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Transforming Front Line Child Welfare Practice: The Impacts of Institutional Settings on Services, Employment Environments, Children, and Families, NON-RETROSPECTIVE TECHNICAL REPORT: Accessible Program and Agency Based Program Parent Survey Results from Case Opening and Follow Up

Karen Frensch

Wilfrid Laurier University, kfrensch@wlu.ca

Gary Cameron

Wilfrid Laurier University, camerongary@wlu.ca

Lirondel Hazineh

Wilfrid Laurier University

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Project:

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

Non-Retrospective Technical Report:

**Accessible Program and Agency Based Program Parent Survey Results
from Case Opening and Follow Up**

Author:

Karen M. Frensch

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

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PREFACE

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

**Accessible Program and Agency Based Program Parent Survey Results
from Case Opening and Follow Up**

Parent Sample

At case opening (Time 1) we interviewed 81 parents receiving accessible program services and 115 parents served in the agency based service delivery model. At follow up (Time 2), there were 58 parents who received accessible services and 80 parents who received agency based services that were interviewed. The average length of time between Time1 and Time 2 interviews was 8.69 months. There was no significant difference in the length of time between interviews for accessible and agency based cases.

Table 1: Number of Completed Parent Interviews

	Case Opening (Time 1)	Follow Up (Time 2)
Agency based parents	115	80
Accessible service parents	81	58

Child and Youth Samples

Parents interviewed also provided information for each of their children’s daily functioning and well being at both case opening and follow up. The collection and analysis of child and youth data were organized into three age groups: toddler (under 4 years), child (4 to 7 years), and youth (8 to 16 years). Table 2 summarizes the sample sizes for each age group at both case opening and follow up.

Table 2: Number of Children and Youth in the Study

	Case Opening (Time 1)	Follow Up (Time 2)
Agency based		
<i>Toddler</i>	89	53
<i>Child</i>	56	42
<i>Youth</i>	97	66
Accessible service		
<i>Toddler</i>	38	23
<i>Child</i>	45	30
<i>Youth</i>	55	48

Youth age 8 to 16 were the largest group of children for which we had information in both program types and at both time periods.

Methodological Note

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

Scores on most outcome variables of interest at both Time 1 and Time 2 were not normally distributed. In this study sample of parents, children, and youth involved with child welfare, outcome scores tended to cluster at the high end of response scales. Higher scores were typically indicative of more problematic functioning on measured outcomes. Accordingly,

non-parametric tests were used to assess both changes over time for groups, as well as differences between groups at Time 2.

Parent Profiles

Table 3 summarizes the demographic profiles of parents in both the agency based programs and accessible programs at case opening. The average age of agency based parents was 34.22 years and 35.44 years for accessible based parents. There were more male respondents (11.1%) in the accessible based parent sample than the agency based parent sample (3.5%). This difference was statistically significant ($\chi^2 = 4.471$, $df=1$, $p < .05$). Slightly more agency based parents (14%) identified themselves as First Nations than accessible based parents (6.4%); however, this trend only approached significance at the .05 level. More than half of all parents were not currently living with a spouse or partner: 58.4% of agency based parents and 51.9% of accessible program parents.

Approximately 50% of agency based parents lived in their current place of residence less than one year while 39.5% of accessible based parents lived in their current place of residence 1 to 3 years. Furthermore, 22.2% of accessible based parents lived more than 5 years in their current place of residence. The differences in length of time in their current residence between accessible and agency based parents were statistically significant suggesting that accessible based parents were less transient than agency based parents ($\chi^2 = 7.85$, $df= 3$, $p < .05$).

Approximately 38% of agency based parents and 30% of accessible based parents did not complete high school. Around 20% of both groups had a college diploma. Total household income before taxes was less than \$20,000 for 45.4% of agency based parents and 33.4% of community based parents. While 28.1% of accessible based parents had total household incomes of \$50,000 or more, only 18.2% of agency based parents reported similar incomes. The differences in total household income between the two program types was statistically significant suggesting that agency based parents were less financially secure ($U= 3566.5$, $Z= -2.005$, $p < .05$).

