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## Children's Aid Society of Halton: A School-Based Model of Child Welfare Service Delivery

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**Children's Aid Society of Halton:  
A School-Based Model of Child Welfare Service Delivery**

*A Study of Parent, Service Provider, and Community Experiences of  
the School Family Services Program*

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## **Introduction**

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

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

environments. Locally, three Children's Aid Societies were operating innovative programming and service delivery by bringing services to where families and children lived and attended school.

Through a series of interviews, focus groups, and surveys with various stakeholders in each community (parents, service providers, collateral organizations, and community groups involved with the programs of interest) the Partnerships Project endeavored to understand the nature of these alternative programs. How do families experience these alternative programs? Do they make concrete differences in families' perceptions of child welfare? How do service providers working within these alternative programs describe and understand their employment experiences? Do their experiences differ from the experiences of service providers employed within the more traditional models of child welfare service delivery? The purpose was to gain an understanding of the impact that these alternative service delivery models can have on families', service providers', and communities' experiences of child welfare involvement. An important facet of this research was to provide not only the agencies involved, but other child welfare agencies in Ontario and beyond, with richer descriptions of current programming innovations that are possible in child welfare and what makes them "successful" in the eyes of families, front-line child protection service providers, and the communities where they operate.

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

Project is to foster improvements in existing child welfare and children's mental health policies, delivery systems, administration, and programming/interventions.

### **Overview of Key Findings from Our Previous Research in Child Welfare**

Previous research by the Partnerships for Children and Families Project in child welfare affords us the opportunity to enrich our understanding of the alternative programs under study by comparing this current data to the more than 400 child welfare service provider surveys and approximately 140 parent interviews conducted by the Project in 2001. Previous research<sup>1</sup> includes:

- A study of the life stories of 18 women involved with child welfare services
- A study of 6 stories each co-authored by a parent, the matched service provider, and researchers about the experience of sharing a positive helping relationship in child welfare
- A study of the experiences of 31 mothers who had a child placed in care outside of the home (either voluntary or involuntary)
- A study of 8 families' experiences with child welfare services
- A study of the daily living realities and service experiences of 61 parents involved with child welfare
- A comparative study of 26 matched pairs of parents and their child welfare service provider
- A study of 29 families' experiences of receiving children's mental health residential treatment services

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<sup>1</sup> Full references for each of the areas of investigation can be found in Appendix A.

- An in-depth exploration of the experiences of 12 families involved with an intensive child and family services program for children with complex mental health problems
- A survey of over 400 employees working in child welfare and focus groups with front-line service providers, supervisors, and managers

This section provides an overview of some of the key issues facing “traditional” service delivery from the unique perspective of parents involved with child welfare and from front-line employees delivering services. Our previous research also offers a sense of the daily living realities of families who become involved with child welfare including their economic realities, family relationships, personal challenges, and sources of support.

### **Daily Living Realities**

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

- Of the approximately 140 interviews conducted with parents involved with child welfare services only a handful of families could be described as other than “working poor” or “low income families.”
- Many families described financial and living circumstances, which left them vulnerable to disruptions. From our life stories study, all women at some point had been single mothers and typically this coincided with a substantial drop in their income. Most had been on social assistance at one time.
- Parents confronted issues of unstable living arrangements, poverty, abuse, substance abuse, problems with physical health, mental health problems, poor neighbourhoods, isolation, unemployment, and disability.
- Stories of hardships that included incidents of childhood abuse as well as incidents of abuse in adult relationships were mentioned by many mothers who had a child placed outside of the home. Some spoke of their personal struggles with addiction and depression.
- Long term relationships with partners were not discussed often. More common were a series of relationships with different partners over time. From the life stories, most of the

children in these stories were not living with their biological fathers and many had minimal contact with them.

- Despite many of the challenges facing families, almost two-thirds of parents describe taking part in leisure and recreational activities in our study of 61 parents involved with child welfare. Common activities included low-cost family activities such as camping, walking, swimming, going to the park, and family trips. Less than one-quarter of parents mentioned sending their children to organized community activities or sports, most likely because the costs made this prohibitive.

## **Challenging Children**

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

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



## **Strengths of Families**

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

- In many of the stories, becoming and being a mother was central in these women's lives. Many talked fondly about "who their children are" and endeavoured to maintain a family and a home for themselves and their children, under sometimes very difficult circumstances.
- Relationships with extended family, especially with mothers, and other family members played a central role for about half of these women and their families. This was often true even in stories of abusive childhoods. Families were around for many of these women long after social services had gone away.
- The mandated job of child welfare service providers is to protect children by assessing and minimizing "risk." The accompanying documentation emphasizes families' problems and deficits. We observed little meaningful or useful identification of parents' or families' strengths, such as familial supports, links to community resources, stable housing, or steady employment in child welfare assessments.

## **Level and Range of Assistance**

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

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

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

- Parents described receiving a fairly standardized range of interventions: individual and group counselling of various types, anger management and parenting courses, and alcohol and drug testing and treatment were most common.
- This "one size fits all" model may limit the ways in which parents and service providers interact, as well as restrict the conceptualization of service plans that are perceived to be individualized, creative, or negotiated.

- Mothers and mothering received much of the attention in child welfare interventions. Mothers were frequently held responsible and accountable for making improvements in family functioning. More often than not, our research showed that even when there was a long time partner in the home, the male partner only became a focus of the child welfare investigation if he was a perpetrator of child or partner abuse.
- Mothers were repeatedly the focus of interventions, with particular emphasis being placed on addressing mothers' unresolved personal issues, such as childhood trauma, alcoholism, or abusive relationships. Interventions were generally parent-focused with little support provided directly to children.

### **First Contacts**

In our previous research, descriptions of first contacts between parents and service providers were mixed. Many parents expressed fear around the first time child welfare became involved with their families. Parents appreciated service providers who acknowledged their fears and clearly explained what was going to happen.

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

### **Relationships with Service Providers**

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

- Parents most often appreciated having someone who would listen to them and who believed that they were doing their best. Service providers were also appreciated for offering useful advice and finding helpful resources.
- Traits of a “good” service provider in child welfare identified by parents included being informal, down-to-earth, friendly, genuine, respectful, empathic, supportive, encouraging, and hopeful.
- Parents appreciated service providers who “went the extra mile” by sharing feelings, doing things that were perceived to be outside of their jobs (such as driving a parent to an appointment), and being realistic and flexible with parents. Service providers themselves noted that these “extras” were the more enjoyable aspects of their child welfare work.
- Obstacles such as little time available to help families, formal timelines, and recording requirements presented challenges to building relationships between families and service providers.
- Many parents identified infrequent contact with their service provider and the difficulty in getting service providers to return their calls.
- Parents commonly mentioned having more than one service provider while their case was open. Parents expressed frustration around “telling their story” over and over with each new service provider. For service providers, the frequent transferring of cases was associated with feelings of not ever really getting to know a family in the little time that they work together.
- Some mothers talked about being made to feel guilty until they proved themselves innocent. This sense of being criminalized by the system could be intensified or ameliorated by different service providers.

## **Child Placement**

Between 1997 and 2001 there was an unprecedented 40.2% increase in the substitute care population in Ontario. At that time, over 13,000 children and their mothers were experiencing the various impacts of substitute placement.<sup>2</sup> Our study of 31 mothers who had a child placed in substitute care by the Children’s Aid Society showed that:

- Frequently mothers experienced the voluntary placement of children as a welcomed intervention. This was particularly true for families struggling with a child who has an emotional or behavioural disorder. Mothers described a natural sense of loss, but also expressed feelings of relief. They believed they coped as well as could be expected under difficult circumstances.

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<sup>2</sup> As of April 1, 1999 there were 13,343 children in substitute care arrangements in Ontario (Secretariat to the Federal/Provincial/Territorial Working Group on Child and Family Services Information, 2002).

- Situations of apprehension (involuntary placement) were associated with intensely negative feelings including grief, fear, and shame. Some mothers were confused about why the apprehension occurred and felt accused of being a “bad” mother.
- In situations of apprehension, service plans were primarily focussed on changing mothers’ behaviour and mothers felt that they were left with little choice but to comply. Legal processes often reinforced this helplessness.
- Collaboration with service providers and foster parents was important to creating a positive placement experience.

### **Service Provider Experiences**

From our study of over 400 child welfare service providers, it is clear that working in child welfare can be a challenging and rewarding job both professionally and personally. Our research highlights a number of issues central to the experiences of service providers:

- 46% of all employees who responded to the survey indicated high levels of overall job satisfaction, and even among front-line service providers, 42% reported high levels of overall job satisfaction. Focus group comments suggested that feelings of gratification were associated with believing one’s work is important and meaningful. Dissatisfaction was linked to increased documentation and less time for direct contact with families.
- The current emphasis on standardized risk assessment, documentation, and court preparation appears to have impacted the way many employees experience child welfare work. Service providers described struggling to reconcile their “policing” role with their “social work” role.
- 43.5% of front-line service providers reported being highly emotionally exhausted (as measured by the Maslach Burnout Inventory). Thirty-nine percent of all employees who responded to the survey reported high levels of emotional exhaustion, suggesting that high levels of stress affect a significant proportion of individuals working in child welfare.
- Among front-line service providers, 39% reported high levels of “depersonalization” (an unfeeling and impersonal response) towards the families they worked with. Only 33% of front-line service providers scored in the low range on this measure of depersonalization. Feelings of depersonalization are thought to be one way of coping with high levels of emotional exhaustion in one’s work.

## **A Description of the School Based Family Services Program**

This study focuses on the School Family Services Program delivered by two service teams from Halton Children's Aid Society: the School Team and the North Team.

There are eleven schools, from both the public and separate School Boards, currently hosting School Family Service workers from Halton Children's Aid Society. Participating schools were chosen because they had relatively high numbers of open child protection cases in their surrounding neighbourhoods. Consideration was also given to how many referrals came directly from each school to the Children's Aid Society and whether there was a relatively high number of open child protection cases from each school. The School Family Services Program concentrates on elementary schools where the most significant short and long term impacts on child protection are anticipated.

The School Family Services Program is designed to be both child and family focused. It also is intended to improve relations between the Children's Aid Society and the participating schools. It should increase the understanding of the child welfare system by school personnel, while increasing the visibility of child welfare in the schools and surrounding communities. A program priority is the early identification of child protection concerns allowing for less intrusive prevention and support services to be provided to children and families. The hope is to provide a "seamless service" that combines traditional protection responsibilities with prevention work in a school setting. In a school, it is easier to get to know children. Also, one service provider can serve children and families during intake, ongoing child protection, as well as school services (such as social and academic skill development programs). The belief is that it is advantageous to children to be familiar with child protection workers who spend most of their day in their school.

The Halton Children's Aid Society's 2001 Service Plan identified partnering with community services, improving the agency's community image, and providing prevention services as priorities. An agency survey highlighted the need for more accessible local community sites for agency services. In addition, the Children's Aid Society has also increased its participation on various community boards.

### Anticipated Benefits

*Increased community visibility and acceptance:* School Family Services personnel should become more familiar to families, making it more comfortable for them to be involved with the child welfare agency. More families will call workers on their own initiative asking for assistance, rather than being screened by a central intake service. With local school family services workers' work schedules coinciding with school hours, services should be more accessible to children and families. The program is intended to reduce the "stigma" of receiving child welfare services.

*Increased prevention and early intervention interventions:* Joint funding of the School Family Service Program between the Children's Aid Society and the School Boards allows the Children's Aid Society to respond to family situations that don't meet provincial eligibility criteria for a formal protection case. This creates opportunities to provide services and supports to children and families before more intrusive services are required. The school setting allows access to counselling, group work, educational workshops, and informal contacts for both children and their parents that otherwise would not be available.

*Increased reciprocal understanding between school and child welfare personnel:* The presence of child protection workers in the schools allows for education within the school about the legal requirement to report suspected abuse and neglect and how the child welfare system

operates. In turn, the School Family Services personnel will acquire an improved understanding about how schools operate.

*Improved Cooperation and service planning:* It is hoped that the program will increase parent/guardian involvement with the school and the child welfare agency. It should provide another useful resource to support teachers in their work. In addition, it should improve coordinated case planning for children and families.

### Aspects of the Program Model

#### *Partnerships with schools*

There should be an equal partnership for the School Family Services Program between Halton Children's Aid Society and the public and separate School Boards. Each pays half of the salary of the program staff. In return, program service providers engage half time in school social services such as academic and social skill building, counseling, and other duties as determined by the host school. Program staff also work half time in child protection.

#### *Range of responsibilities*

Program personnel are responsible for providing the child protection services required by the Child and Family Services Act. These responsibilities include consultations around child maltreatment concerns, intake investigations, ongoing child protection services, as well as involvement with courts and the legal system, and the placement of children outside their homes. In addition, School Family Service workers should provide school services which may include responsibilities such as attending school team meetings, doing individual and family counseling, providing case management services (usually with children with special needs), facilitating groups, making class presentations, liaising with school/parent councils, and intervening in crisis situations.

## *Flexibility*

The School Family Services Program provides the flexibility to engage in “softer interventions” (counselling, group work, connections to community supports, etc.) to prevent less “serious” child protection concerns from turning into crises necessitating formal child protection involvement. Before opening a child protection case, program personnel are encouraged to support families using both school service resources and community resources whenever appropriate. For example, the development of school anti-bullying programs is meant to complement the child protection mandate. The dominant child protection model does not provide resources or opportunities to build such complementary prevention services. The School Family Services Program expands the nature of front-line child protection work for individual service providers to create a broader range of supportive opportunities for children and families.

## **Methodology**

### **Data Collection**

Methods of data collection used in this study included: *individual interviews* with parents, service providers, managers and representatives of collateral organizations, and groups involved with the projects; and a *survey* of community based service providers. What follows is a description of the specific methods and procedures used to study the school-based model of child welfare service delivered by the Halton Children’s Aid Society. In order to provide focus and manageability of the research, four of the eleven school/community based sites were chosen as research sites, based on consultation with the agency. The four that were chosen were considered to be generally representative of the programs as a whole. These four sites included:



Aldershot High School, Holy Rosary Elementary School, St.James Elementary School, and McKenzie-Smith Bennett Elementary School.

### Individual Interviews

#### *1. Parents*

Sixteen parents engaged in individual interviews with researchers to explore dimensions of their everyday lives and reflect on their service experiences within the community based program model. One parent was excluded from the data because this was a foster parent situation. Using a list of all parents who were currently involved with the program or had been involved with the program between January 2002 and January 2004, an agency representative contacted parents to inquire about their interest in having a researcher contact them to take part in an interview. The agency representative was able to provide the researchers with a list of 30 parents who were available to be interviewed. Of these, sixteen were interviewed, six declined, five could not be reached by phone, and three others initially expressed interest but then could not be reached to book a time.

Interviews were approximately two hours in length and usually took place in participants' homes. The interview was typically with a family's primary care giver (usually the mother) and followed a semi-structured interview schedule. In addition, interviewers collected a small amount of demographic information from parents at the beginning of the interview such as age, gender, marital status, number of children, and so on. All interviews were audio-taped and transcribed. Parents were given a gift of \$25.00 for participating in the study. Following the interview, parents were sent a copy of their interview to keep.

The interview method (open ended and semi-structured questioning) does not allow for standardization in data gathering procedures across interviews. We identify several cautions

here. There is substantial variance in how interviews were conducted across interviews and interviewers. Some interviewers were more systematic at covering topics than others and some parents were more talkative and insightful than others. If an issue is raised in one interview and not in another, we cannot be sure that this is not an artifact of the interview rather than a reflection of different family circumstances. Also, if one parent talks a great deal about a problem and another mentions the same issue only briefly, this does not mean the circumstances necessarily were more disruptive in one case than the other.

### *2. Service Providers/Managers*

Six child welfare service providers engaged in individual semi-structured interviews with researchers to explore their experiences and views of the implementation and operation of the School-Based Program Model. Two supervisors and four front-line service providers (one from each research site) were contacted by the research team and all agreed to be interviewed. Each participated in a one and a half hour interview. Five of these were phone interviews and one took place at a school.

### *3. Collaterals*

Four principals, one from each research site, participated in semi-structured interviews. Principals engaged in one-on-one dialogue with researchers to discuss their views of the benefits and challenges of the School-Based Child Welfare Program. Interviews were approximately one hour in length and took place at the schools.

### *A Survey of Community-Based Service Providers*

What we have learned about employment experiences in traditional models of child welfare service delivery suggests that doing front-line child protection can be very challenging work both professionally and personally. A previous study (2003) of four Child Welfare

agencies in Southwestern Ontario talked about contending with excessive workload, competing job roles, little time to spend in direct contact with families, and emotional exhaustion; all of which can contribute to job burnout and turnover in as little as two years.

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

Each of the thirteen staff of the Halton Children's Aid School/Community Based Team were sent a survey, an information letter, and a postage-paid return envelope. A draw ticket for a prize of a spa treatment was also included in the package. Nine service providers, six front-line and three supervisors, returned completed surveys to the researchers. The supervisor survey was not included in the statistical analysis because the focus of comparison was on front-line staff. Survey procedures were designed to ensure the confidentiality of individual responses. All survey responses reported herein are done in aggregate form. Due to the relatively low number of surveys we are working from, we cannot say that these service providers are representative of all service providers working in the community based program and therefore must approach these survey findings with caution.

Reporting average scores, however, can obscure the range of individual scores, particularly for small groups of respondents, and for that reason we also report frequencies of low, medium, and high levels of emotional exhaustion, depersonalization, personal accomplishment, and overall job satisfaction among community based service providers. These frequencies are compared to low, medium, and high levels on the same indicators for a group of

front-line service providers from four Children's Aid Societies in Southwestern Ontario (from our previous research).

In our earlier study of the experience of working in child welfare, one area where we heard repeated expressions of concern is about how much time front-line service providers are spending on documentation at the expense of time spent in face-to-face contact with the families they work with. Since one of the guiding principles of community based child welfare is to increase accessibility of service providers by locating them within the community, we asked service providers about their perceptions of how much time they spend in face-to-face contact with families and conversely how much time they spend on documenting their work. While we instructed service providers to make sure that these two estimates added up to 100% of their time, it became clear that other job tasks were not considered such as attending meetings, sitting on committees, and other duties that do not involve direct contact with service participants. Consequently, some service providers may have estimated only the time they spend recording, and others may have estimated all of the time they spend in tasks other than direct contact with families.

### **Data Analysis**

Information from parents' transcripts was coded using a qualitative data analysis software package called N-Vivo. The coding process resulted in 15 individual parent summaries. Each summary contained excerpts from the original transcript and was organized by a standardized set of topic areas, which mirrored the original interview schedule. Topics included information related to descriptions of daily living realities for families such as access to opportunities and resources, personal functioning for parents and children, family issues, social connections, and hopes for the future. Topics specific to families' service involvements included descriptions,

perceptions, and assessments of services provided by the community based program. A research team of three individuals then went through all the summarized data and engaged in a consultation process looking at common themes found in the data. After multiple read-throughs a series of central themes emerged. These themes were then described through the writing process and, where appropriate, direct quotations were used to highlight themes and sub-themes.

