Relationships

	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.

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 [name]!” and they run and give her a hug. So, they’re not threatened by her at all. [Accessible Site 1: parent]

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: parent]

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:

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: parent]

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:

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: parent]

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

In the parent survey, 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 ($Z = -2.685, p < .01$). At follow up, 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 ($Z = -1.867, p = .062$). 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 centralized 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.

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. 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. Also, 18% of the accessible site parents and 39% of the central site parents were "not very satisfied" with their overall service experiences.

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 3 summarizes these findings. 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. 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 access on their own.

Table 3: 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>

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]

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:

..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 within 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]

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]

Many service providers at accessible sites emphasized education and prevention in addition to responding to crises and protection concerns. Two accessible sites highlighted the use of community to support families. Generally, service providers at the accessible sites defined appropriate services and supports much more broadly than service providers at the central sites.

In qualitative interviews with 30 parents from central sites, an average of two services or supports was mentioned. In similar interviews with 42 families from accessible sites, an average of four service or supports was identified. Also, during the qualitative interviews, at the central sites, only 5 parents described receiving concrete assistance compared to 23 parents at the accessible sites:

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: parent]

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

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:

... 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]

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.

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:

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: parent]

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

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: parent]

Table 4 shows how parents rated the adequacy of the services and supports they received through their child welfare involvement. Of 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”.

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: parent]

There were more examples of dissatisfaction about services and supports among parents at the central sites, particularly about the lack of assistance received. As mentioned, at two accessible sites, a similar lack of services and supports were identified by parents.

Table 4: 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%

There was evidenced 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.

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.

Pride and Endurance

There was a 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 section, 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:

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. [Central Site 1: front line service provider]

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]

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]

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:

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]

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.

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. 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:

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]

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:

I think it's enhanced me as a person too because I've met such wonderful people I 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.
[School Site 3: front line service provider]

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. 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:

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.

...

P3: 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 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. Coping with this relative isolation was seen as one of the major employment challenges with the accessible service models.

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. 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:

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.
[School Site 1: 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. 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.

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:

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 guilty. ... you're tired at the end of the day you have the intention to do the work but you're just exhausted. [School Site 1: front line service provider]

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?' [Central Site 1: front line service providers]

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. [School Site 2: front line service providers]

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. [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:

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]

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. The second perceived negative consequence across all of these service models was that

front line service providers leave their jobs². 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”:

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]

... 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 provider]

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 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). 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.

The Emotional Exhaustion Scale of the MBI assesses feelings of being emotionally overextended and exhausted by one’s work (scale range: 0-54). 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%

² At one research site, front line staff leaving their jobs appeared to be lower than turnover in similar models at the other sites.

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 confirmed 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. The survey also confirmed 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.

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. They showed 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. 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. Survey results showed that almost all child protection service providers in all four survey samples agreed without equivocation that their work was interesting and challenging enough.

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 also 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 work across all of these research sites. The implication is that we have 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.

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). 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.

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.

Members of the research team classified each of the 73 qualitative parent interviews in terms of the amount of positive change described. 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.

Table 5 supports these estimates. It show 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. 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.

Table 5: 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%

Parental Well Being

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.

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. 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).

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. 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.

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. 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. 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).

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. 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.

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. 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 ($U = 1819.00, Z = -2.02, p < .05$).

Parenting and Family Functioning

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. 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.

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. Overall there were no statistically

significant patterns of change from case opening to follow up for either accessible or central program parents.

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. 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, Byrne, Boyle, & Offord, 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. 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. In the analyses of the quantitative indicators, the portrait is of no or modest 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.

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). 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. 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.

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.

Parents in both program types reported a modest increase in how often their child got along with others from case opening to follow up. 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. The average score for accessible group increased from 74.79 at case opening to 82.36 at follow up. 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. 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.

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. 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.

System Indicators

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.

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 section 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.

In the qualitative interviews, 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”.

In the parent survey, 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 notably more positive at follow up. The most likely explanation would be different service involvement experiences for these two groups.

Table 6 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 6: 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 7 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 7: 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%

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.