Table 3: Demographic Parent Profiles for Accessible and Agency Based Program Models

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

* p < .05

Parental Well Being

Parental well being was measured at case opening and follow up using several standardized questionnaires assessing perceptions of stress, levels of depression, quality of life, and sources of support among parents. These questionnaires included:

- Perceived Stress Scale
- Centre for Epidemiologic Studies—Depressed Mood Scale (CES-D)
- WHO—Quality of Life (Brief Version)
- Interpersonal Support Evaluation List (ISEL)—General Population: Tangible, Appraisal, and Belonging Subscales
- Parent-identified Problems and Concerns

The following section presents information on parents' well being at case opening and follow up, as well as comments on any patterns of change over time for each program type.

Perceived Stress Scale

The Perceived Stress Scale (Cohen & Williamson, 1988) was used to measure the degree to which situations in parents' lives were appraised as stressful. The original instrument has 10 items; however, a short version of the scale, containing four items, can be used in studies where the instrument is administered at several points in time. We used this 4 item version in our survey. Scores could range from 0 to 20. At case opening, accessible program parents had an average score of 10.74 and agency based program parents had an average score of 10.73 (Table 4). Both groups saw a reduction in perceived stress over time with agency based program parents experiencing a significant change in scores from case opening to follow up ($Z = -1.973$, $p < .05$). Parents were experiencing elevated levels of perceived stress at case opening; however, levels of perceived stress at follow up were comparable to an average score of 9.86 for a comparison group of 268 respondents recruited from a post-secondary education institution who were predominantly female with an average age of 29.06 (Herrero & Meneses, 2006).

Table 4: Levels of Perceived Stress at Case Opening and Follow Up

	Accessible Program Model	Agency Based Program Model*
Case Opening	10.74	10.73
Follow Up	9.70	9.95

*p < .05 (change over time for agency based parents)

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

Used to measure depressive symptoms in the general population, the CES-D (Radloff, 1977) has 20 items and total scores can range from 0 to 60. A higher score indicates greater depressive symptomology and a score of 16 or above is considered a high level of depression. Parents were asked how often (less than one day a week to 5 or more days a week) they felt, for example, “sad”, “lonely”, “fearful”, or had trouble sleeping or eating. The average score for both groups of parents was just below the cut off for high depression, with agency based parents scoring 15.81 and accessible based parents scoring 15.75 on this measure (Table 5). However, it is striking to note that at case opening 43% of accessible program parents and 39.6% of agency based parents scored at or above 16 which is considered a high level of depression. Average scores at follow up for both groups suggested a reduction in depressive symptoms over time; however, these changes were not significant. The average scores for accessible based and agency based parents at follow up were 14.01 and 14.38 respectively. Approximately 30% of accessible based parents and 36.3% of agency based parents had high levels of depression (16 or above) at follow up. While these proportions were smaller than at case opening, the number of parents struggling with high levels of depression is concerning.

Table 5: Levels of Depression at Case Opening and Follow Up

	Accessible Program Model	Agency Based Program Model
Case Opening	15.75	15.81
Follow Up	14.01	14.38

WHO-Quality of Life (Brief Version)

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

Table 6: Parental Quality of Life at Case Opening and Follow Up

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

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

Accessible program parents reported an increase in their quality of life across all four domains over time with the greatest improvement noted in satisfaction with their living environment. The difference in the distribution of scores from case opening to follow up on the environmental subscale was statistically significant ($Z = -1.968$, $p < .05$) suggesting that accessible based parents were more satisfied with their financial resources, personal safety, and home environments at follow up.

Agency based parents reported increased quality of life at follow up across all domains with the exception of a slight decline in the average level of psychological health at follow up. None of these changes however were statistically significant. Despite these patterns of increased quality of life at follow up for both groups, parents in this study were experiencing far poorer quality of life than a comparison sample of 33 women aged 40-49 in the general population (Hawthorne, et al., 2006). Average scores for these women were 77.5 (physical), 71.1 (psychological), 76.8 (social relationships), and 72.7 (environmental). As an exception, accessible based parents in this study had a higher average score on the environmental subscale than the women in the comparison study.

Parents were also asked to rate their overall quality of life and satisfaction with their health at case opening and follow up. Scores could range from 1 (very poor/very dissatisfied) to 5 (very good/very satisfied) on these individual questions. At case opening, accessible parents had lower ratings of their overall quality of life than agency based parents (Table 7). This difference approached significance at the .05 level ($Z = -1.687$, $p = .092$). Accessible program parents reported significant improvements in their overall quality of life over time ($Z = -2.148$, $p < .05$). Agency based parents also reported improvements in their overall quality of life; however, the change was not statistically significant.