Information from service providers and collateral informants came directly from the full length transcript. The same process of consultation and refining of common themes occurred for this data. Survey responses were analyzed using a statistical software package (SPSS 10.0). Finally, the team looked at the three sources of data; parent, service provider and collateral sources, for common meta themes.

## **Study Results**

### **Summary**

One of the intentions of the Halton School-based Child Welfare Program, where front-line service providers are responsible for child protection and school social services, is to change how child welfare delivers services. The vision is that child welfare services can be more constructive and accessible to children and parents through this model. This new program model is supposed to be more professionally rewarding for service providers, allowing them more creativity in intervening earlier with families, finding more helpful resources for children and parents, and establishing more cooperative service relationships with clientele. The evidence from this preliminary investigation is that the School-Based Program is successful at accomplishing these purposes in many important ways, based upon feedback from primary care givers, program service providers and administrators, and principals of host schools. Indeed, while this program is clearly designed for a particular niche within child welfare, our conclusion

is that it is a model whose nature and merits deserve to be broadly known and emulated. This broad conclusion is generally consistent with the patterns identified in the overall research from the other two alternative Ontario child protection program models investigated. These results illustrate that, even within current legislative, regulatory, and fiscal constraints, positive innovations are possible without compromising, indeed while improving upon, the primary legal mandate of protecting children from harm.

A major caution is required in drawing definite conclusions from these data. The School-Based Program is small and it was only possible to interview 15 primary care givers about their experiences with the program. Particularly given the unique profile of the families in the school-based study, we cannot be sure if these families are representative of the types of families served overall by the program. In addition, the research focused on how people perceived their involvements with the program. It does not provide precise information about the nature and extent of positive changes for children, parents, and families. On a more convincing note, there is remarkable agreement across the perceptions of parents, service providers, and school principals about the positive contributions of the School-Based Program, lending credence to the patterns identified in this research. This research is exploratory and the results are encouraging enough to merit further experimentation and careful documentation of the nature and benefits of the School-Based Program Model.

In comparison to the daily living realities and child welfare service involvements for “mainstream” child protection services, the word best describing the profiles for the School-Based Program is different. While the challenges of managing limited access to resources and intra-personal and family struggles are common among these families, the overall profile is less impoverished and less convoluted than in many other child welfare constituencies. However, there are four other dramatic areas of difference for the School-Based Program.

First, almost every family in the School-Based Program sample is coping with the very difficult problems of one or more children in the home, community, and school. This focus on “difficult” children colours both the types of assistance provided and the nature of service provider relationships with children and parents. A related facet is the unusually high levels of assistance and service provider accessibility to these children. These cases are not dominated by a focus on a limited range of child protection concerns regarding parents that are typical of many child protection involvements. This is an important and positive observation for child welfare for two reasons. Children’s behaviour problems represent an important proportion of situations coming to the attention of Children’s Aid Societies with important consequences for child protection and well-being, and our prior research suggests they are not easily recognized or responded to within the “dominant” child protection paradigm. In addition, despite their obvious need for assistance, children receive relatively little direct attention and assistance in most child protection involvements. This School-Based Program appears to have valuable advantages in recognizing and responding to families living with a “difficult” child, increasing safety for this child as well as siblings, as well as providing significant access to assistance specifically for children.

Second, the School-Based Program differs markedly from “mainstream” child protection services in higher accessibility of service providers to both children and parents, establishing more cooperative service relationships, and offering a particular package of services and supports. Children are described as often having daily contact with program service providers at school. Most parents talked about being able and willing to contact the program service provider for help. Appreciated and frequent contact with service providers was the norm for a large majority of parents interviewed. Particularly striking is that, while many of the “challenging” children in these families spent time in out-of-home care, there were no examples of involuntary apprehensions of children or formal applications to court for supervision orders. Care was

offered and negotiated with parents and, in some instances, service providers did not carry through with child placements when not supported by parents. Involvement with the children's mental health system, including in many instances residential care, was present in almost all of these families. Program service providers facilitated access to these mental health resources as well as transition of children back into schools, provided ongoing and crisis support to children at school, and supported parents. Many care givers told very similar stories about their families' involvement with the School-Based Program.

Third, and a marked contrast from parental assessments of "mainstream" child protection services, almost all of these parents gave very positive and similar overall assessments of their engagements with the School-Based Program. There was often initial fear because of stories about Children's Aid or if the agency became involved because of a child maltreatment complaint. But, in the end, a large majority of parents were very positive about the respectfulness and the usefulness of their contacts with program service providers. Most thought having the program in the school was a good idea and often provided needed immediate assistance to their children. They thought their family situations were understood.

Fourth, service providers and program administrators make strong distinctions between the School-Based Program and "mainstream" child protection work. In particular, they emphasize their greater capacity to develop positive helping relationships with children, parents, and community professionals. They describe the program as very child-centered and believe they are much more accessible to children in the school setting. They state that this provides them with better understanding of what is happening in children's lives and allows them to intervene earlier than in "traditional" child protection services. They also see themselves as more available to parents and families outside of the school. Better information and more positive relationships are seen as fostering better child protection as well as making concrete a broader approach to protection and promoting child and family welfare. Overall, service providers were very positive



about the program model. Personally, they described the work as both very rewarding and challenging. Work was described as limitless and the shortage of “down time” in an accessible environment was a concern. Managing child protection, school social work, and community education and development responsibilities is seen as a major and sometimes difficult undertaking. Front-line service providers in the School-Based Program had very high problem scores on standard measures of emotional exhaustion and depersonalization, even compared to “mainstream” front-line child protection service providers. School principals were unanimous in expressing strong support for the School-Based Program as a strong addition to their schools, despite some initial reservation.

Our assessment of the School-Based Program is that it is a positive front-line child protection innovation in Ontario’s child protection system worthy of being better known, replicated elsewhere, and more carefully documented. Its service patterns are clearly defined by its school settings. It is innovative in its levels of accessibility and assistance to children as well as their families. Its capacity to recognize and respond to families coping with serious child behaviour and emotional problems, and to support these children in their schools, fills an important gap in the Ontario child welfare model. Parents, program service providers and administrators, and school principals all provided similar and positive assessments of the nature and benefits of the School-Based Program Model. One serious concern requiring attention is the capacity of front-line service providers to sustain productive involvement with the School-Based Program model over long periods of time. Confronting difficult family situations, their multiple roles, the time lines and recording requirements of Ontario’s current child protection system, and the added demands of working in more accessible settings may be creating inappropriate levels of pressures on service providers, despite their substantial appreciation of the program model and the benefits of their jobs. It could be worthwhile to think about ways to create some more

buffered time and space for service providers in this program, both to protect the many benefits of the model and to make long-term careers in this work more feasible.

## **Expanded Results**

### ***Family Realities***

The following section describes the daily living realities of the sample of fifteen families interviewed from the Halton School-Based Program. The profile that emerges is of a somewhat unique group of parents compared with profiles in our previous research. Two areas of difference in particular stand out. The first major descriptor that stands out is the very high proportion of families in the Halton sample whose children exhibit significant behavioural and school problems. The second descriptor that stands out is that of comparative socio-economic advantage. Previous studies identified quite a high degree of socio-economic challenge among families involved with child welfare. While many of the families in this sample talked about socio-economic challenges, in general, the Halton sample of families seemed to have more opportunities and access to resources than in our research about mainstream child welfare services. Two other descriptive themes of this Halton sample were issues of stress for parents and the large number of single mothers and reconstituted families.

The school-based setting may draw on a different pool of families than would be seen at most mainstream child protection settings. One obvious difference is the focus is on school aged children and their families. Another difference may be that the school setting might be more effective at identifying the needs of children who have special challenges, and their families.

## Challenging Children

Child behaviour and school problems seemed to define almost all family situations in this group of families. Virtually every family that was interviewed talked about struggles with at least one child with significant behavioural issues. These issues were often one of the catalysts for child welfare involvement. Parents' personal issues and parenting challenges seemed to be secondary in many cases to the fact the child faced significant challenges. Parents' stories about their daily lives revealed that child behavioural issues added stress and complexity to family functioning. Certainly, the child's exceptional needs warranted a different level of attention and intervention than would be seen with many child welfare cases.

Fourteen of the fifteen parents interviewed talked about one or more of their children facing significant challenges. To illustrate the broadly shared theme of children with behavioural, emotional, and school difficulties, an example is taken from each family where this is described as the case:

[P1] This is the oldest one with the ADHD. She's always pulled 'I'm sick, I'm dying.' Um, and, uh, she's spent more time at doctor's offices than I- anyone I know. She's been through more specialists than anybody I know...

[P3] Um, my, uh, oldest son, uh, [Child #1], um, he is very difficult, uh, he's gifted. He's in a gifted program, but he - he does have a lot of rage, um, very bad temper. Um, he's very disrespectful. So he's been difficult to deal with. Yeah, [Child #1], um, is very mouthy. He does hit me. Um, he's very rude at school to the students. He's been suspended a few times. Um, he's very difficult to deal with.

[P4] My daughter. (Verbally abusive) Yeah. And um, so therefore at one point she even slapped me, I had to call the police. [...] When she was, when she shoplifted, I asked the, the police if they can put her on drug testing. So- Yeah. So that is over. So I was taking her for drug testing every Friday. So now she's off the probation, she's off the program, she's done her community work, so now-

[P5] ...then my daughter went missing in October. She got diagnosed in, uh, October of 2002 with Asperger's syndrome. Sorry s-we started seeing the doctor in October of 2002 because, um, she was showing signs of, um, really

inappropriate socializati-social behaviour. So in May of 2003 she got the diagnosis of Aspergers. So I went through all the programs and there is programming out there but it's for little kids.

[P6] My one daughter, the twelve year old, is ADHD, ODD. Bipolar and she has a learning disability in the communication skills. My son is ADD, and he has learning disabilities in the communication skills.[...] Son was so bad, he was hitting head on the classroom floors, like I mean, my kids were extreme bad. [...] She used to set fires, pull knives, she's very aggressive, very angry.

[P7] He hasn't, it's sad but, there hasn't been a day in the last four years that he wakes up and he's happy and wants to go. He wakes up and he's angry or sad [...] a struggle everyday.

[P8]...the thing is she fights me sometimes. Like, when you talk to her she don't listen and it becomes a problem to me because I know she's sick. She's epileptic-sometime you have to be forcing her to take the medication- in the school it's the same thing, if she's rude- then the school is sent home a note- '[Child #1] been rude today- she slapped the teacher today.' And I think it boils down to her disability and the medication and everything. [...] Yeah she has a worker with her- with her everyday. She's in Grade 4, but she's at a Grade 1 level. She has developmental problems.

[P9] (Daughter) has ADHD, she was diagnosed in grade three [...] Um, she's, they say that she has a hyperactivity with it, but you don't, we don't see it at home. She's, moods are up and down and stuff, and that's, but uh, she chose about a year later to not take the medication and, she's challenging.

[P10] that point in time it was, uh, skipping school. She- there was suspensions, um, leaving school property. Um, few incidences with boys. At home [...] didn't listen to anything I said- was out doing whatever she wanted whenever she wanted. [...] the final thing with her (Child #3) was she stole my car. [...] she was into drugs, she was into drinking. She was hanging around with the wrong crowd. [...] she was stealing a lotta money [...] to pay for the drugs.

[P11] Son, my son, has behaviour, and learning difficulties, he's been diagnosed, um, social tendencies read he's bipolar. They can't diagnose him bipolar yet, because he's not eighteen. [...] It was hard. It was awful. He wasn't living at home. [...] he lived at a residential treatment centre for two years, because he was very aggressive, even towards me. The aggression was really bad at home [...] not only physical towards us, but like kicking holes in the walls [...] nobody really knew at that time what the problem was. So he was removed and put in a mental treatment centre [...] it was hard, it was tough. [...] the problem started when he was two, but it really got bad when he got about six, so, the, the, probably five years now, that it's been, up and down, it's been really, it's been really hard.

[P12] [Child #1] There was a lot of hospital visits because of his Bipolar, so due with the marriage, my work, and the kids, um, uh, [Child #1] had tried to commit suicide within those six month.[...] doctors too because we were finding out at the time there was Bipolar and Tourette's. And, um, he's also Obsessive Compulsive Disorder. [Child #3] Uh, very aggressive, uh, very, very aggressive. Very compulsive, um, wasn't able to control his feelings and, um, emotions. And, um, i- very frustrated because he didn't know what was going on with himself. [...] he can't be left alone at-at any time because of his anger and his, um, compulsive.

[P13] Now [Child #2]'s got real problems, we don't know exactly what's wrong. They call it ADHD.[...] one day she'll pick at herself for weeks and weeks on end, then she'll take scissors and cuts everything in the book. Um, then she'll take things and throw things. It's- she wanders off and has no clue where the hell she went...

[P14] ...my oldest son [Child #1] had turned, um, well was about 12 and a half and had started, um, acting up a little bit. And, um, I knew that he had fetal alcohol syndrome, but it hadn't affected him in any other way other than learning. And at about 12 and a half, um, he started having some problems containing his anger.[...] My oldest son, who isn't with us now, was, um, like beating up our youngest son. Um, he was starting to be really abusive to myself. And like wrecking things in the house and things like that and he wasn't causing any problems at school.

[P15] Yeah, she has depression -wh- well we don't know whether it's manic or- Okay, we haven't been labeled anything. [...] Well yes, she would go through these periods of highs and lows. And so, there- and I went through that just- it was like starting at the same time every year and lasting for the same amount of time. And I thought 'no, I don't want her to struggle anymore. I'm taking her to the doctor.'

As one can see that almost all the parents in this sample are dealing with some level of behavioural difficulty with one or more of their children. Some children have medical diagnoses and have clearly been involved with the medical/psychiatric system for some time, others exhibit behavioural issues that may have gotten them into trouble with the law, and many have challenges that affect their school performance and/or relationships with peers.

## Opportunities and Access to Resources

The fifteen child welfare involved families from the Halton school-based sites reported a variety of profiles in terms of their socio-economic status and access to resources. Economic resources in particular varied in the sample. Three families reported living on fixed incomes, relying on social assistance or disability pension and these families described lack of money as a very significant problem in their lives. Another seven had at least one adult who was employed full-time but still identified finances as an issue. Four reported that finances were not an issue for them. Six of the families in the sample had a parent with some college or university education. Four of the families alluded to some form of financial support from extended family. Eight of the families are single mother households and all of the families living on fixed incomes were headed by single mothers. Four of these mothers reported receiving financial support from ex-partners, though not consistently.

Affordable housing was a concern, with two of these families having used shelters before finding their current housing. Also, three families mentioned using food banks or the Salvation Army to help them to meet their basic needs. Mothers in low-income jobs talked about being overworked and underpaid. Parents also described trade-offs sacrificing time with their children to obtain income. The following example illustrates some of the conflicts between financial needs and home needs:

[P3] I started with Walmart. I'm working as a cashier there. Um, I used to make 1200 dollars every two weeks, now I'm making 500 dollars every two weeks. So it's been a big stress financially. And, uh, also on the children because I'm not home everyday now in the evenings. I'm not home on weekends. It's not a good job for me. It doesn't work with the kind've family, um, kind've family we ha-how do I say this?

Many families talked about their children taking significant time and resources, however, having both time and resources with children often did not seem feasible. This mother reported lost

income but gains with her children after getting laid off:

[P4] The financial, it's not very good, but at the same time I think something good came out of it, in that I got to spend time with my kids, I really get to get involved in school, and you know, so before, we'd get up and we'd go to work, and then you come back, you don't really get to go to school.

This mom also stated that she will need to return to work at some point. Many of the families in the sample did not have a stay at home parent. An added area of strain identified by some families was the financial burden of trying to pay for services for children with exceptional needs:

[P1] I was already going through working full-time to pay for services, I was paying a thousand dollars a month on services for my kids. I-I was work- you know- I was- I had 15 jobs on top of a full-time job- to-t-to keep my kids in school. [...] Apparently we weren't there for [Child #1]. But, you know, here am I going out working to pay for services for [Child #1]. So I'm not there for [Child #1]? Can I do both? Nope. Can't, you know, it just doesn't- and I have another learning disabled child.

Some families talked about the strain of 'making ends meet', and then not having any money left over for 'extras' such as vacations or recreational activities for their children. This single working mother described her financial predicament as:

[P6] Daughter 2 was going through jeans, a pair every two weeks. She was growing so much, and it's like, I cannot make ends meet. And I still, I am looking for a full time job in chemistry again. [...] I'm paying the bills, I'm keeping a roof over our head, but we have no money to play with.

At the more privileged end of the financial spectrum, families report paying for special services and going on holidays with their children. For example:

[P5] My husband and I are very financially, uh, comfortable. When we separated I paid him a hundred and fifty thousand dollars, so that we could split the assets [...] Then he had to pay me child support. [...] so since I've left him I've bought a cottage [...] my son and I went to [Australia] for a vacation.

[P1] Like at the moment- [Child #2]'s in tutoring twice a week, but fortunately for me- the girl comes to the house. [Child #1]'s in tutoring tonight for an hour and a half- [Tutor #1] comes. I just pay for this- from my salary. [...] Um, we just, uh,

spent some money on a trailer and, uh, and it-it's a brand-new one. [...] we're going to put the trailer on a site and maybe have some downtime.

While at least a quarter of the families reported enjoying some financial security and access to a variety of resources, shortage of financial resources was clearly an issue for the remainder of the families, particularly when some of the children's exceptional needs are taken into account. The trade off between working versus spending time with children was also an issue for many families. However, this sample of parents is quite different from the common profiles in our earlier research about families involved with child welfare services at different agencies in terms of more access to resources.

#### Family Composition and Functioning

About half of the interview sample (8) were single mothers. Of the two parent households, three had both biological parents in the home and four were blended families. The average number of children per family was 2.6.

Domestic violence was a common issue in past and present relationships among this group of participants. Five of the single mothers reported having left abusive partners and as well three of the partnered mothers had experienced domestic violence in past or current relationships.

Mothers appeared to be the primary caregivers in all families, with the possible exception of one blended family where the father described taking on a fairly equal role. In families where there was a separation or divorce, many of the biological fathers were involved in children's lives, however most of their involvement was described by the mothers as relatively minimal. In the two parent households, some mothers described supportive relationships with partners while others described problematic relationships and mostly absent fathers. This mother in a blended family describes a relatively balanced co-parenting relationship:



[P11]The SNAP one, he went to, the um, when he was in the residential treatment program, [...] we had a weekly family session with the social worker there. So he's been- (Was available for that.) Oh most of the time he is. [...] We kinda try and take shifts. He'll do something with Daughter and I'll do something with Son, and the next time, vice versa. Just to kinda keep it balanced.

This mother, who is still living with the biological father of her children, describes his extreme absence from parenting:

[P3] And he works in construction, so he works twelve/fourteen hour days. Uh, so when he gets home he eats and that's it. We don't even know he's here. Uh, during the weekend he's not home. In the winters, he hardly works but we never see him because he's never home.

These quotes illustrate that there is quite a bit of variance in terms of family functioning in two parent families. In general, however, mothers appear to be the primary caregivers.

Some of the participants talked about extended family as a source of support. The following quotes illustrate the nature of some of this support:

[P3] My-my mom I see everyday - my dad. My sister I probably see twice a week and my brother it's once in a while. [...] But I'll-I'll tell you something, they are so good with my children. Any of them. My-my s-my mom is so good with those children. She does anything for them, and my dad. My sister's the second mom. They're not there for me, but they're there for my children. And they do more than they are expected.[...] The kids need something, she's there. The kids are sick, she's there- no questions asked. My sister is very well off, she has no children by choice. So she does dress my children. She gives me a lot of support financially.

[P4] My family at home they are very, very supportive, and my sister was saying that she's going to try to see if she can, send the kids some money to come for the summer.

[P5] My brother hated my husband so he's come back into the fold. And he's like their surrogate dad. And my mother's come back into the fold. Um, my friends, luckily I never lost. But, um, my family has come back into the fold.

[P7] I talk with my mom more, um, than my dad. [...] still a bit stressful [...] but they've been nice enough to help me out financially with, um, lawyers fees.

[P11] So Son's great aunt. Yeah. She's been our main support. She's always been there, like any problem with Son, she's, she's there to help, to take him.

[P12] I have my mom, um, my mom's best friend [Mother's friend], she's-uh, they both raised me. Um, I have my sisters. [...] Um, I have aunts, uncles...so I-I see them all the time. Yeah. I have a pretty big family. [...] Yeah, and I have an aunt who's constantly calling me to see if I'm okay.[...] by the help of my mother not on my own yet, but, um, I found a few places. Like well I've had to use Salvation Army and stuff...[..] She'll just phone up and say 'do you need anything today? Do you need to go anywhere today?

While about half the parents talk about the support of their extended family, the other half either do not talk about family support or explicitly mention that relationships with extended family are minimal.

Five respondents talked about friends as a source of support. Three identified their church community as a source of support and another four mentioned their personal faith as a source of support.

Overall, family composition varies in this sample as does the level of support from partners, ex-partners, and from extended families. This variance across the sample is perhaps the most significant descriptor. Mothers as primary caregivers and the existence of support networks for many families are also significant themes. These profiles are fairly similar to those of the families in our previous research.

### Stress and Mental Health

Living with high levels of stress was a common theme among the group of participants interviewed. The stress described ranged from situational stress, often in regard to children's issues to stress from living with significant mental health issues. In about half of the sample, the combination of a parent's mental health issue and a child's behavioural issues multiplied the stress in the family.

Virtually all of the participants describe stress related to parenting difficult children. For example, one parent describes feeling: [P6] "Helpless a lot of the time. And sometimes I feel

sorry for myself. [...] my life's a little harder than the regular [...]some days I just feel overextended, like I've had enough, I can't do anymore." Another parent describes: [P12] "it's just hard everyday to try to deal with a child that has problems. It's really difficult." These patterns are quite similar to those identified in the residential children's mental health samples in our previous research.

While all participants described some level of emotional stress in their lives, eight mothers described stress and mental illness at a level where it interfered with daily functioning and sometimes employment. The following quotes describe some of the significant mental health issues with which some mothers are dealing:

[P3] I'm on, uh, Paxil and 'Tredicil' now, I've been on it for seven years on depression medicine. So it's- it's been a struggle.[...] I wasn't crying all the time. I was hyperventilating and a few times I end up in the hospital.

[P5] I, um, was just diagnosed with diabetes. [...] I had both physical and mental illness. Um, they think that's why I went pretty psychotic. Because the blood sugar levels were so high that I just lost all sense of, uh, um, normalcy. Um, I've got a great career and, uh, I lost it for a year. [...] I was, uh, immediately put on high levels of medicine and, uh, yeah. So it's been fine since August... [...] three times I went- I walked into the psychiatric ward, which I had never done in my life. And, uh, I didn't know if I was coming or going- I became suicidal.

[P12] I had, um, a nervous breakdown, um, I called [Worker #1] from CAS, um, in the school. Um, I was feeling confused that morning and I needed somebody to- I wasn't sure what was going on with myself. So I had called her at that time I was confused, I was crying so I called her and said '[Worker #1], I really need somebody.' And she said 'what's wrong?' and I said 'I'm not sure.' Um, when she had shown up I was basically, um, I didn't know who I was. Um, at that- at that point I think the two and a half years had taken a toll on me. So, um, she had, I don't even remember leaving the apartment, but at that time she brought me to the hospital. Um, I was admitted.

[P13] I thought most of it was my problem because of my brain injury. And I'm not an easy person to live with, but I'm a good person to live with [...]I've been in pain for all those years [...] I've had doctors prescribe me twelve Prozac and tranquilizers [...] It used to really affect me. And I would just bawl on the- drop of a hat I'd be just crying and bawling and getting all depressed and, you know?

[P15] I was trying to do look af-after everything. And I couldn't do it. And finally I was admitted to St. Joseph's hospital under their program- the women's program where- with [Doctor #3] at the time. And what they did was they had th-the psychiatric ward, but they also had the post-partum clinic. And they had [Child #1] and I stay there. And I was there for seven months. With her. And, um, then there were a couple of hospitalizations afterwards because, see I was never sick in my entire life, and then boom I get sick.

Where mental illness was affecting a parent, the parent also described the added challenge to raising children. When a parent was struggling with a significant mental illness, as well as with a difficult child, the two issues together could be overwhelming. This mother described having to turn to foster care for her son because she could not deal with her mental illness and parenting:

[P7] I'll tell you a little bit about the illness I have. I have depression, obsessive compulsive disorder, and Trichotillomania [...] that started when I was a young teenager. [...] him leaving me and dealing with that, plus raising [Child #1]- being a single mom with a boy, very energetic little boy. [...] I was just having a hard time controlling him and keeping him under control. [...] I just got really low. I was exhausted, I mean I couldn't even cook meals for him. I couldn't do laundry- I couldn't do any of the everyday stuff. [...] looking back, I'm-I'm glad he went into foster care because it was the best thing for him cause I couldn't take care of him to the best of my ability.

The theme of mothers struggling with stress was very prevalent in this sample. Raising difficult children is certainly a contributor to stress and certainly for many families, financial stress, family violence, and the breakdown of partnering relationships were added stressors. Along with this general issue of high stress, a large proportion of mothers, about half, describe dealing with significant mental health issues.

### Summary of Family Realities

Several themes emerged from the group of fifteen families involved with school-based child welfare in Halton. Firstly, the emotional, behavioural, and learning issues of children presented a significant challenge in almost all of the families in this sample. Secondly, there was more variation in the socio-economic resources of these families than was seen in mainstream

settings in our earlier studies. Thirdly, family composition and functioning was varied and had its challenges due to many single parent households, blended families and histories of domestic violence. Level and range of support for caregivers from partners, extended family and community resources varied and these patterns resembled those in our previous research. Finally, there was a high prevalence of stress and mental illness in mother's lives in particular, which could contribute to the challenge of parenting. This high level of stress existed in all families with a difficult child in our earlier research describing families involved with children's mental health services.

### *Service Realities - What the Participants Say*

Parents were interviewed about their service experiences with the School-Based Child Welfare Model. Parents talked about the nature of their contacts with child welfare, the assistance they and their children received, the relationships with primary service providers and their overall satisfaction with services. In general, satisfaction with services was high, with most families having positive experiences overall. Some common patterns emerged in terms of the nature of families' involvements. First contacts were usually difficult though not highly adversarial. While first contacts were often focused on protection concerns involving parents' issues as well as children's behaviour, there was a common shift to child focused services addressing children's unique needs. Overall, there was a strong focus on services for children ranging from counselling services to residential treatment and care arrangements. Assistance for parents was a less significant focus but was present for a number of families. Out-of-home placements were relatively common in this sample and parents talked in positive terms about their experiences with these placements.

## Overall Satisfaction

Most parents were satisfied overall with the assistance they and their children received from the child welfare agency through the school-based services. Twelve participants out of fifteen reported mostly positive experiences with these services. The following quotes illustrate what the group of parents with positive overall experiences had to say about their child welfare involvement:

[P2] If I could pick one word, I would think stability in the fact that knowing they're there, that if something were to fall apart, you know, they kick us out of our lease or something. We could go to them and say 'hey, this is what happened.'

[P3]...the best thing is I think I realize now I'm more comfortable if I make a decision- whatever I choose, that there is help out there.

[P5] ...my experience was so positive. But, you know, she had to run three times before I got help. Um, and that's because of resources I'm sure.

[P6] I always thought Children's Aid was the bad guy. It really opened my eyes to what's available to single parents [...] They were wonderful, as far as I'm concerned, they were right on it, they got her away right away. They put her in a safe house.

[P7] Um, let's see, how helpful. Um, um, well that- well, like I said, I- at first it was a bit rocky, you know? Um, um, I-I'd say-I'd say it was good though. [...] it was good, it was helpful. Yep, that he went into foster care.

[P8] It is very helpful [...] It's a good program, it's just the stereotype thing I mean, everybody think Children's Aid is bad. They're only here to take your kids. But when you're gonna get down to that, if you do something wrong. By all means, somebody needs to smarten you up. At the same time, you know, they're there to help you.[...] being involved with them, you see the good part of it. You know what I mean? [...] She try to help us even if she can't she may trying to get someone else who can help me because a lot of problems I have. And, um, that's the good thing, but it's- I haven't really seen anything bad with her or with the program at all.

[P9] I thought they were very helpful [...] they were willing to do all these things to help the kids through it. [...] if we wanted it, it was there for us too [...] nice to know that there's someone there that can help [...] They have some good ideas. The have resources that not everybody realizes are there. And sometimes it might not be them that you need, but some of their resources, and they can be helpful.

[P10] I would say it's contributed to a big factor of the changes. [...] There's a huge change right now in, um, the way we talk. Um, we're able to, you know, joke around a lot more.

[P11] I think you just have to be cautious [...] you hear Children's Aid, and you're like, ahhhhhh! They're bad people, they but, but they're not [...] But they've been very helpful with us. Yeah, so I would, I would recommend them.

[P12] Um, very good. Um, very resourceful, they were, um, they were very understanding. Um, of course I went to them. So they were very willing, um, to support my family. Um, and I'm very precise with my children, I want things done the way I want it. So they were very willing to, you know, um, go on my terms, which, you know, I'm asking them for help- I didn't want them to take away my rights as a parent.

[P13] ...people specifically modeled after [Worker #1] are so desperately needed in-in-in communities.[...] So yeah, she's really supportive.

[P14] Overall our experience with-with them has been really good [...] I really can't say that's it's- that's it's been negative at all. I was really scared because we had a friend who told us that, you know, 'once you invite them into your house, you're asking for all sorts of trouble and they're gonna come and wanna take away your other child' and, you know, 'things are gonna horrible. And they're gonna be snooping through your house all the time and they're gonna be interviewing your neighbours' and blah, blah, blah, blah, blah. And I haven't found that at all.

Some of the key qualities in these overall assessments include the themes of child welfare being there as a "source of help," "support," and "a resource." Some of the comments indicate initial fear or apprehension of the agency due to the stereotype of "they are just there to take you kids away." However, these parents were pleasantly surprised that this was not the case in their experience. Many of these positive assessments (i.e. HP 3, 10, 15, 17) also suggest that parents felt they had some control over the process and that they were respected by the agency and the workers.

Three participants in the study did not have positive service experiences overall. These parents talked about a variety of things they did not appreciate about their child welfare

involvement. The following quotes illustrate some of the critical overall comments about the program:

[P1] ...it was a horrible time.[...]- I felt like I was being bullied basically. And being told that I was a worthless person and I wasn't doing anything.[...] I think I'll get past this [Worker #1] thing eventually. Because it-it'll die at the school- [...] people will believe that I'm not this crazy psycho that got involved with Children's Aid.

[P4] ...if I know, about Children's Aid, what I know now, I wouldn't even have talked to them [...] maybe, they are there to help, to assist, that's what I believed, and I'm sure there's a lot of people who may believe that, believe the same way. So, but I realize that, it's all about power issue.

[P15] ... they have more power than the police and we- everyone knows that [...] And it's a terrible feeling having to be thinking that you're constantly being watched. [...] I'm not doing anything wrong. I just hate being watched...

A consistent theme in these negative assessments involves power and the participants feeling that the agency has too much power. In contrast to the positive group, the perception of this group is of a significant power imbalance in their relationship with the agency. The first quote also alludes to the social stigma attached to being involved with the agency. However, the fact that the large majority of overall assessments of the program were so positive is in sharp contrast with feedback seen in our mainstream research. This preliminary research suggests there is a high degree of overall satisfaction with the school-based child welfare services.

#### First Contacts and Avenues for Child Welfare Involvement

School identified concerns were often the initial avenue for child welfare involvement, with either teachers or social workers identifying a concern about a child's safety or well-being. There were also protection cases that were identified in other settings such as community counselling, hospitals and women's shelters, and referred to the school-based family services worker. There were three families in the sample who self-referred by calling the school.



First contacts were generally not easy experiences for parents. However, most descriptions of first contacts were not highly negative. Here one mother describes a child welfare initiated first contact as fairly amicable and non-threatening:

[P10] And that-that was the first time I met a social worker. Um- (And this is a social worker that was in her school? In [Child #3]'s school?) Yeah. Yeah, um, I'm trying to think. I mean it wasn't that bad- like I said, I was very upfront, and very honest. Um-[...] I can honestly say it really wasn't bad. She, I think she could see that I'm not a bad mom and I think she could also see that, um, everything that was going on with [Child #3] was really hard and stressful.

Here, another mother describes her initial experience as more negative:

[P7] - the first contact. Well, I was also pretty emotionally bad at that time [...] because you have a mother who's in there with depression and suicidal thoughts, you know, has a child, they brought in Children's Aid [...] I went and just talked with somebody from Children's Aid in the hospital [...] I came home and then two people, um, came over from Children's Aid to talk to me [...] [Worker #1] was one of the women from [school-based program] [...] when she first came over here. [...] she was being really hard with me [...] accusing me [...] I just wasn't feeling comfortable with her.[...]

Overall, however, first contact experiences with the school-based child welfare provider, were not portrayed as highly distressing, traumatic events. Very few first contacts were described as truly adversarial.

Several participants were self-referred, and though these were also not easy contacts for parents to make, the fact that the parent asked for help made the initial contact somewhat different. The following are some examples of parent initiated contacts:

[P6] I needed the service. I think if the service wasn't there for me, um, there wasn't a lotta resources. [...] before I even called CAS I did bring my children to, um, Children's Assessment Center first. [...] it just wasn't enough help for me. I needed more help.

[P12] And, um, he was getting involved in drugs, um, and stealing and, um, so that's why I had, um, called [Worker #1], which she works out of the school. So I asked her to, um, get involved and help me. Um, I had somebody come in for a long time and work with my family and [Child #1] at that time.

[P14] And so, although my husband and I really didn't want to call social services, we felt that this was way beyond our control. And that we needed to do something before things got outta cont- like even worse outta control. So we called [Worker #2] who was with the school. And we told her what was- what went on and we told her she'd probably be getting a phone call from the police. And we told her we needed her help.

Parents in this sample who self-referred did so to get help in dealing with difficult children. They saw the child welfare agency as a potential source of help. Many parents in the sample shared some initial reservations about the agency including the worry that child welfare was quick to apprehend children. There was also some social stigma to being connected with the agency that was alluded to in several instances. The following examples highlight some of the concerns parents had:

[P3] Very, very. Cause all you hear about Children's Aid is on the news and it's never anything good. They've taken the children or they weren't there for the children and the children were dead, you know? You only hear bad things. You don't hear the things they do to try to keep the family together.

[P6] I was really mad that I had to get involved with them. I wanted nothing to do with them. I thought Children's Aid was for bad parents, it was a bad organization, I was being flagged, it wasn't even my fault, it wasn't fair.

[P9] ...although I understand why they are involved, I think in the beginning it just added more [...] Children's Aid can be a big threat [...] they're very intimidating, like the government [...] just the name is intimidating,

However, through involvement, there was usually a positive shift that allayed some of the fears parents may have had about the agency. The following examples describe a shift in understanding of the role of the agency that occurred for these parents:

[P3] The experience at first was scary [...] when you hear Children's Aid, to me meant they're gonna take your children away [...] When I first got called by the school and they had ch-called Children's [...] I met with a counsellor they explained to them what happened. They explained to me how the system worked. That they weren't there to take my children away. So that made me more at ease.

[P6] I was appalled when I had to get involved with Children's Aid, but now I love it.

[P8] ...the first day when they came in, I mean, who would think Children's Aid would come to you because you don't have a drug card? You know what I mean? And I guess after that - when I realized that she actually stood up for me the time when they wanted to say 'okay, your time is up in the shelter' she helped me out [...] she got other people to come [...] that's where I realized she was there to help me.

A shift to a more positive view of the agency, while not always as dramatic as the above examples, was a common pattern that emerged in most of the families' child welfare experiences.

### Assistance Provided to Children

Parents described a variety of services their children were able to access through their child welfare involvement. The service support described by parents, for children with behavioural or emotional difficulties often included more than one type of intervention. In the school setting, direct support was usually provided by the School-Based Family Services Worker. Participants talked about their children meeting regularly with the family services worker, or, in cases where children were less open to counselling meetings, the worker checked in with the child regularly. These two parents described very positive perceptions of the service provided to their children directly through the family services worker at the school:

[P6] ... she's wonderful with the kids, I mean, she, she gets [Daughter #2] little presents here and there. [...] makes her feel special, [...] the kids, they can go down to her office anytime, walk in, talk to her, if something's bugging them, they can go see her. She's wonderful with the kids.

[P12] It's, uh, really good [...] they really focus on, um, showing the goals to the kids. And talking to them about school [...] it's wonderful [...] it's made a big difference with my kids.

Further to this individual in-school support, a variety of group programs were offered through community agencies and sometimes within the school setting. The group programs described focused on behavioural issues, life skills, drug and alcohol counselling, peer support, and

leadership. In addition to these structured psycho-educational or therapeutic groups, camps, and academic support groups such as the Kumon program were mentioned. Here two families who did not find their child welfare experience positive overall still had good things to say about the service they received though referral to some of the programs:

[P1] (do you find that service (Kumon) helpful?) Yes I do. For all three girls, yeah. It's great. [...] Once a week on Wednesdays. [...] Oh yeah. They said I could keep it indefinitely.

[P15] ...she went to a program down at CATs. It was called 'Girl Talk.' And she really enjoyed that.[...] A good impact on her, yes. Especially the 'Girl Talk'. I can see the immediate result.