Table 7: Levels of Overall Quality of Life and Satisfaction with Health

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

At follow up, accessible program parents seemed to be more satisfied with their health than at case opening; however, agency based parents reported a slight decrease in their satisfaction with their health from case opening to follow up. None of these changes were significant.

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

Parents were asked to evaluate their sources of support using the Interpersonal Support Evaluation List (ISEL) (Cohen & Hoberman, 1983) which assesses the availability of tangible supports, appraisal support, feelings of belonging, and self esteem. The self esteem subscale was excluded from this study. Subscale scores could range from 0 to 30 with a higher score indicative of greater perceived support. Table 8 shows the average scores for both groups of parents at case opening and follow up for each of the ISEL subscales. Increased availability of appraisal type supports (such as someone to ask for advice or turn to for support) was reported from case opening to follow up for both accessible and agency based parents. Accessible program parents reported an increase in perceptions of tangible support (such as help repairing an appliance or borrowing money from someone) over time, however, agency based parents saw a slight decrease in the average score on the ISEL-Tangible supports subscale from case opening to follow up. None of these changes was significant.

Scores on the ISEL-Belonging subscale increased from case opening to follow up for both agency based and accessible program parents indicating a perception of greater availability of

support from other people. Questions included “when I feel lonely, there are several people I can talk to” and “there are several different people I enjoy spending time with.” At case opening, the average score for agency based parents was 21.92. This increased to 22.66 at follow up. While not large, the increase over time in perceived support and sense of belonging was significant ($Z = -2.053$, $p < .05$).

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

Table 8: Parental Evaluation of Support at Case Opening and Follow Up

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

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

Parent-Identified Problems and Concerns

Parents were asked to identify any problems or concerns affecting them within the last month at case opening and follow up. Areas surveyed included problems or concerns with their neighbourhood, housing, finances, relationships with family members and partners, child care, children's behaviours, adult behaviours, and health. Table 9 summarizes the proportions of agency based and accessible program parents reporting problems or concerns with unsafe neighbourhoods, poor housing conditions, and financial hardships.

Results summarized in the table suggest that a sizable proportion of parents, regardless of program type or time frame, are concerned about the neighbourhood in which they live. Approximately 25-30% of all parents do not believe there are enough suitable things for their children to do in the neighbourhood. Furthermore, around 40% of parents believe there are too many opportunities for children to get into trouble in their neighbourhood. About one-quarter to one-third of all parents also believed that it is not safe to walk around their neighbourhood at night.

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

Financial hardships were a common concern identified by parents, with approximately 30-40% of all parents borrowing money for food or daily living expenses within one month of our interview. Around the same number of parents said they were not able to pay all of their bills within the last month. Approximately one-quarter of all parents reported that they had to ask for donations of food "every so often".

Table 9: Neighbourhood, Housing, and Financial Problems and Concerns

	Accessible Program Model		Agency Based Program Model	
	<i>“True” at Case Opening</i>	<i>“True” at Follow Up</i>	<i>“True” at Case Opening</i>	<i>“True” at Follow Up</i>
My home or building is safe from crime.	75.3%	82.5%	86.8%	76.3%
It is not safe to walk on the streets at night.	33.3%	35.7%	26.3%	30.4%
There are enough safe places for my child or children to play.	74.1%	84.2%	86%	81%
It is hard for me to get to good shopping facilities.	12.3%	1.8%	15.8%	8.8%
It is hard for me to get to medical and social services.	9.9%	7%	14.2%	17.5%
There are enough suitable things for children to do in the neighbourhood.	68.8%	68.4%	74.6%	70.9%
There are too many opportunities for children to get into trouble in my neighbourhood.	38.3%	43.9%	37.7%	44.3%
Our housing is in bad repair.	16%	8.8%	22.8%	23.8%
The building we live in is not safe because of bad repairs and upkeep.	6.2%	3.5%	9.6%	13.8%
Our living space is too crowded.	22.8%	21.1%	28.3%	26.3%
There has always been enough money for our food and our daily living expenses.	69.1%	77.2%	62.8%	67.5%
We’ve had to borrow money for food or daily living expenses.	38.3%	29.8%	40.4%	35%
Every so often we’ve had to ask for donations of food.	25.9%	17.5%	28.1%	26.3%
We have been able to pay all of our bills.	71.6%	80.7%	63.2%	70%

Table 10 summarizes parents' perceptions of support from extended family members as well as serious problems in their relationships with partners. Approximately two-thirds of all parents said that they regularly visited extended family members; and, over 85% of all parents believed that they could count on an extended family member for help if they needed it. At the same time, 35-46% of all parents said that members of their extended family had been a source of stress for them within the last month. Slightly more parents in both programs said that they had too many serious arguments with their partner at follow up than at case opening. Very few parents disclosed that they had been hit by their partner.