Also common was individual support from some sort of one-on-one worker or youth counsellor. This was seen as providing more intensive support than what was provided by the family service worker. It was also a service that was requested by parents such as in the example: "she got a 'Big Sister' for my daughter which is good because I ask about it." Often one-on-one support focused on life skills and working with the child in the community setting:

[P12] [Child #2] had a 'Youth Aiding Youth.' It's like a Big Sister [...] it was good because, um, you know, somebody, um, Wrap Around worker is-is not so much a youth- a teenager, right? seventeen/eighteen, you know, uh, the sixteen- the 'Youth Aiding Youth.' [...] I thought she needed more of a Big Sister than an adult [...] somebody on her level, so she'd be able to get out what she was feeling [...] it's good, especially when you have a- a younger child.

[P10] [Youth Worker #1], which is the one that's [Child #3]'s involved with now. What it is, for troubled kids, they take 'em away, uh, for fourteen days they go literally way out, um, ... Yeah, it's like a wilderness type thing [...] [Youth Worker #1] has stayed involved since then. [...] he's just been amazing [...] He sees her faithfully every single week. Um, he's had her involved in like a- she's even going for volunteer this year.

[P11] Yeah, they would just come for an hour a week, sometimes two hours a week, one day after school, just kinda take him out for ice cream or to McDonald's for dinner or something, just to kind of give everybody a break, to even give him a break from the family.

In another example, a youth worker was described as a helpful outlet, separate from parents,

for children to talk about their feelings and family issues with:

[P2] Through Children's Aid has helped put us in contact with [Transitions for Youth worker] [...] 'Transitions for Youth' which for us, in combing the two families together, we wanted the children to have contact, outlets, somebody to talk to [...] they come and talk to just the children so that we're not involved. The children don't have to be afraid of hurting our feelings or saying something that we get angry at.

Parents also made references to a range of more specialized professional services that focused on children's mental health including outpatient counselling, psychologists, psychiatrists and highly intensive residential treatment programs. These services addressed children's more complex mental health needs. The section on out-of-home placements describes in detail parent feedback on residential treatment programs.

At times, the service provider was able to help children and families with a variety of informal and tangible needs. For example, this parent mentioned a clothing donation program her daughter was able to access and in addition the worker was able to help her access some extra-curricular activities:

[P10]... she helped with clothes. Um, a lotta times when [Child #3] got like brand-new clothes from, uh, top brand-name stores, right? Um, also, uh, she helped out with her photography course. She helped out with, um, a canoe-canoeing trip- a canoeing camp in the summer. Uh, she helped out at Christmas. I can honestly say I didn't have a bad experience with them and that, I mean, she wa- helped as best that she could.

Parent responses to the helpfulness of programs tended to range from neutral to extremely helpful, with only a few critical comments. Even the three parents who described negative overall experiences with the child welfare agency had at least one good experience with a referral for their children.

There seemed to be a range of experiences with accessibility to community programs. Some comments suggested children were able to access programs in the community

immediately, whereas in a few cases, parents made references to waiting lists and having to wait for a period of time before being contacted. Parents had positive things to say about the accessibility of the family service worker for their child. Some parents also alluded to a comfort level their children had with the worker in the school. The following quotes describe accessibility and the nature of the relationship between the family services workers and the children:

[P7] [...] how-how is that helpful to you, that she's located at the school?) [...] it's good because [Child #1]'s, you know, [Child #1]'s at school there [...] if she sees [Child #1], you know, she'll talk to him for a few minutes, see how he's doing.

[P12] ...she also spent a lotta time with [Child #1] one on one when he was in the school. And she has spent a lotta time with, uh, [Child #3]. Um, and the door was open for [Child #2] whenever she needed.[...] not all the time do the kids say what's on their mind at home. So I'm also getting that at school too [...] I would recommend that the-the CAS in the schools. I think it's a great program [...] it helps a lot.

[P10](your opinion of, uh, Children's Aid having workers within the school?) I think it's a fantastic idea [...] Because there's a lotta kids that need help today [...] there's gotta be someone involved.

[P6] The fact that she's (Worker #1) in school is great for me and great for the kids. 'Cause they have support there anytime they need it. Which my kids need, a lot. [...] Daughter 2 loses it in class, she goes down to the caseworker's office, she can lose it in there. Caseworker doesn't mind, understands, knows what she's dealing with.

[P3] They both enjoy going to her.[...] Uh, she does see them on a one-to-one basis. She does see them often. She got me involved in it. So it's really helped.

Many families in the sample are dealing with challenging children and behavioural, emotional, and school difficulties were highly prevalent in the sample. The majority of the parent feedback about the level and range of assistance for these children was highly positive. Most parents were very appreciative of the direct support from the school-based family services worker, as well as the services in the community that their children were able to access. Overall, according to

parent data, there seemed to be significant focus on children's needs and promoting the children's well-being through a variety of programs and interventions.

#### Nature and accessibility of assistance to parents

Parents talked about some of the supports and services available to themselves and their families, through involvement with the school-based family services worker. Services accessed by families included concrete support with basic needs, advocacy around housing, parenting groups and access to mental health services. The range and variety of services discussed was narrower than those identified for children. Though there seemed to be more focus on services and interventions for children, most parents talked about some support for themselves or for the family. Parents generally found personal and family support helpful, however, there were some concerns expressed about accessibility, a lack of help for parents, and being ordered to attend programs.

A number of parents spoke very positively about the support they had personally received through the school based program:

[P9] When we had the meeting with CAS Worker and the principal and the vice-principal and the teachers, she was pretty good. [...] She was actually there to be a mediator and help, which was good.

[P11] CAS Worker, she's, since he's back at school, it's, we have literally, like daily contact with her. Just to, she makes sure we're doing ok, and check in, she's, she's been fabulous. We, we couldn't have been through the last five years without these people. [...] But even knowing that she knows our family, that made it a lot better [...] she knows our history.

[P-12] I needed the service. I think if the service wasn't there for me, um, there was- there wasn't a lotta resources [...] before I even called CAS I did bring my children to, um, Children's Assessment Center first. [...] it just wasn't enough for me. I needed more help.[...] They were amazing [...] they really saw through me of how desperate I was. How-how gone I was mentally and physically. And the minute I opened my eyes, they were there to, um, reassure me that I was safe. And that whatever decision I-I was making, you know, that they were there for me [...] even though I was still falling at the same time, they showed me to pick myself up

[...] The social worker, she was really good

[P13] And that's why [Worker #1] is still involved and she will, even this summer, give me some respite- so I've got a bit of time where [Child #2] will be gone. [...] She's been involved and she's been really a-a friend actually. I consider her a friend, she's that good.[...] Alls she's ever done is support me. In every which way she's supported me. She's always made me question my actions, and if I asked 'I need help.' She's the first one to be there. But that's a person who gets- that's her job to help.[...] She adores my kids, like she really takes an interest in the community. She's a really- she's a pillar in this community.

[P2] with [Worker #1] we can give- we've given her a call on a couple of occasions and she's done what she could do in bringing over some canned goods. [...] So, um, she'll drop it off here, so we'll meet her downstairs and it's like 'well okay, here's a- you know, twenty dollar voucher for Longos or Fortinos or Zellers or whatever. So it- she's helped out a little bit in that- in that respect of-of trying to get ends to meet.

Generally, parents reported a high degree of satisfaction with their relationships with school-based family services workers. Comments such as “I consider her a friend” demonstrate a highly developed relationship. Second, there was a theme of perceived safety, reassurance and support coming from the child welfare agency. These parents saw the child welfare agency “on their side.”

Several parents also talked positively about getting personal and family support during a crisis. The support in these cases came directly from the school based family service worker.

Examples included:

[P6] I have a very good relationship with the caseworker at school actually. [...] She's very helpful, very wonderful. Like I said, when ex-husband got diagnosed with cancer, first thing they did was segregate the kids and counsel them [...] making sure I have everything I need at Christmas.

[P8] ... that's where Children's Aid even actually helped me out a lot. Because they had to, um, advocate for me, talk on my behalf to get me to stay there because I had nowhere to go with the kids. And with the condition of my daughter. That's where they was a big help to me I should say because they got me to stay regardless of what was happening until I actually got housing.

[P12] I had, um, a nervous breakdown, um, I called [Worker #1] from CAS, um,



in the school. Um, I was feeling confused that morning and I needed somebody [...] I was crying so I called her and said '[Worker #1], I really need somebody.' [...] when she had shown up I was basically, um, I didn't know who I was. Um, at that- at that point I think the two and a half years had taken a toll on me.

Parent feedback suggests that many of the parents have found the support of the School-Based Program and the school-based family services worker quite helpful in a crisis.

In some cases, parents were instructed to attend counselling or parenting groups. Parents did not usually experience the fact that the assistance was mandated as positive and some comments suggested a resistance to the form of help being chosen for them. This parent, who was dealing with depression, felt a great deal of pressure to meet agency expectations:

[P7] Um, I was expected to take a parenting course, which I did but, um, it was hard for me to take the course cause I was an emotional case trying to go to the course once a week [...] I didn't mind doing these things [...] it was more or less this-this pressure I seemed to be getting that I had to do this or else I wasn't gonna get [Child #1] back. So that really scared me.[...] I had to keep my apartment in tip top shape [...] but I'm also not Martha Stewart. And I also have a low grade of depression that I have to live with for the rest of my life. (Yeah) And be on medication the rest of my life [...] the place wasn't a pig sty or anything. And so there was just this pressure to keep my place immaculate.

Another parent expressed feeling overwhelmed and also somewhat resentful of mandated programs and expectations:

[P1] [Worker #1] was phoning me and-and demanding I take time off work[...] she had 20 mandates for [Child #1] to get back into school. And she had as many mandates for me. [...] I got mandated to go to counselling, mandated to go to care, mandated to-to go to the psychiatrist, mandated to go into twelve month therapy with this lady.

Other parents' reactions to mandated service were more neutral. It appears from parents' descriptions of the services they received that about one quarter of the parents in the sample were required to attend some kind of program.

There were also a variety of comments about barriers to getting adequate support. Some parents felt the support for children was good but talked about not being able to get adequate

personal or family support. Long waiting lists for family services were named as a concern by several parents. While drop-in family counselling through one community program was frequently mentioned, the level of satisfaction with this program was fairly low. The following quotes express concern with lack of services or lack of accessibility to services for parents and families:

[P2] I never got counselling or the help that I really needed to get on my abusive, um, past relationships [...] the parenting class only helped me towards my kids.

[P3] I need some counselling- how to deal with my-my son. My husband needs some anger management [...] But the waiting lists are so long. [...] we've been through the system for two years now. We never got any calls back from any programs. I know she's trying to get me into this program that helps deal with the children. [...] The help is there, but there's not enough staff through my experience. [...] they have so much information, but they don't have the resources to give it to people on a timely manner.

[P14] ...we had already got our counselling and stuff kind've organized through them. So that was really good. It's going good. It's going really good. Yeah, it's going super. [...] Oh, well it was a long time coming, we were on a waiting list. So that was awful, but because [Child #1] was in foster care and we've made it quite known to them that we don't want him there forever. Um, we kind've moved up the list, so that was positive.

While some parents expressed frustration about not being able to access adequate and timely services for their needs, even with child welfare referrals and advocacy, there were some parents who clearly had their own resources and did not indicate they needed child welfare's help in this regard. Parents who were able to pay for services or had independent sources of support had less difficulty accessing services. This parent talked about her own supports and resources being helpful:

[P6]...my friends and family were absolutely wonderful. Um, I had people on 24 hour call for my mental health. Um, I had people helping me- you know, take care of the kids if I needed it. So I did have good supports [...] Um, well when I-like during the major crises, um, I'd end up calling my best friend who's a doctor and she met me at the psych ward. [...] My doctor got me into see a psychiatrist right away. And he was fabulous.

Two parents expressed fear of asking for help, if it would mean child welfare getting “over-involved” or getting involved in ways that weren’t appreciated. The following quote illustrates this type of concern:

[P15] - I don’t even feel like I could go to her and say you know, ‘could you help us out? Just if we ever have a little conflict here.’ [...] Yeah, at the school. I said, I don’t feel like I could do that without getting all involved again [...] Cause I go-tell her one little thing, it’s blown into six things and it’s blown way outta proportion.

Language and cultural barriers were named as concerns by two families. These families perceived either a lack of appropriate services or a lack of sensitivity and understanding around culture:

[P3] the experience going through Children's Aid [...] it's been good for me. I am-but for my husband, it hasn't been s- uh, cause of the language difference. There hasn't been any help out there for him. [...] I can't do it by myself [...] but the problem's not mine, it's my husband's. And there is no help out there because of the language difference.

[P4] ...wondering how many [people from other cultures] out there that the Children’s Aid confronted their families, in disguise that, that they care and apparently, they go in- [...] That’s what, actually we had, a misunderstanding, right, because, she assumed that because you are [from another culture], she had a very wrong idea about what [people from our culture] are. You know? [...] they think that, oh, that’s [another country] that’s how they grew up, that’s what they [...] it is very, very sad [...] people have very wrong ideas. [...] because you are [from another culture], the way you discipline your child is wrong.

In summary, parents described some barriers to appropriate services for parents and families that included language and culture, waiting lists, lack of services, mandated services, and fear of getting too involved with the child welfare agency. At the same time, the majority of parents who received direct support, advocacy and referral to services that were voluntary appreciated the support they did get. There appeared to be more barriers described for parents and families, than for children. The family service workers were seen as working more

closely with the children, though they were identified as a strong support to several families in times of crisis and for referrals and access to concrete supports. When parents were primarily asking for support and services for children, they were generally satisfied with the availability of services. When parents wanted personal support, they talked about a lack of accessible, appropriate services in the community.

### Experiences with Out of Home Placements

Eight of the fifteen families interviewed experienced some form of an out-of-home placement through the School-Based Program, ranging from residential treatment to foster care, to weekend relief care. Placements were generally described as voluntary and negotiated with the family. Only one court application for an apprehension was described and this application was unsuccessful. In no case, did parents describe police involvement invited by the child welfare agency.

Where placement of children outside the home occurred, it was described as a source of relief to many of these families. The following quotes exemplify some of the families' reactions:

[P5] A relief. Um, she was totally outta control. She was using drugs. She was having sex. She didn't care. She didn't go to school. She was stealing from me. Um, never did anything criminal outside, but, um, she was, uh, getting depressed. So it was a total relief.

[P6] I needed her to go into care. I needed to know that these kids were safe, the other two were safe.

[P7] It was good, it was helpful. Yep, that he went into foster care.

[P8] ..one of the reason why right now I'm getting help with the re- with the, um, weekend relief thing. They have got a place for her [...] give me a little break.

[P11] ...he couldn't function in the regular school program, so he was removed and put in the day treatment program. So that, that helped because they were willing to take him [...] it's awful to say that, it was good that he got sent away, but [...] it gave us a break and, but we were still in contact...

[P12] [Child #1] went for six months to care. Yeah. I called them and said, you know, I think the best thing for him and my family is to have him put into care.

[P13] ...she will, even this summer, give me some respite- so I've got a bit of time where [Child #2] will be gone. So she'll go and live- like the other two'll be home [...] so sometimes I get a little bit of an easy week where I have just these two and we can just- I don't have to be so frantic.

Overall, parents experienced out-of-home placements as supportive interventions. These interventions were described as providing safety and treatment for a child and/or a needed break for the family. This appreciation is similar to the reaction of parents having children placed in residential children's mental health programs in our prior research.

In five of the placements, children's significant behavioural issues led to agreement between the family and the service provider to have the child placed outside the home. Sometimes the child was a risk to themselves, sometimes to other children in the home. Of these five cases, three children were placed in intensive residential treatment and the other two in specialized foster care settings. Duration of these temporary placements ranged from several months to two years and in each case the child returned to the home or a return to the home was planned.

In the other three placements, the impetus for temporary placement of the children was the parent's need for relief because of life stressors and physical and mental health issues. These placements tended to be shorter term. Two were referred to as "relief" placements, and the other was an extended stay in foster care.

The out-of-home placements were generally positive experiences for the families. The following quotes illustrate some of the positive things parents had to say about treatment centres and foster homes experiences:

[P5] [...] so it's been really positive. We're taking baby steps and we're realizing,

I'm realizing that she is very different and that, you know, it's okay to be different. And, um, everything's in her best interest now. But I also get a wonderful break so it's been really good.[...] The group home was way more loving and attentive and concerned for my daughter than I ever thought. [...] the foster lady that she's with, um, sh-I'm blessed to have her because she is not doing it for money. She's doing it for the love of these children.

[P6] (re. treatment centre) He did very well, he made a lot of friends there, he really liked it. They have support groups, which I loved. 'Cause they'd send me for these support groups, and I'm sitting here in the world thinking I'm all alone with all these problems. Then you see all these people, that have all these problems too, and you're going, oh, I thought I was alone.[...] (re. daughter in foster care) They put her in a safe house, which was good, I mean the first house she was at was great.

[P8] [Child #1] went into the foster home, um, which, you know, I was really reluctant. At first, I was really scared because, you know, I've kinda heard of horror stories over the years about foster homes. And um, I was scared what the family was like. And thank god he ended up being with a really good family. Um, after I got to know the family, I-I felt more at ease that he was there with-with his family.[...]

[P11] The support, through the different programs. It, they've been amazing. [...] Yeah, Woodview. He was in the residential treatment, he was in the day treatment program there. They were fabulous. [...] there's not a lot out there. In terms of support or, even medical, like there's not a lot of doctors out there that will deal with a kid his age.

[P12] I still, like to this day, I believe he's taken a lot with him. Um, that he's learned from Pathways, um, and being in there, um, because the minute he thinks of doing something that's not appropriate, the first thing that flashes in his mind is having to go back to Pathways

[P13] [Worker #1] has given me respite. So she takes the kids, and she's found homes for my kids that are absolutely wonderful. [...] But still I don't trust many people with my kids. You know, and, um, but when I went to the hospital for major surgery, she was right there. 'Oh I'll take 'em into foster care. I've got this home [...] she's always dragged me from home to home for the respite care [...] she's introduced me to these people and they're the most wonderful crowd. The kids love 'em.

In the majority of cases, parents had positive feedback about the placement setting. In one case, the parent was happy with the initial foster home but not happy with a second placement. In this case, the parents asked to have the child returned home and the service provider supported the

transition home.

Many parents who had children placed outside the home described the process as negotiated and collaborative to a large extent. This is in marked contrast to the processes leading to child placements in our prior research where decisions were eventually made by service providers. Some illustrative quotes are:

[P5] I guess the point I'm making is the e- in the end because I could articulate my reasons and concerns they did have a spot and they- they went with my wish. That's what I'm saying. So it was successful. [...] So now we all work cooperatively. I get a phone call saying, um, she's got this appointment at this time- can you do it? So we are working as a good team and the nice thing is I-I've got a break. And they-they are respecting that I needed a break from [Child #2], [Child #2] needed a break from me. And the whole focus of this now is to get her back on track slowly but surely. When she went missing the last time I was so angry and I was prepared to remove her [...] they have become a little bit of the voice of reason

[P6] She understood my needs and she came that day and took her. [...] I mean, it's just wonderful, it's like co-parenting to me. You know, if I have problems, I'll call CAS Worker and she'll help me.

[P12] She's wonderful [...] anything that I disagreed about, um, we sat and talked about it [...] she'd give me other possibilities [...] I never had a problem with [...] the agency at all. [...] even though I was the one who said 'come and get my child, I want him- to put him in care' so that I wouldn't lose the relationship with my son, it was CAS who took it on their shoulders saying 'okay, you're not behaving, we're taking you.' This way the communicat-communication between my son and I were still open and that's what I asked. I asked them to do that. [...] she was- they were, that was very good. Like she was, um, she listened to what I had to say.

[P14]... she came that day and, um, she helped us out and she decided that [Child #1] shouldn't be in our house. And so it just took her I think like a day- I think it took her like 24 hours to find a home for [Child #1] to go stay at. A foster home. And, uh, she worked with us and [Child #1] to get [Child #1] to sign papers instead of taking him to court. Um, and so we all signed that [Child #1] go into foster care until things get straightened out- got straightened out. And so he is in foster care right now and we're, um, he goes for, um, counselling- individual counselling. And, um, we go for group- like family therapy. [...] worker, um, [Worker #2], is really good. Like she's our family worker. Um, so she was really good [...] She told us exactly what was happening and she told us, um, how things were gonna go. Um, she told us a little bit about the foster home that [Child

#1] would be going into. Um, and kind've what was expected of us and what was expected of [Child #1]. Um, and she was a really good go-between between the foster mom and I. So she got, um, our relationship off to a really good start [...]

These quotes highlight a theme of cooperation between parents and service providers in placing children outside the home. Sometimes parents initiated the process and sometimes it was the suggestion, sometimes a strong suggestion, of the service provider but in almost each case there is evidence of agreement and negotiation around the nature of the placement. In none of these placement experiences is there evidence of an adversarial relationship around removing children from the home. This theme of cooperation was also evidenced in descriptions of other types of interventions. For example, there is no evidence in this sample of families of child welfare needing to use the court system to secure supervision orders.

Three parents made reference to support that was available to children returning from treatment or foster care, through the school-based family services worker. After placement support was seldom available to families in our prior research. This parent described intensive support that was available to her and her son upon his returning from treatment:

[P11] ...we got a, a one to one worker that would come and take Son out, for an hour a week, or just to kinda give us a break. [...] CAS Worker, she's, since he's back at school, it's, we have literally, like daily contact with her. Just to, she makes sure we're doing ok, and check in, she's, she's been fabulous. [...] There's no way we could function at, in his home school without her there...she can get him back on track and calm him down, 'cause at Woodview, like that's, they did have, like they had their room, and they had staff to deal with that. And there were way, like six in a classroom.

While some treatment programs offered limited aftercare support, the in-school support of the family services worker as well as assistance accessing additional community supports were discussed by parents as very helpful.



## The Nature of Service Participant- Service Provider Relationships

Relationships between child welfare service providers and families accessing service have been identified as highly important in our previous research. In the Halton School-Based Family Services Program study, the theme of relationships was prevalent throughout the parent feedback and is touched upon in many of the other areas discussed already. Parent feedback from this sample suggests that most parents were quite satisfied with the quality of their families' relationship with the school-based family services worker. This is different from trends in our past research where appreciated relationships were the exception rather than the norm. In talking about their relationship with the school-based family services worker, parents highlighted some key themes about what makes these relationships satisfying. Themes included communication and good listening, familiarity, trust, and providing extra support. While most parents were satisfied with their relationships with the service provider, several families had concerns. The main concerns that emerged among this minority of parents were service providers having too much power or being too intrusive in their approaches. Because the interview data comes from the parents, and it has been noted in previous sections that service providers' relationships tend to be more developed with the children in the family, the data is somewhat limited to describing primarily parent-service provider relationships.

Parents expressed appreciation for service providers who were effective and respectful communicators. Effective communication included such things as keeping parents informed, taking the time to explain things, being a good listener, and collaborative processes. The following quotes illustrate these qualities:

[P3] She keeps in contact with me. Even though I don't see her face-to-face, she makes that phone call. [...] Sometimes once a week, sometimes every two weeks. If she can't reach me, she just leaves me a voice mail on my car phone saying 'hey I'm here. [...] I have a concern.' Like she keeps me up to date. As she talks to my

children. Uh, as an individual, she has done what you can.

[P5] She's great. Um, she's there when I need her. She picks up, she delivers [...] So now we all work cooperatively. I get a phone call saying, um, she's got this appointment at this time- can you do it? So we are working as a good team and the nice thing is I-I've got a break.

[P6] When Daughter 2 was bad [...] we talked every two days [...] about doctors reports, the meds [...] Daughter 2 has been the main concern. [...] So, so she's always helped me with Daughter 2, and anytime I need information on any community services, she helps me with that.

[P13] She's wonderful [...] anything that I disagreed about, um, we sat and talked about it [...] she'd give me other possibilities [...] I never had a problem with [...] the agency at all.

[P14] worker, um, [Worker #2], is really good. Like she's our family worker. Um, so she was really good [...] She told us exactly what was happening and she told us, um, how things were gonna go. Um, she told us a little bit about the foster home that [Child #1] would be going into. Um, and kind've what was expected of us and what was expected of [Child #1]. Um, and she was a really good go-between between the foster mom and I. So she got, um, our relationship off to a really good start.

Familiarity with the service provider was identified as a definite advantage to building a stronger relationship. With service provider consistency and accessibility, relationships were able to develop and become stronger over time:

[P7]...was a little rocky at first actually, um, I wasn't really feeling a connection with [Worker #1] [...] the more I've been getting to know her though I-I've been getting to feel more comfortable with her. And like her more.

[P10] No, I've-I-I found that, uh, I was able to open up to her a little bit more as time went on. I-I didn't, um, I don't know, the only thing- I felt, uh, afterwards, when she had dropped the case, it's funny- I felt like afterwards I didn't say enough to her- to thank her for a few things, you know, the things that she did.

[P11] But even knowing that she knows our family, that made it a lot better [...] she knows our history [...] she called me in, did my, an interview with me, did an interview with Husband [...] explained what would happen, like how things worked.

Trust between parents and the school-based family services worker emerged as another element

in appreciated relationships:

[P8] We had a relationship where anything happen, I would confess with her. I would go to her. Whether she takes it to her supervisor or what, it didn't matter to me because, um, I get the help from her with my daughter [...] You see I see [Worker #1] as my Children's Aid worker. If I'm sick- is if I'm down in certain way, I let her know.

[P11] Just for her to keep working with Son, and for him to have her there. I'm hoping maybe one day, through her talking to him, he'll open up, because he doesn't talk about his past with his mom. But he gets, he's really close with CAS Worker, so that's, that's my hope, that one day, he'll just open up and spill the beans and kinda maybe start on a healing path.

[P13] So yeah, she's really supportive. I'm surprised because sometimes the things I say most CAS workers would come in the house and take your kids away, do a major investigation. Test you for drugs and alcohol and god knows what else, they'll probably go with a search party and a fine tooth comb through your house. But she doesn't, she knows who I am, but then she walks into my house. I take her in my bedroom, I've got something new to show her. She's been in every room, she knows more about my clothes than I do probably. So, you know, that is what you need in-in-in one of those School-Based Workers and keep these morons that just come in and cause nothing but misery because I really am not an angry person, but you step on my name and my pride and my kids, and I become fiercer than a lioness.

Service providers who went out of their way to help families, sometimes with practical assistance, were appreciated. Parents perceive a genuineness in these workers:

[P3] Like she's the one I see all the time, she keeps in contact. She- she gives me a friendly reminder on the phone just to say 'how you doing?' And - and a lot of times that she does, uh, from the office- she's not even at the school cause I can see on the call display but she's at home. She does it out of her own- own heart [...] you can see she's there for you.

[P10] So she wasn't over-controlling or- in any way at all. Um, she-she was great, she helped with clothes. [...] Uh, she helped out at Christmas. I can honestly say I didn't have a bad experience with them and that, I mean, she wa- helped as best that she could.

A relatively small group of parents (three) described negative relationships between themselves and the service provider. The primary concerns and negative perceptions about relationships had to do with power, fear and approaches that were viewed as intrusive:

[P1] when I signed that paper for the fax it had CAS on it. I said 'well what is this CAS- what do you mean?' [...] So she said 'Oh no I- my- my other job is CAS.' And so once I fil- as soon as I signed that paper she had too much power. She- [...] It was, uh, that she could go and invest- uh- a 4-14.

[P4] She really looked down on us. Once you look down on somebody, there's no way that you can give them a fair hearing. So, but I realize that, it's all about power issue.

[P15] Well I made it amicable, I mean I, um, think- why fight them? Cause then- cause there's that fear that if you start fighting them, then they're gonna deem you unfit in some way, shape, or form they'll get ya. Yeah, always a fear. And then I went to the school, there was an incident at the school [Child #1] was involved in with girls her age- in her class. And I went into the school, I asked the principal for a private meeting I sat down and there's [Worker #1] sitting in the meeting. I said, uh, I didn't know- I thought I was speaking with you. And he said 'well no, blah, blah, blah.' And I thought 'you know what? This meeting is over. We're not having a meeting.' And then I- but I didn't feel I could do that. I didn't- cause her. Cause what if I- then I'm not looking after my daughter's emotional needs or something. I always felt threatened by her, so I always put up with it.

While several families raised concerns about the nature of service provider/ service participant relationships, the majority identified positive traits in their relationships with the school-based family services worker. Many of these positive qualities mirror the qualities of appreciated relationships identified in our past research.

#### A Common Pattern of Service Involvements

The range of services available to children was considered to be fairly intensive and broad. The range of services for parents and families was described as more limited. The impetus for the shift toward child focused services seemed to be two-fold. In many cases, families were asking for help with children who had fairly high needs, including significant

behavioural, emotional, and school difficulties. However, at least half of the parents in the sample also expressed a significant need for assistance themselves. Some expressed frustration with the difficulty accessing these services even with the help and advocacy of a child welfare worker.

A common pattern of service involvement appears to exist in this model. Initial contacts between parents and the child welfare agency were based on child protection concerns, though not always due to a concern with parents. Some families' avenue to involvement with the child protection agency was based almost solely on the special needs of their children. Parents describe a high level of support for challenging children. There are common patterns of support for children described including intensive support from the school-based worker, a variety of local group and community programs, and specialized foster care and residential programs. These service involvements, although fairly standardized, are described as generally very useful to these families.

Intervention with parents was more limited and varied depending on the family's needs. Several parents mentioned being required to attend specific programs and meet certain expectations of the child welfare agency. The push for these parents to access services appeared to come from primarily from the agency. Other parents asked the child welfare agency for help accessing specialized services and some of these families found there were long waiting lists for services or the services were not there. Several parents appeared to have some of their own resources and did not identify much of a role for the child welfare agency in assisting them personally, though were interested in services specifically for their children. In some cases there seemed to be little push from the agency or demand from parents for parent-focused services. Most parents expressed appreciation for the informal support they received from service

providers, whether it was a sense of collaboration, assistance or advocacy coming from the Family Services Worker, or more concrete and practical support such as basic needs or communications.

Parents generally saw the service provider as helpful. In many cases, parents talked about service providers suggesting various services to them and in some cases advocating to help get them into programs or access services. The following quote illustrates one parent's perception of the agency's approach in trying to help:

[P2] ... well they haven't really said 'no, we can't do that.' They've always basically said 'well, okay, that's not us, but you can- they- there's always been a referral or known source to say 'well this person does that'

Even though some service and resource constraints were mentioned, particularly in regard to parent needs, service provider attempts to assist families with a broad variety of needs, whether through referral, advocacy or direct family support, is commonly mentioned in the parent feedback.

The School-Based Child Welfare Program was described as somewhat unique and "different" from what families would have expected from a child welfare agency. Parents expressed appreciation for the accessible and intensive support the family services worker was able to provide for children. The majority of families interviewed saw the fact that the model brings child welfare closer to children as a positive. The model appears to be one that is welcomed by most of the families using the services and parents report a high degree of overall satisfaction.

### *Feedback from School Based Service Providers*

Service providers talked about the strengths they see in the school-based model, as well as the challenges in the work. Some of the strengths they identified included the opportunities provided by a more proactive approach, more resources for children, and building community capacity. Service providers also talked extensively about the enhanced quality and effectiveness of their relationships, including their relationships with service participants, school staff and other service providers. Overall, service providers seemed to express that the model “works” when it comes to providing better service to children and families and ultimately better protection for children. However, there were also some significant challenges indicated by service providers in terms of balancing multiple roles, workload, and boundary setting. The added challenge of working within two large systems was also discussed.

#### New Opportunities and Balancing Multiple Roles:

##### *Better Child Protection through a More Proactive Approach*

The school-based protection model emphasizes prevention and early intervention along with traditional child protection responses. Service providers, including front-line school-based family services workers and their supervisors, emphasized that early intervention and prevention work was new for Children’s Aid Societies and a more proactive approach. They saw this work as very important and effective for child protection. According to a supervisor:

...the idea behind the program was to try to put the front-line staff out in the community where the children were, and where we felt the children were, was in the schools obviously, all day. And we wanted to develop a more proactive model to service the child welfare. We felt that that would hopefully act to keep the kids safer, if we were more visible to them, and they were more visible to us.

Many of the staff who were interviewed talked about identifying children sooner, identifying children who wouldn't otherwise be identified, and intervening with some families before it became a protection case:

The prevention is where we can actually assist the students as well as the families prior to, um, opening them as a CAS- if there is a protection concern, it may be warranted in terms of some of their issues that they're dealing with to be able to support them in the area of conflict, parent separation, um, you know, peer relation problems, anger management issues. And to be able to refer them, I'm going to work with them individually and/or a group, but to be able to refer them to the-the resources within the community. (Um hmm) And for them to hopefully get to them so that we don't have to open up a CAS protection.

Early intervention was seen as a risk reduction strategy and as beneficial to children's welfare overall. This front-line staff talked about what she sees as the importance of engaging families at an early stage:

So really involving the families in that process I think is one of the things that has helped really to, to, to reduce some of that risk, and to do some of that early intervention with families. Even just getting them connected with community professionals or letting them know what's available in the community, or being able to say you know, these two child and adolescent psychiatrists I would recommend.

Access to more information was seen as a significant benefit of the model. Supervisors and front-line staff interviewed unanimously talked about how better information meant better assessments and better child protection work. As one supervisor stated "they're just exposed to a lot more information and I think are able to make better assessments around what the family's needs are." Front-line staff elaborated on the added benefit of richer information:

...one of the things that I have found as an individual worker is when you're right in the school and you see the kids daily, um, I think the assessment piece, um, becomes more important in the sense that you get a better view of a child. Often in child welfare we only see the families either because of crisis, because of reaction, um, we do a lot of preventative stuff now. And we also have a chance to really see, um, the children in their own environment where if we are making appointments and they're almost pseudo set in the sense that somebody knows you're coming, so it's-it's a set stage, we're seeing the children here in their own



environment where if there has been an issue, um, you can deal with it right away. You can understand and see how the kids are-are coming to school everyday. I find it's extremely beneficial that way...

We go into an investigation, often knowing more, we also collect more information, we see the kids way more often than you know, once every two weeks or once a month. And we have a much better relationship with the people that are reporting. So they report probably more often. And so I think we go into court, and this has been the feedback from our lawyer. We go into court far better prepared at an earlier stage in the case.

Some of the prevention and family support work described is very practical and tangible.

Some of the services that school-based workers talked about providing to families included access to basic resources, transportation, parent support groups, advocacy and referral. Families did not have to be on the child welfare caseload to access many of these services. Family service workers and supervisors identified the importance of knowing a family's and community's needs in order to be effective. One staff explained:

I have a room here where donations of food and clothing are always, on a regular basis given in. And myself and my colleague ... see that as a- as a need in this community. So we will be able to help parents with those kinds of issues, and by doing that and getting them set up with other community agencies we may prevent that family from being involved in a child protection, um, by helping them, um, become resourceful then the neg-neglect kinds of issues won't become apparent and we can nip it very early and help those parents. That's where I see the prevention and that's where I see that parents also now will view as being, um, a helping hand as opposed to somebody coming in and waving our finger that they didn't feed their children.

Service providers talked about a more child-focused and a more holistic approach as a result of the greater contact with the child and their community:

...we look at the entire child. And I think that promoting that in the school has been huge, and us as child welfare workers, to have that concept has been huge

I think we've developed a little bit a broader idea of what child protection is...And I think we've, we've really, we're prepared to go and look at things that, that our traditional model would not have looked at.

The opportunities I think for families in terms of-of making change are huge.

At the same time, there was the acknowledgement from several staff that the model may not work equally well in all communities or for all clients. For example, one family services worker stated:

I still think that there are families and there are needs that this model may not work for. And, uh, you know, extreme at risk violent families, I don't think we want to be engaging them in this environment anyhow. So I think we're always going to need to have that other piece as well.

### *Building Community, Expanding Resources*

Service providers talked about “community interventions” as part of the school-based model. Some of the activities mentioned included sitting on community committees, helping to start community initiatives, linking clients with practical supports, engaging with landlords and others and even going door to door to promote services. One aspect of community intervention was simply understanding of community needs:

I think the other is that being engaged in the community, and this is really where I think child welfare should be because it has so many more advantages. You really get the flavour of your community, the sense of what the needs are, what the issues are, who can be- who should be connected out there so that you know what other services or supports need to be addressed.

Community committee work was mentioned as an aspect of the school-based model in most of the settings and the benefits of working with partners to address community needs were mentioned:

I-I really believe in this particular community, speaking just for myself, working extremely well. I think there has been so much extension to the community, in terms of agencies and that's, even politically, um, one of the committees that, uh, or two of the committees that I'm involved in, um, the city counselor is also a part of that. So he's very much involved in our program and supporting it, which I think is-is huge that we're now sort of expanding even outside of the agency and, um, and the school board. Um, so getting those other service providers to appreciate what we're-we're working towards. We've recognized in [this

neighbourhood] that, um, we don't have a centralized area for families to go to, for instance for recreation, for, uh, different kinds of one stop shopping.

Using their community networks and knowledge, family service workers tried to connect families to the existing resources in the community. One front-line staff described how she was able to:

...really connect people to, uh, to the resources in the community. Again in s-terms of a- sort of a traditional sense of child welfare, we tend to just say to a family 'here's a phone number and-and call.' What I find now in this role is that we'll actually take, uh, families to appointments, uh, we've got excellent relationships now, um, with the community's agencies as well. So when they phone and they find out, um, that, um, it's myself calling then often it's a referral that's going to be accepted, um, immediately and the service is put in place and that's very different than, um, sitting back at the office and sometimes those families don't get serviced as quickly.

Often the community approach described involved building community capacity.

Sometimes a need was identified and the school-based approach allowed child welfare staff to begin to mobilize community members and others to create a new resource. Here a family service worker talked about a mutual aid intervention that was created:

...we also operated a-a coffee time for the parents, and primarily targeted for the parents at [community centre], um, to be able to do that networking, to be able to do that, uh, child management strategies of dealing with their own kids. Um, and again it's a very proactive approach. And with that [Worker #1] and I also, um, had our police liaison officer involved with that- with us the whole time as well. So they saw people of authority who they normally woulda run from now come over every week and meet, socialize, and learn something. And build that network amongst themselves as parents within that community. And that was really positive.

This example also illustrates encouraging community members to support one another. The next quote illustrates the goal encouraging community ownership:

I think the other component is really enlightening the community so that we don't work in isolation, that we- we are identifying issues or concerns within their school community to be able to say to the larger community groups- is to say 'this is one of the problems that we have, what is it that you can do to help?' So to turn

some of that ownership over to them to take on their responsibility to service their own community.

### *The School-Based Family Services Worker and the Challenge of Multiple Roles*

Front-line staff and their supervisors described multiple of roles and a broad range of tasks associated with the school-based approach. A family service worker described the basic dual role of her job as:

...the program consists of two roles- one being that you're a child and youth counsellor for various students at the school, and then the other role is that I would facilitate any, um, child abuse investigations or if new allegations came up I would be the one that would investigate any new concerns. And, um, and then if there were, say ongoing concerns with a family then I would be the one that would work with that family on a long-term basis to, uh, you know, to alleviate the risk to that child. And then I'm also, you know, obviously a support to the staff at the school as well- if they have questions or concerns about a child they would use, uh, me as a resource to, um, you know, in terms of identifying whether there's child protection concerns so- or not, and how we can best help the family either from a school-based standpoint, which doesn't involve child protection and may involve a call home or a visit or whatever, or you know, looking at it from the other angle as-as looking at it from a child protection standpoint and doing an investigation that way.

The school counsellor role was described as multi-faceted including carrying a caseload as well as activities such as running groups, consulting with teachers and principals and doing mediation work. The child protection role included both intake and ongoing service responsibilities.

Service providers also described significant educational and community outreach roles beyond the traditional scope of child protection work or school social work. Supervisors also talked about being involved in community education and community networking.

Front-line staff and supervisors talked about pairing with the school social worker role as being a great opportunity for trying different interventions with families. Creativity was identified as one of the strengths of the program. This creativity was seen to benefit both the

community and the service provider. For family service workers, the program could provide opportunities that weren't often available in traditional child welfare practice. For example:

...the creative, um, people that we have- the-they love this job because they're able, the-because there's the flexibility and they have- they can spend the time in developing a group or a program or individual work, um, and trying different techniques, and experimenting. And so then professionally, they're growing. They get to practice that kind of thing, whereas in straight protection there really isn't the time and we're really, um, I think so our-our day to day investigations are so structured that there really isn't the room to, um, to try a different intervention.

However, the expanded role of the family service worker was certainly not without its challenges. Supervisors and family service workers alike described the significant difficulty of managing the different roles and responsibilities encompassed by the model. From a supervisor's perspective:

...one of the, um, I guess challenges that the school-based workers have had is that they're wearing many hats, you know, so that they are, um, they need to be very comfortable and confident I think in their roles and understand their mandate for protection and equally understand the sch-what it is to be a school social worker. And so that's th- so there's quite a learning curve when they first take on that position.

While workers appreciated the flexibility and the richness of experience that the community based model gave them, they emphasized the need to set limits because the work could be "limitless." This setting of limits could be very challenging for front-line staff:

...whatever the school and the community needs, that's the-the wonderful thing about this program is, um, that you can sort of do whatever. There's no real, uh, set limits. It's-it's limited-limitless in that sense, um, but then it become overwhelming as well because there's, uh, there's so much that you can be doing.

...it's tough though, I guess, uh, li-and speaking to limitations, the, um, it is a lot of work being in the school and that-that, um, can be difficult because you're be-balancing the demands at the school and the CAS at the same time. It almost feels like you're doing two full-time jobs because the school is, uh, you know, because you're there five days a week the school thinks that you're available to them five days a week, technically you are, but you can't- I mean, you have to juggle both roles and that can be quite challenging at times, um, because the school caseload is quite high, and, um, but protection obviously needs to come first because that's

more of a crisis than your school-based counselling kids. So juggling both roles is really tough.

Um, lessons- I guess too, I mean, lesson learned probably to be, um, I guess set your limitations with the school as well as with CAS in terms of how much you can manage because again those two roles can sometimes, you could easily do fifty hours a week at the school easily if you wanted to. I mean there's that much work that you could do, so you really have to be clear on what you can and can't do, and, um, and make sure that you're- you know, assertive about that-

Service providers spoke of the need to prioritize and how this sometimes meant putting the CAS role ahead of the school social work role. Staff described this balancing as difficult and a source of stress. Lack of downtime for front-line staff was a concern expressed by both supervisors and family services workers. Also identified as a concern, was the fact that child welfare personnel did not get the same “breaks” as school staff who worked in the same intense environment. A supervisor supported this point by saying:

...the limitations I think for the workers is that it's just such an emotionally draining job. And an exhausting job. And I don't think there is a lot of understanding of that. And I think that they are, I think by June they're toast...Like so, for as an agency, keeping our mind to that a bit, and figuring out how we're going to handle that. Because we still have not figured out things like, we tell them that they, we'd prefer them not to use vacation or comp time during the school year, 'cause we've made a commitment to the school...But we won't give them the summers off. So they can take their breaks in the summer, but they're still responsible to cover intake when they're here. And, so they don't really get a good break.

Our previous research involving mainstream models of child welfare suggests that front-line child welfare can be very challenging work. Service providers in our previous research talked about concerns with excessive workloads, competing job roles, not enough time to spend in direct contact with families, and emotional exhaustion and depersonalization.

The Halton service providers were surveyed using recognized and standardized questionnaires, regarding levels of emotional exhaustion, depersonalizing feelings toward service recipients, personal accomplishment, and overall job satisfaction. Six of 10 of the Halton

school-based front-line service providers completed the questionnaires. Due to the low number of the sample, these survey results must be approached with caution. The Halton staff scores were compared to average levels from two other community based programs in other regions and to the average levels found among mainstream service providers in Halton and in a study across four child welfare agencies in Southwestern Ontario. Table 1 compares these scores.

**Table 1: Comparison of Service Provider Employment Impacts**

	Halton CAS: School Based DSWs Only  (N=6)	Halton CAS: All DSWs Excluding School Based DSWs (N=27)	Other Community- Based Programs: All DSWs Excluding Halton CAS (N=15)	2001 Partnerships Project CAS Survey: All DSWs  (N=237)
Emotional Exhaustion	33.67	21.76	30.00	25.32
Depersonalization	14.00	7.57	8.31	8.85
Personal Accomplishment	34.80	35.20	36.79	36.17
Job Satisfaction Overall	2.33	2.26	2.28	2.38

One can see that the Halton school-based workers reported similar or higher levels of emotional exhaustion (feelings of being emotionally overextended and exhausted by one’s work”), compared with the front-line staff in other settings. Scores for depersonalization (an unfeeling and impersonal response towards recipients of one’s service) were considerably higher than for other settings. The construct of depersonalization is typically highly correlated to the construct of emotional exhaustion and is believed to be one way of coping with increased levels of emotional exhaustion.<sup>3</sup>

<sup>3</sup> Stalker, C., Frensch, K., Harvey, C., Mandell, D. & Adams, G. (under review). Confirmatory Factor Analysis of the Maslach Burnout Inventory: A Replication Study with an Ontario Sample.

On personal accomplishment and job satisfaction overall, the Halton staff had similar overall scores. In summary, there was no significant improvement in any of the scores seen in the school-based setting and in fact some of the numbers such as the emotional exhaustion and depersonalization scores suggest that stress levels may be higher in the school-based setting.

Reporting only average scores can obscure the range of individual scores, particularly for small groups, so a series of graphs is added to show the frequencies of low, medium and high levels on each scale. The graphs compare the Halton school-based program scores to the mainstream sample from four child welfare agencies in southwestern Ontario. Again, we must approach these results with care due to the small number of community based service providers who responded to the survey.

Figure 1.0 shows that the proportion of school-based service providers who reported high levels of emotional exhaustion is slightly larger than the levels reported by front-line service providers in mainstream settings. The proportion of school-based service providers reporting low and medium levels of emotional exhaustion is slightly smaller than what was reported in mainstream settings.

**Figure 1.0 Levels of Emotional Exhaustion Among Direct Service Workers**

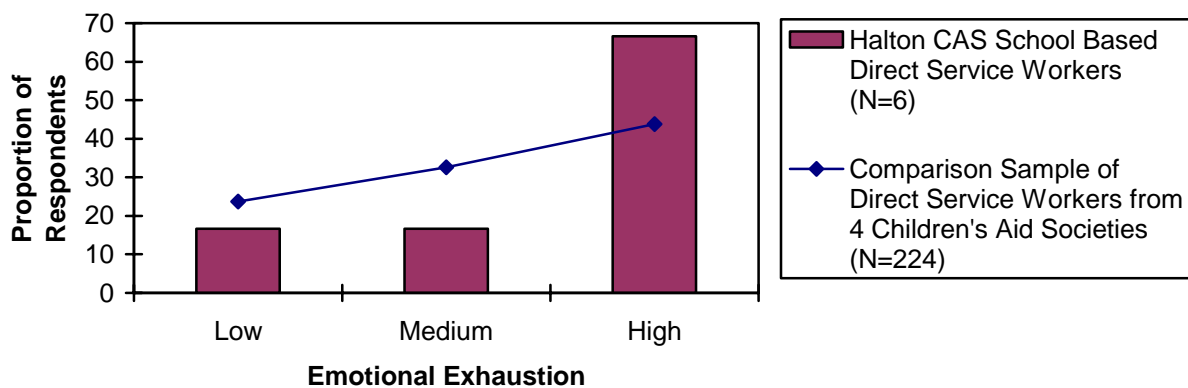
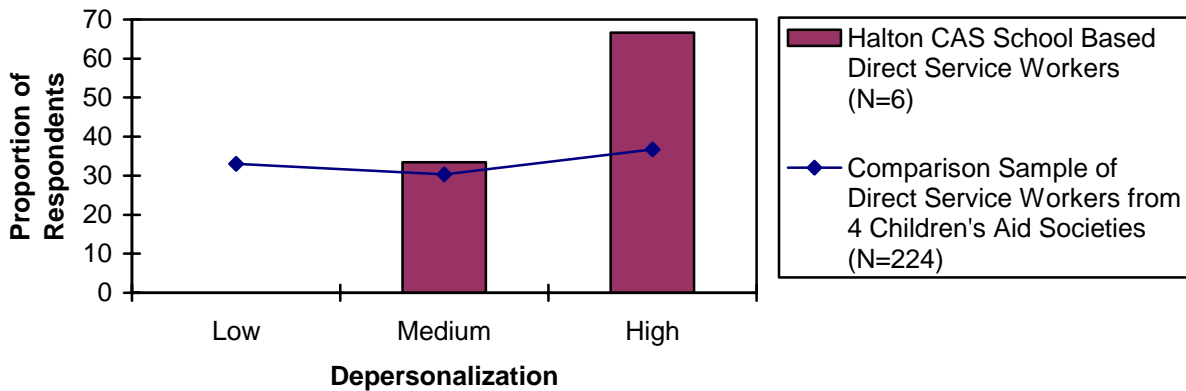




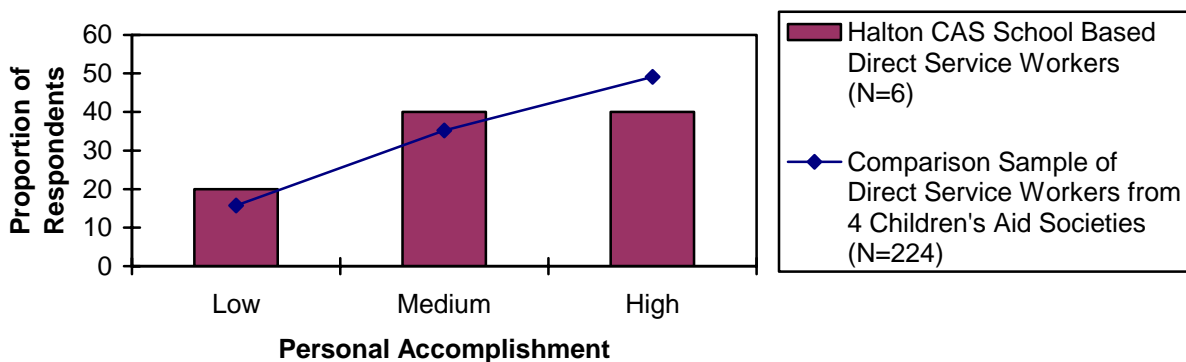
Figure 2.0 shows that a considerably greater proportion of community based service providers reported high levels of depersonalization. There were no service providers in the Halton school-based sample reported low levels of depersonalization.

**Figure 2.0 Levels of Depersonalization Among Direct Service Workers**

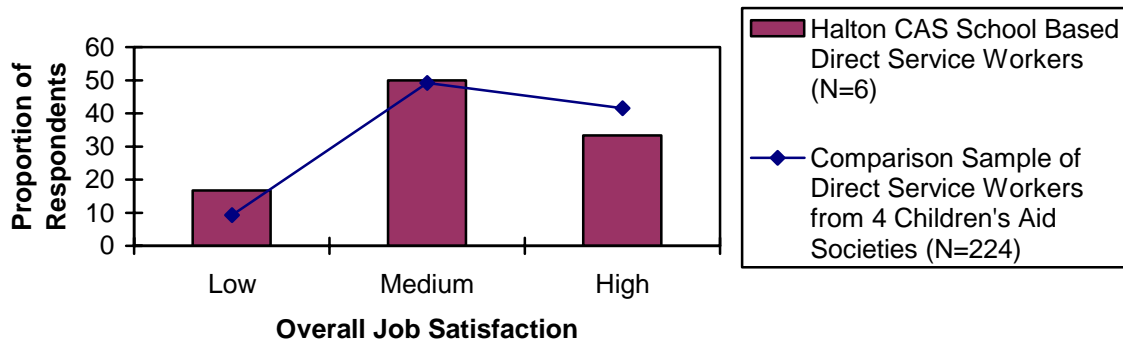


Service providers' sense of personal accomplishment and satisfaction with the work is reflected in Figure 3.0 and 4.0. In Figure 3.0, similar proportions of school-based service providers report low, medium, and high levels of personal accomplishment. In Figure 4.0, school-based service providers are slightly higher represented in the low range and slightly lower represented in the high range. The proportion in the medium range is the same.

**Figure 3.0 Levels of Personal Accomplishment Among Direct Service Workers**



**Figure 4.0 Levels of Overall Job Satisfaction Among Direct Service Workers**



The Halton school-based service providers' scores for the four areas of employment impact flag some concern. Levels of emotional exhaustion and depersonalization in particular are highlighted as possibly higher concerns than in the mainstream setting.

The scores from the surveys seem to be somewhat in conflict with the generally positive feedback in the qualitative interviews with service providers. However, some of the qualitative dialogue about lack of boundaries, excessive workloads, and high expectations may help to explain why workers reported such high levels of emotional exhaustion and depersonalization and why overall job satisfaction and sense of personal accomplishment scores are not higher.

In interviews, Halton school-based service providers made reference to the frustration of large amounts of paperwork in a job where there were fewer boundaries and where they were constantly needing to interact with people. Much of the documentation stemmed from the child welfare role with its heavy paperwork obligations. School-based family services workers elaborated on the unique challenges of the job presents in completing large amounts of documentation. Logistical and technology problems that exist off-site were also mentioned by two family service workers and a supervisor as an added stressor and barrier to completing

documentation. The following quote from a front-line staff highlighted some of the issues with documentation:

The paperwork is really a hassle. And the- I'm talking CAS paperwork here, right? And getting it- it sounds simple and it sounds like you know what, you can do it, but you can't do it in the school system cause when you're there, you're there. I mean, it doesn't stop... There's always a knock on that door, so it's not like during the school time can you really get that paperwork completed... and it's also too in fairness, it's being off-site, the computer system (Yeah) because it's not always running. It's not- in terms of-of the information getting on this system and getting transferred over to you sometimes there's a bit of a delay there.

Survey results also suggested that the Halton school-based child welfare service providers spent almost as much time on paperwork as child welfare staff at other locations and in other agencies. Halton school-based service providers' perceptions suggested that only about 43% of time was spent in face to face contact with children and families and about 58% on documentation responsibilities. In comparison, our mainstream sample of front-line service providers reported about 40% of their time was spent in face to face contact and about 60% on documentation. Table 2.0 illustrates these figures.

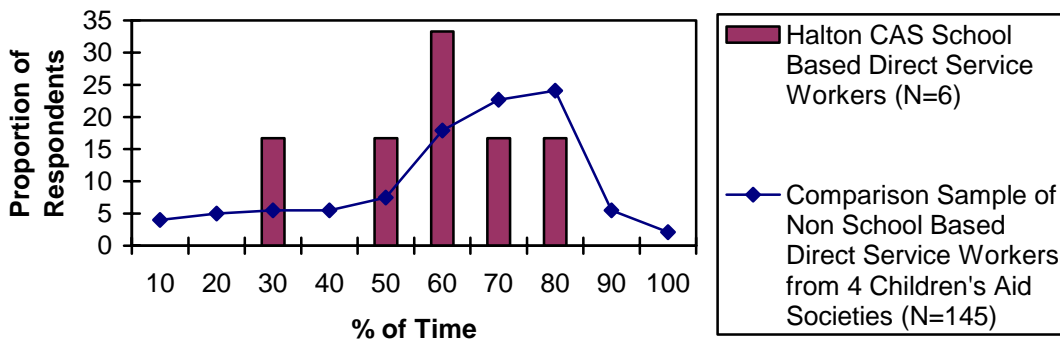
**Table 2.0**

	What % of your time do you spend documenting your work with (or on behalf of)service recipients?	What % of your time do you spend in face-to-face contact with service recipients?
Halton	57.5% (N=6)	42.5% (N=6)
Sample of non-community based DSWs (2004)	60.5% (N=145)	38% (N=145)

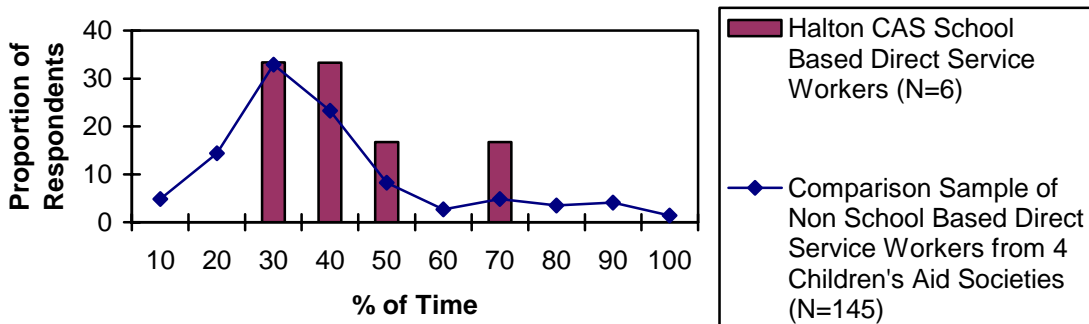
Figures 5.0 and 6.0 illustrate high, medium, and low groupings of the responses. Note that these surveys are based again on the report of 6 out of 10 front-line staff (60%) of the team. Halton school-based service provider scores on perceptions of time spent on documentation and

time spent in face-to-face contact were clustered around the middle of the range seen in scores from across the mainstream settings. Overall, Halton service providers surveyed perceived they spent just slightly less time spent on documentation and slightly more time spent in face-to-face contact than the service providers from the mainstream settings.

**Figure 5.0 Perceptions of Time Spent on Documentation**



**Figure 6.0 Perceptions of Time Spent in Face to Face Contact with Families**



Despite the multiple concerns raised about the challenges of the School-based family services worker role, workers spoke very positively overall of the program and their strong belief

in the importance of the school-based model. Workers reported that they found many aspects of the work fulfilling. Statements from four different front-line service providers illustrated this:

It's the most fulfilling program that one could ever be involved in.... you're dealing with every facet of child welfare, you're doing the prevention as well as the intervention. Um, it-it's just, I-it's- to me it's the way we all need to go, is to work in a community.

I think that I'm definitely more effective in my job in being with the school-based program. And I feel like I do make a bit more of a difference being in the school-based program than I did when I was at intake.

...I think that's the way child protection work should be done, um, that it's so much more- you can just do so much more and make- and it's so much more a positive experience for yourself as a worker, and as well for the families to be in the school and, um, to be in the community.

I love it. I really do. I can't imagine going back to just doing you know, intake or ongoing. And if I did go back to do that, I think I'd be, I'd do my work much differently than I did before I came into school based.

It should also be noted, however, that two of these workers had indicated that were planning to leave their positions and the agency in the near future.

Front-line staff and supervisors said that the roles in this innovative program can be both very rewarding and very challenging. In terms of finding a balance, while workers did talk about trying to prioritize and set limits, this was not easy and a lack of time for documentation, lack of breaks and adequate time off for recovery seemed to be major concerns.

### Building Bridges Through Relationships

#### *A Relationship Based Approach*

Supervisors and front-line staff talked about the importance of relationships in their school and community based work. One staff put it as, "We all know relationships go a long way." Some of the sub-themes to this relationship building were increased visibility, more intense relationships, less formal approaches, and greater accessibility. In the language used to

discuss the school-based model, there was much emphasis on the building of relationships, whether with children, parents, school staff, other professionals or in the community at large. A supervisor states that:

one of the main purposes is to, um, build relationships, um, both internally, meaning in the school system with the students and families and the community, the broader community.

A greater presence and visibility of child welfare workers in the school setting and the surrounding community was described by service providers as facilitating the process of relationship building. Quotes from two school-based family services workers illustrated some of the ways in which child welfare was made more visible to the community as well as more transparent in practices:

...and I mean, in terms of visibility, I-I believe extremely visible in the community just because of the, um, the partnerships that-that we've made in terms of other committees that we're involved with. Um, and with, uh, having the coffee hour right in the community and again not all of those families may have been, uh, Children's Aid families in the sense that protection, so there was a blend of different kinds of families there. So people know, excuse me, who we are and what we do...

I think with the families in the schools that we're at, we are, we're far more visible. I think we have a much more positive image. We're a lot less threatening. I think, again, I, I talked about the transparency of our decision making for people in the community. And when you think of people in the communities, like teachers and principals are people in our community. And they're parents in our community. And then they go home and talk about it. So I think that it has been very positive. It, I think it has achieved our goal, although I don't know if you ever totally achieve that goal, but of improving our self image.

Front-line staff and supervisors believed that community visibility goes a long way toward achieving the goal of improving the image of the child welfare agency. Some statements from child welfare staff summarized the belief that the community model has made a significant difference in the image of the child welfare agency:

...well I think it's, I mean up here in this community, I think it's dramatically changed the, their perception of the CAS. I think we're seen as far less threatening.

I would say definitely the perceptions of the community and even the staff in the school have changed dramatically in the course of the three years.

Service providers talked about the greater depth and effectiveness of many of their working relationships. Family services workers talked very positively about their relationships with the children. For example:

...seeing the kids every day is huge. I love that. And seeing, um, like I said, in terms of the assessment piece, really seeing I think much quicker the changes that families can make because of the fact that we have I guess such an intense involvement at that point.

Intense involvement with families was seen as beneficial. Here a worker compared relationships with families working from the new model to the traditional child protection model:

...a number of families now, and-and some of these families have had, um, years and years of a negative relationship with the agency, um, it could be court cases, it could be just, um, the involvement that we had and why we were involved. With us now being in the community and-and those families seeing us every single day, whether they're passing us in the hallway because they dropped their children off at school, whether they see us because we're visiting another family in the community, that really changes that negative view that people have. And I think that is such a key part to the success of this program. And to the success of people realizing that Children's Aid involvement doesn't have to be negative or intrusive.

Child welfare staff talked about how the school-based model and the relationship-based approach could lead to what may be perceived by families as a less intrusive approach. Here one family service worker talked about this sense of being less intrusive:

I think just again, being here in the school allows you to do things differently, or at least more comfortably even, I find, than, than I, I felt, you know, being back at the main office, I felt I was far more intrusive you know, there than I am here. And I might be doing the exact same things, but it's because they, they know me in the community, that things tend to, to play out different.

Another quality of the more intensive relationships with individual children, families and community that was highlighted was that workers were able to extend themselves and go “above and beyond” in ways they might not have in a traditional model. One front-line staff gave the example of:

...where sometimes again, in a traditional role, we would just give the phone number and our expectation is that you're gonna follow through. Um, where we do, uh, I guess a little more hand holding in the-in the sense here.

Service providers described an informal way of working which included such things as a less “corporate” office, a more hands on approach and more flexibility in working style:

I think in general it's-it's been viewed as more of a positive relationship by the-the families and the children that we're involved with. I think it's not as threatening ...there's more of an informal-, um, -ness about the whole program. It's more- it seems to be more hands-on and more, you know, what can we do to help you, and they seem to trust that a little bit more. So the ongoing workers seem to have really excellent relationships with their clients for the most part.

Another significant aspect of relationships that was highlighted was the accessibility of family service workers that occurred both because of the location in schools as well as a program philosophy of making themselves more available to the community:

So the school-based workers we found are able to, um, with a lot of the parents- they form a- quite a friendly supportive relationship with them. And so that the parents can sorta drop in if they need to or want to. You know, or if they have a question about something and the file doesn't have to be open.

Service providers described being much more accessible to families and school staff than they would be in a traditional model:

They don't book appointments the same as they do in an agency...so they're- they're at your door.

...the flexibility of being in the community allows you to react immediately, where I'm not having to drive for fifteen minutes to see a family. Um, they're here and there's that safety net for them as well- that, and if they want to come and see me because they have something to do, they can do that as well. Um, so a lot of the time you will have people just dropping in without an appointment and



that's okay.

Service providers did mention some limitations to availability with being off-site at times and with multiple demands on their time. Also, constant availability, while it was described as beneficial to parents and community members, was a source of pressure for service providers.

Two family service workers reflected on the difficulty of working with such high accessibility:

I guess the-the ongoing, um, door-knocking, phone ringing, um, because you're always available. So that sorry-that on feeling all the time where you don't get an off feeling, um, sometimes, um, the expectation is- and it-and it can be from teachers or parents is that you are gonna have the answer to every single question.

...if you don't answer the door, they page you in your room, and then they page you all throughout the school....They find you.

These comments, coupled with the previous concerns about not having enough downtime or time for documentation illustrate the challenges of high accessibility. Furthermore, the intensity and time commitment of relationships was part of the dilemma of having too much to do and the difficulty in setting limits discussed earlier.

Ultimately, child welfare staff felt that the school-based model with its relationship-based approach built greater trust with children and families. One front-line staff commented:

More trust means less fear. ...you can drive over to a-a neighbourhood and, you know, the kids know who you are or families know who you are. And that- being approached is, I think, a level of comfort and confidence and support for them as well, um, as opposed to 'oh no, there's that black van, it's the Children's Aid. Run the other way.'

And another front-line staff talked about how more trust can lead to greater cooperation:

...and if we do have to open it as a CAS, when I go into the home the kids are always like [Interviewee]!' you know? And so there's a comfort zone there and there's a trust element, and that- sometimes that's difficult for the parents because it's like 'damn it' you know? They like you. And so that can be, you know, initially a derogatory comment, but-but then you know what, they tend to get on board quicker. And work with you.

Along with trust can come greater self-disclosure from children as suggested in this quote:

I think if even just in terms of the children themselves- the self-disclosure that are coming forth or students will come and say ‘you know what [Interviewee], I need to tell you about my friend.’ And so the sense of- of who you are and the trust that they have in you to be able to take that-that step, knowing that we may need to intervene in a very intrusive way or maybe not.

Child welfare staff also highlighted the importance of relationships with other service providers in the community. Three family services workers and two supervisors described these relationships as enriched, compared with their experiences in the traditional model. One family services worker described no significant change, however, unlike the staff who commented on positive change, this family service worker was not involved in any committee work in the community. The following quotes describe the family service worker experience of enriched relationships with community players:

I’ve heard really positive things from community professionals that we’re working with. Because now they only have to work with one person, or two people, versus, you know, all of the intake team which might be fifteen people. And so you know, they, there’s, you develop a, a much better relationship, a working relationship with the community professional.

...with it being our third year here in the community, um, whether it’s agencies, whether it’s police, um, a number of people are aware that we’re here now. So people will call us now. Um, and I think that’s again a very different change than the traditional worker, um, whereby people are still a sort of afraid to phone the main office, they’re comfortable phoning here because they’ve- they’ve either worked personally with me or they’re aware of a family that I’ve been involved in.

Child welfare staff also made reference to the importance of relationships with school staff. The family service workers interviewed have been in their schools for one to three years and over this time they have built relationships with school staff. While there may have been some challenges in some schools in the beginning, current relationships with school staff were described as positive and cooperative. The following quote illustrates how one family service

worker felt connected and welcomed by the school staff, “I’m seen as part of their staff, I’m invited to, you know, extra-curricular activities with their staff. I am, uh, you know, I’m I am part of – and they really make me feel part of the team.” The same worker talked about the benefits of, “that development with the – relationship in-between the staff and ourselves where they feel more confident and comfortable talking to a CAS worker. So they’re more open to talk to you about things more freely.” Another family service worker described her working relationships with school staff as:

...they view me as-as-as part of their team, um, as somebody that they can come and bounce ideas off. Um, but at the same time do the duty to report every year, so, um, teachers are aware of what their duties are, and for a lot of them that’s been, um, really, really good information, whether they’re a new teacher or an experienced teacher only because the rules have changed in terms of how, um, you know, professionals are to report to us.

And another family service worker commented:

I think there’s an improved CAS education relationship, and a greater understanding of their child welfare and education services. I think we’ve really developed a positive team with the community, in terms of approaching child welfare. And I think just the increased exposure to each other’s professions, has resulted in a, a more trusting relationship I’d say, between the education and child welfare system.

While school relationships were described as having been strengthened, relationships with others in the CAS on the other hand were described as much more distant and lacking. Isolation from agency support was identified as a consistent concern by both supervisors and front-line staff. A supervisor talked about the challenges of bringing together a team of school-based workers. “Yeah, so, so and because they, they’re not very connected, their team, they’ve developed team relationships in their schools, when you pull them together, and you’re trying to really encourage their sense of team. That has been my biggest challenge I would say.” And a front-line service provider described it as.” In terms of lessons, I think it’s important to, um, to

maintain the connection between ourselves and the agency. I think because the job can be isolating, sometimes you almost forget who you're connected to because your-your-your life becomes the school." School-based family services workers acknowledged that they felt very much on their own in the school setting and were unable to consult with other CAS staff the way they would in the traditional setting. This family service worker summarized her feelings about this isolation:

It's a bit isolating sometimes being the only social worker in the school, and not having the luxury of at the main office having your co-workers for support, you don't have the same, um, element of that at the school because you are by yourself and, um, all information is confidential so you certainly can't, uh, share that with anybody at the school. So- you do, um, it is a bit isolating, that took a while to get used to that.

Family services workers talked about using their supervisors by phone for consulting, as well as the fact that they had individual supervision and team meetings on at least a monthly basis. However, a definite loss in terms of the support of the child welfare team was identified. It was also noted by a family service worker that there was a deficit in supervisory support around the school counsellor role: "And even the school based issues, the school issues, I find that there's not a lot of opportunity for consulting with a supervisor on those issues... So there's not a lot of consulting around school based issues, which I would like to see more of." Supervisors also noted that they could not offer the family service workers any in-depth support. In reference to supervision of the school counsellor responsibilities, one supervisor described, "there's virtually no training in it. They get the job, they're just expected to know it. And, you know, so they turn to me, and then I'm expected to know it." Even though many of the front-line child welfare staff talked about very positive collegial relationships with school staff, there was little reference to the school team as support. One supervisor commented that, "their role, their function, is so different from teaching staff obviously,...I think if they were hired on as a straight school social

worker, their support group would probably become the other social workers in special services at the board of ed...”

### *Fitting in With Larger Systems*

Child welfare supervisors and front-line staff made reference to some of the challenges of working within the two large systems of education and child welfare. Child welfare staff indicated there was some resistance in the beginning from the education system:

I think initially there was, on the behalf of, I know even the principal and, and some of the teachers, a real concern about a Children’s Aid Society worker being in their school. Worried about kind of the perception of that in the community, how would they perceive that, why is our school targeted... I think they were definitely cautious in the beginning. But I’ve seen it, I mean a turnaround completely to the point you know, where they, they definitely recognize that this is an excellent program and that this is, you know, that it definitely makes their life easier too....And I think the fear that parents, the parents were gonna react negatively to it, didn’t happen.

...we had one school we withdrew from the first year, because the principal’s philosophy was that CAS had no place in the school.

Supervisors identified issues related to lack of resources and particularly inadequate space in the schools:

the office space has been another fairly large issue within the-the school because there, you know, across the board there’s-there’s all-all a variety of different, um, space- office space and some is great and hasn’t been an issue, and other has been quite terrible.

Supervisors also identified access to board resources as being complicated by the fact that family service workers were not officially board staff. For example, “it took a lot of time for something like that to, um, allow access to the (resource) library. Sounds easy, but it wasn’t, you know, there had to be special code...” The overall message from supervisors seemed to be that there were a lot of issues to work out when working with a different system.

There were reports by several staff of starting their job in the wake of negative feelings about school social workers or child and youth care workers being moved. However, they also reported that fortunately these feelings were quickly overcome:

Certainly in the beginning, there were, um, some very strong feelings from the school board because, uh, we replaced some of their school social workers. So as far as, um, you know that group in the beginning of the- of board of ed staff, with, uh, social workers and CYWs or CYCs in some schools, um, there was a lot of hostility that needed to be sort of worked through, uh, because they reduced their compliment of staff and we started to increase over time our program...

Supervisors also reported some hard feelings on the part of the main CAS office initially, with the intake department having to endure significant turnover. One supervisor described:

And so what we did was we left intake in a horrible situation. So from a, a thing that politically was already not being encouraged, and there was some bad feelings about, now we've left, mainly intake in a real lurch with limited staff members to do their job. So there were a lot of bad feelings, and then on top of that, you take the visibility piece and we got a lot of backlash about that the workers weren't out there doing their job, I wasn't out doing mine, I was, you know, I was at Walmart. That kind of, that kind of thing. We had, we had a lot of, a lot of- ..Mistrust, because they couldn't see us....because supervisors traditionally are in the office.

The above quote suggests mistrust can develop when the school-based work is not visible and not understood by the main office. Here one child welfare staff talked about how the program is now better received by both the educational and child welfare personnel; however, she suggested that more understanding of the school-based role was still needed:

It's, it's much smoother now. I think we know certainly, our role and what we're doing. And so we're a lot more confident around that. The school, the schools, we have a very good reputation and we have schools requesting us. Which I think is really, really good. Internally, I think it's viewed to be a positive program. But still some inklings that we're not pulling our weight a lot. From the protection angle. So there's still a lot of that, I think people, until you do the job, I really don't think people understand the pace of the school year, and we certainly didn't. When we first went, went into it. And how exhausting it is for people to wear the hat that they wear. And to slip role to role, and to be everything to everybody. I think that it's very hard on the staff, they get very, very emotionally and

physically exhausted by this time of year. And there's no concept of that to people who haven't done the job.

Another family service worker described the experience as, "you do sometimes feel like you're not-you're not fitting in anybody's box anymore."

Inter-systems issues took some time to work out. A front-line perspective child welfare service provider commented on the learning curve for front-line child welfare and front-line education staff in terms of understanding how each other work, "a learning curve for both of us, like I say, because we both work under very different acts, um, we both work under very different rules..."

Overall, the inter-systems tensions were described as improved. Still, some tensions continued. In terms of alleviating some of these issues, supervisors reported that the committee work they were involved in at the management level had been very helpful:

And so just the pooling together at the management level has been huge. Because in terms of bridging a lot of conflict and misunderstanding. Again with, with pooling everyone together. So I think that that has worked well, and it filters down to the front-line level.

### ***Summary of Feedback from School-Based Service Providers***

Service providers identified a variety of benefits to the school-based model of child protection including: a more proactive approach, increased resources for children and families, and enhanced service relationships. Some of these themes mirror themes raised in participant feedback, for example the broad array of resources available to children and the enhanced relationships with children and families.

The school-based service provider's job was described by staff as a complex one that brought with it qualities that enhanced the work but also some significant challenges in terms of

balancing the multiple roles and added demands of the job. The challenge of working within two larger and differing systems was also highlighted as both a challenge and an opportunity.

### *Feedback from Collateral Informants*

Feedback from the four school principals interviewed was quite positive, even though there was reference to initial reservations. Principals unanimously expressed support for having the school-based family service worker in their schools. Some of the themes talked about by principals included the family services workers as an added resource and partner, the growth of trust and comfort level in working with CAS, and the consistency and immediacy of response that came with the model.

While several principals stated that they were initially unsure and apprehensive about how the program would fit with their school, they said that over time they saw the added benefit of the dual role of the position. One principal's words were, "I had my reservations early on, not because I didn't want support, I wanted support and we needed, needed it here. And, but, but very quickly I discovered that any of the reservations I had were not well founded." There were some initial concerns on the part of some principals in terms of how community would respond. In the following quote, a principal described his surprise that there wasn't more resistance from CAS involved families:

I was quite amazed actually at the very beginning, the parents who have had dealings with CAS on an ongoing basis, were quite happy to have her here, they weren't concerned that it was going to be a negative at all. That, that, and the most difficult cases, like I said earlier, the ones that I thought, oh, they'd be afraid of the CAS, you know, but they, they were very, obviously they, CAS had done some work with establishing a relationship with those families.



This passage and other comments from principals indicated that they thought the common response from involved families has been quite positive. When asked about any community resistance, principals did not report any significant concerns.

Another issue initially was that school staff such as child and youth care workers had to be displaced and, according to several principals, this required an adjustment. However, these principals contrasted the role of the school-based family services worker with previous specialized staff and identified the family service worker role as broader and thus having added benefits. For example, one principal reflected, "[the family services worker] tends to work much more with the families. So while she sees the child, her emphasis is much more on the whole." And another principal said, "She's used to being resourceful, much more than a social worker in my other settings would have been." A third principal noted that, "The, the expertise that she has, which is, which would be different, than the, the expertise of a CYC."

Principals expressed positive feelings about school personnel's relationships with child welfare staff and having a school-based family services worker. The word partnership was often used to describe the school's relationship with the child welfare service providers:

Yeah I think the goal is to, you know, to ensure that each child has the best possible environment and that he can have, and I think by working together, is, it's, it's really, I mean it's truly a partnership. And I think the whole concept is, is wonderful, and it does work. It works very well. At least it has worked here. It's just a, given us another dimension, another source, another source to, to draw from, to help kids be well.

Principals talked about the family services provider as an added resource for their schools. They saw the service provider as a helpful resource for teachers, parents and community. In reference to families, one principal said: "I think they see her as a huge resource. She went out, and, it's difficult to sustain, but she was running some parenting sessions every

Friday...” Principals also talked about both practical and clinical resources provided to children and families. For example, another principal stated:

...she’s got some counselling support for families. Run by CAS at their location. She can put pressure on the medical system, so a GP says I can’t see you for three weeks, [the Family Service Worker] calls, I’m the CAS worker, and you need to see this person much earlier than three weeks. So, you know, that kinda thing, she’ll do for us. She’ll advocate with diversion, a number of students are on diversion. So she’s a huge resource to us with the police.

As far as supporting school staff, principals often talked about “collaboration” and “consulting” among themselves, the teachers and the family services worker. In one principal’s depiction of the relationship:

They collaborate with her, they often will go to her and talk about situations with a child whether it might be, an example would be, maybe lack of a lunch, or that type of thing. And [the Family Service Worker] can then make a contact with the family, so they see her as a support to them. And those, she’s really established a wonderful rapport with staff. She’s seen as a staff member. We don’t see her separate from us, she’s included in all our staff functions, like I say, she will come to our staff meetings, she’s involved in our social events, so she’s certainly a part of the, the staff.

Another principal commented on the benefit of the information resources the family service worker brought:

Right, so she brings us a lot of information about the community. And teachers are so grateful for that, because again, it impacts on our students. There was a situation recently where there was a student involved with inappropriate sexual behaviour outside of the school. And it was brought to my attention, and [the Family Service Worker] automatically was able to assist with that, because the CAS was involved with the, the student. So, you know, so there’s that support, and teachers feel it, I feel it, and it’s just, it’s really helpful in terms of what we need to do, and she’s able to sort of provide us with direction on how we should approach certain things.

The above passage highlights a recurring theme among these principals of family service workers as sources of support to other school staff.

Several of the principals made references to how bringing in the school-based family services worker has helped the school gain a broader understanding of the “whole child.” Principals referred to the family services workers, unlike staff before them, going into homes and connecting with children and families in a different way. As one principal said, “I mean one of the nicest things about her job is she’s used to going into people’s homes. And she’s not uncomfortable going to their home and inviting people to come into the school.” In reference to the whole idea of a fuller understanding of the child, one principal expressed:

I think that is one of, one of the main benefits of it that we, we have a better understanding of the full child. Often in a school setting, you know, you’re children come to you day in and day out, but we don’t know what’s happening in their home life. And you know, it, it’s unfortunate because some of them are carrying with them deep, deep difficulties, and to be able to function on a day to day basis, is extremely challenging for them, and it’s just so wonderful that we are able to be compassionate with them, and to understand what they’re, what they’re going through. And also for them to know that right on our site, there’s someone that they can speak to that knows their family, and knows their situation, knows their history. If they’re having a, a difficult day, that type of thing.

Different principals also referred to a variety of initiatives that resulted from a collaborative identification of needs between the school staff and the child welfare professionals:

Depending whether, like we identify our needs, for example she’s done an anger management group.... She’s also done, we, we, we have a focus on anti-bullying, for the last couple years we’ve done that. And CAS Worker was actually, was very instrumental in, in getting it going.

If she sees a need, she’ll step up and do that. She’s helped us set up some evenings, sessions for parents. Some parenting sessions. Our school council has done that, and CAS Worker has helped us identify families that we would like to bring in. She’ll go to their house, she’ll drop off an invitation, or a free ticket to attend.

Principals also talked about the school-based family services worker as an added resource in the larger community. One school principal stated, “the whole school community feels the support that she’s able to offer.” Another talked about how the fact that the family services

worker provided the opportunity for some of the community development and empowerment that they saw as needed:

Helping them help each other. And that's one of the big things we were trying to talk about. And that's one of the initiatives I saw, that in my other school, really, really well. Was the community taking ownership of the problems. And having some key players in there that would help other parents who were in distress. And sometimes it would be liaising with the social worker, sometimes it would be saying, you need to be on this, sometimes it was just looking out for other children. And that really worked well.

The theme of increased trust came out clearly in much of what the principals said about the relationships with the child welfare service providers. Principals talked about more positive views of child welfare by teachers, parents, and community through the new approach. In reference to teachers, one principal commented, "I think it's developed a more trusting relationship. Trust in each other's professional judgement." In reference to families and community, another principal reflected:

I, I don't think there's a, as much as a fear, I think in this community, because of [the Family Service Worker's] role in our school, and I know at [two neighbourhoods] and, and they're actually in the community, it's like it's amazing the amount of time they'll be spending over on [two streets] where a lot of our families live, and they're known to all of the people in those buildings. And they're very comfortable with welcoming them into their homes, and they know who to go to for help, and I, I think the comfortability there is better than it may, would have been if they weren't involved in schools and with the families as a family based worker.

In the following quote, a principal compares the present relationship to past dealings with CAS which he described as being less than satisfying because of the lack of communication and follow-up. In his words:

Well, Children's Aid in the past. I have, I had some really negative experiences. ...sometimes I've waited three weeks before they'll move on a situation. So, the other thing is too, a lack of communication. CAS may be doing a pile of work that I never knew about. And it may be very productive, or they may be working at a totally different tangent than we were working as a school, because nobody spoke to us. So communication would be a key one. With [the Family Service

Worker] involved, and she keeps me updated. And you know, that doesn't mean to say she shares every detail with us, but she, she, she does say, well this is being worked on, or So and So's looking into this. Or they started to place somebody somewhere.

Three principals identified appreciating the fact that they only had to deal with one CAS worker as opposed to a different one every time they had to report a concern. One relayed:

I know the principal before me, said to me before there was a CAS worker, he'd have, but see that board there? It was filled with CAS cards, because of the amount of times you'd have to call the CAS, and every time, there would be a new worker coming in-

Another principal talked about the benefits of familiarity:

Well instead of making the phone call, we, it's more, it's face to face. And when we make the, the phone call, it's, it's a different person that we speak to that doesn't know and appreciate necessarily the whole history and the context. And doesn't necessarily know the students. So, so there's more of a familiarity and comfort level.

The relationship between familiarity and trust is indicated by a third principal who stressed:

...when having to call the Children's Aid Society as a, a principal or vice principal, or even as a teacher, it, it's nerve wracking. ...You call to consult, you're speaking to a person on a line that you don't know, and it, it's just, you, you've lost sort of that, like here I, there's no doubt in my mind that I would, any staff member would feel comfortable going to [the Family Service Worker] and saying, you know, a child shared this with me, or what do you think about whatever. So there's that comfortability there, and, and more willing, I think willingness to be able to, to talk to her, because she's right on site and they, they have that comfort level with her.

Two principals also talked about favouring continuity in the worker who is placed at the school and how they would like to see the same worker stay for a number of years. One principal identified "a learning curve" and the "importance of established relationships" and further stated "...continuity is really, really important," while another principal emphasizes that "you need not just the continuity of the position, but you need the continuity of the person in the position."

Accessibility was another recurring theme in principals' feedback about the model. All four of the principals commented on appreciating some aspect of the school-based family services worker's accessibility to themselves, staff and children. Accessible and flexible support to families was appreciated in this example:

I mean if she needs to be there at seven in the morning to make students get up and come to school and show a parent how to get a student ready to school, she'll do that....If she needs to go there at eight in the clock at night, 'cause the parent's avoiding her, she'll be doing that. So she brings a whole different perspective I think a lot of the things that I mentioned to you have been strengths of the program. The, the immediacy of response...

Also, there was frequent reference to the immediacy of response that went hand in hand with accessibility. The following two examples illustrate this point:

...it's expedient. I've called CAS in the past, and waited a long time to get a response. Whereas because she's here and she can see what's happening, and why we think it's critical that we have some direct and immediate intervention, then we get it done. Sometimes we've waited two and three weeks. And you know, the urgency and immediacy, well sometimes the student falls right off the tracks-

And your question about the relationship, I would say has been outstanding. Because we had some immediate impact, an immediate follow up, an immediate consultation. And it was a support, I noticed it immediately of support to the principal and vice principal of the school, for teachers, and, and then also for students, to have that immediate type of interaction and support as well too. We also had, noticed an immediate impact with her relationship with families. And, and to have the FSW in the school, that has helped us as a school to respond much quicker to situations, than we would have otherwise. Also we've had, the relationship, well we can put something in place more long term, where the school is doing something for the students. Or for the family or both. And, and it's done more in cooperation and in conjunction with the CAS, and things are being done at home.

In terms of how the program can be improved, the most significant piece of feedback seemed to be that at least some schools could use more family services worker time. One principal states, "I'd like two of them, two goods ones, 'cause I've had CYC workers who don't take the initiative, and just I thought, you might as well not have them. But [family services

worker's] very, very good, and even though she's very, very good, it, it would have been beneficial to have, to have more of her." Another principal suggested that increased time with the school counselling part of the position is needed:

...I definitely see the need of having more than fifty percent school. If you wanna look at seventy-five percent, that would be a little more reasonable, much more reasonable I, I would see. Because of the needs, yet in other schools there, there may not be that, that need. But, but here, definitely. That's why, that's why the, the worker's here in the first place.

Finally, one principal cautioned that, while the model works very well for his school, it might not be equally appropriate for all schools, "I'd have to say that this is not a model that should be used in all communities. ...Because the types of issues that you have wouldn't need the interventions of protection agencies, or community resources." In each of the four schools where principals were interviewed, the principals expressed that the program was a good fit and was working out well.

## Comparisons with the Previous Research

The Halton School-Based Child Welfare Model differed in important aspects from the patterns in mainstream child protection services described in our previous studies. First, the profile of families receiving service in the school-based setting was quite unique possibly reflecting the school settings and the dual roles of service providers. Second, the level and range of assistance, the focus on providing assistance directly to children, first contacts, child placement experiences, and relationships between service participants and service providers, all appeared qualitatively different. Third, while service providers highlight many of the same employment challenges identified by mainstream child protection service providers; unique benefits and stresses of working within the school-based model also were identified. Fourth, parents expressed dramatically higher levels of satisfaction with their families' involvement with the School-Based Program than in our prior research involving mainstream child protection services.

Data about family daily living realities reveal that the school-based program sample as a whole has more resources than was the norm in mainstream child protection studies, including greater access to economic resources and other sources of support. Families struggling with a broad range of personal, family, social, and economic problems were substantially less prevalent in this Halton sample. Coping with children with serious emotional and behavioural difficulties was a major sub-grouping in our earlier child protection research; however, it described almost every family in the Halton sample.

Our previous child protection research identified a relatively narrow range of services typically offered families in mainstream child protection settings and suggested that many interventions were not particularly congruent with the realities of families' lives. In particular,



our previous research confirmed that child protection interventions substantially focused on parents, mothers in particular, with an emphasis on a standard package of legally mandated programming for mothers and fathers. The lack of direct assistance for children was identified as an important concern. In contrast, in the Halton school-based model, the evidence from parents was that a useful spectrum of treatment and supportive services was available for children and youth. Service providers saw this as a child-focused model. Parents were particularly happy with the support in schools for their children and with assistance accessing community resources for children. They also described many more positive helping relationships between themselves and school-based service providers than parents in our earlier child protection research. There was some evidence of a moderately more varied range of services available to families and this assistance was generally seen as more helpful than in our prior child protection research.

Our previous research shows that first contacts with child protection services were often frightening and highly intrusive events for parents. First contacts also were stressful for families in the Halton school-based sample. However, first contacts were seen as less coercive (e.g. no police escorts) and less intrusive (e.g. no immediate involuntary removal of children) than in our mainstream research. In addition, there were significant positive shifts in most parents' perceptions of child welfare following first contacts not apparent in our earlier child protection research. School principals also thought that community perceptions of child welfare have improved because of involvement with the School-Based Program.

Our previous studies underscored the value of cooperative relationships between service providers and service participants in child welfare. However, mutually agreeable relationships between service providers and mothers were clearly the exception rather than the norm in most settings. In stark contrast, for the Halton school-based sample, almost all of the parents

described positive and appreciated relationships between themselves and the school-based service providers. Parents were especially positive about relationships between the school-based service providers and their child “in difficulty.” Parents, service providers, and school principals saw the school setting as supporting the development of positive helping relationships.

It also was striking that all of the child placements in the Halton sample were voluntary; there were no immediate involuntary apprehensions or court ordered apprehensions. The negotiated, collaborative nature of placement decisions was in marked contrast to patterns in our earlier research. We also noted that in several instances service providers changed their minds about placing a child after conversations with parents. All of these patterns differ substantially from findings in our prior child protection research. However, parents’ satisfaction with having a child placed at Halton was consistent with our earlier research involving families coping with children with serious behaviour or emotional problems. On the other hand, a critical difference from our prior research was the capacity of the service providers in the School-Based Program to recognize and respond to families with “challenging” children. In other settings, our research highlighted high frustration among families trying to have their circumstances acknowledged and responded to by child protection services.

Service providers in this study had similar concerns about competing demands and excessive workloads and showed comparable high levels of emotional exhaustion and depersonalization as in our prior child protection research. School-based service providers also spent comparable proportions of their time documenting their work. Balancing multiple roles, higher levels of accessibility, and additional expectations were seen as unique sources of stress in the school-based model. While service providers talked a good deal about the aspects of their

jobs that they found satisfying, the survey results did not show higher levels of job satisfaction than found previously for child protection service providers in other settings.

A frequent complaint of parents in our prior child protection research was their inability to connect with their family services worker either by phone or in person when they needed help. Also, many of these parents stated they would not or would be very ambivalent about calling the child welfare agency for help in the future. Again, in clear contrast, the school-based workers were seen as very accessible to parents and especially to their children in the schools. The school principals also valued greater accessibility. Higher accessibility was a source of more satisfaction as well as higher stress for service providers. It was also clear that many children were comfortable contacting the school-based workers while they were attending school and most of the parents felt able and willing to ask for assistance from these service providers.

Parents who were unequivocally positive about their child protection involvement were a small minority in our prior child protection research. Most of these parents gave mixed assessments of their child protection experiences with a substantial minority reporting quite negative overall assessments. Service satisfaction reported by parents in the Halton school-based study was dramatically more positive. Thirteen out of fifteen parents interviewed provided positive overall assessments of the School-Based Program.

### **Potential of the Model**

Previous research by the Partnerships for Children and Families Project highlighted serious concerns about the reception of many families by child protection service in Ontario as well as the challenging nature of child welfare employment. The purpose of this study was to gain an understanding of the impact that alternative service delivery models such as the Halton

School-Based Program had on families', service providers', and communities' experiences of child welfare involvement.

Feedback from key informant groups including service participants, service providers and school administrators suggests that the Halton school-based model is meeting many of its objectives and illustrating elements of a more “positive” appreciated child welfare paradigm. In particular, there is evidence that the assistance provided is more welcomed by families, less adversarial and more congruent with family needs than is common in mainstream child protection settings. This model demonstrated in this study a more proactive approach, more accessible and creative service delivery, and enhanced helping and collateral relationships.

From our perspective, in addition to regular child protection services, the school-based model potentially fills an important service “niche” in child welfare, responding to families coping with children with serious behavioural and emotional challenges. This population represents a large sub-grouping of families coming to the attention of child protection agencies. Our earlier research suggests Children's Aid Societies have difficulty recognizing and responding appropriately to these families. A particular strength of this model is providing useful assistance directly to children and supporting their success at school, a vital area of performance for their long term well being. We concur with personnel in the School-Based Program who saw this approach as part of an expanded and more positive conception of child welfare.

Concerns with the pressures and sustainability of child welfare front-line employment do not appear to be alleviated within this model. Indeed, the level of demands on service providers may be higher than in mainstream child protection settings. Solving these employment challenges, whether by providing higher levels of support or by modifying the requirements of the job, seems integral to the long-term viability of the school-based approach. Incongruities

between the philosophy and methods of this model and Provincial expectations and procedures for child welfare also are evident.

Our conclusion is that the Halton school based model illustrates that, even within existing fiscal and legislative constraints in Ontario, it is possible to create a more constructive and welcome approach to child welfare without compromising the protection of children. Indeed, with the level of school and service engagements with these families, it is reasonable to surmise that children are more protected while families receive more assistance. In our opinion, it is very important that this approach be more broadly understood so that others can learn from and emulate these experiences. We hope this research will aid in that enterprise.

## Appendix A: Reference List for Previous Research Reports by the Partnerships for Children and Families Project

1. *Life stories of mothers and child welfare.* G. Cameron & S. Hoy
2. *Good helping relationships in child welfare: Co-authored stories of success.* N. Coady & C. de Boer.
3. *Mothers' everyday realities and child placement experiences.* N. Freymond.
4. *Family talk: Parents and children involved with the child welfare and children's mental health systems.* M. Fine & D. Mandell.
5. *Invisible lives: The experience of parents receiving child protective services (CPS).* S. Maiter, S. Palmer, & S. Manji.
6. *Bridging or maintaining distance: A matched comparison of parent and service provider realities in child welfare.* K. Frensch & G. Cameron.
7. *Siege and response: Families' everyday lives and experiences with children's residential mental health services.* G. Cameron, C. de Boer, K. Frensch, & G. Adams.
8. *The importance of care irrespective of cure: The daily living realities and the service experiences of families with children with complex mental health problems.* N. Coady.
9. *A workplace study of four Children's Aid Societies in Southern Ontario.* C. Harvey, C. Stalker, D. Mandell, & K. Frensch.

To access these and other full length reports, please visit our web site at [www.wlu.ca/pcfproject](http://www.wlu.ca/pcfproject).