Table 10: Problems and Concerns in Relationships with Partners and Family Members

	Accessible Program Model		Agency Based Program Model	
	<i>"True" at Case Opening</i>	<i>"True" at Follow Up</i>	<i>"True" at Case Opening</i>	<i>"True" at Follow Up</i>
I get together regularly with members of my extended family to enjoy myself.	65.4%	64.9%	64.6%	62.5%
Members of my extended family have been a source of stress for me.	35%	42.1%	46.9%	46.3%
There are members of my extended family that I can count on for help, if I need it.	85.2%	87.7%	85.1%	88.8%
I have too many serious arguments with my live-in partner or with a former live-in partner.	7.7%	15.2%	11%	16.9%
I have been hit by my partner.	2.5%	0	3%	4.9%

Table 11 shows the proportions of accessible and agency based parents reporting concerns with health and behaviours at case opening and follow up. In general, negative behaviours such as excessive alcohol use and trouble with the law appeared to decrease over time for both accessible and agency based parents and their partners. Parents' concerns with

their health were similar over time; however, concerns about their partners' health seemed to increase from case opening to follow up.

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

Approximately 40% of all parents reported having health problems of a long term nature (greater than 6 months). Almost half of all parents said they have had to cope with problems with their emotions, nerves, and mental health within the last month. Over 40% of all parents also said that they have had to cope with ongoing physical pain or discomfort. These proportions seemed relatively unchanged over time. At follow up however, fewer parents reported that the condition of their health interfered with work, family, or social activities than at case opening suggesting that parents may have been coping better with these ongoing concerns at follow up.

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

Table 11: Parental Behaviours and Health Concerns

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

Parenting and Family Functioning

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

- Parenting Sense of Competence
- Family Burden Subscale from the OACMHC Scales
- Problems and Concerns with Child Care
- Family Assessment Device

Parenting Sense of Competence

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

Table 12 summarizes average weighted scores on the PSC scale for accessible and agency based parents at both case opening and follow up. At case opening, the average score on the PCS scale was 4.29 for both groups of parents. At follow up, the accessible program parents' average score increased slightly to 4.43 while there was a slight decrease in the average score for agency based parents at 4.26. There were no significant differences between

programs at either case opening or follow up. Average scores remained relatively unchanged over time for both groups.

Table 12: Average Scores on the Parenting Sense of Competence Scale at Case Opening and Follow Up

	Accessible Program Model	Agency Based Program Model
Case Opening	4.29	4.29
Follow Up	4.43	4.26

A comparison of the levels of parenting competence in our study to a random sample of 129 mothers with children age 7-9 years old recruited in a door-to-door survey in a large Canadian city revealed that parents in our study had a higher weighted average score on the PSC (Johnston & Mash, 1989). The comparison sample had an average score of 3.96 on the PSC scale. This average score was slightly lower than the average scores for both groups of parents at case opening and follow up suggesting that parents in our study may have had higher levels of parenting self esteem in contrast to the comparison sample. This difference, however, was not tested statistically and must be interpreted with caution.

Family Burden

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

Table 13 contains parents’ responses for each of the individual questions assessing family burden. Individual item responses are included rather than a total scale score because there was a sizable amount of missing data for this questionnaire. This is explained by several items not being applicable to differing family compositions. For example, families with older children did not answer how often their child’s behaviour made them decide not to leave their child with a babysitter. Parents without a partner did not answer how often they quarrelled with their spouse or partner about their child’s behaviour. And finally, families with no other

children in the family did not answer how often their child's behaviour prevented siblings from having friends to the home.

Overall there were no statistically significant patterns of change from case opening to follow up for either accessible or agency based program parents. Accessible based parents, however, reported modest reductions in the frequency with which they were experiencing family burden as a result of their child or children's negative behaviour. The proportions of accessible program parents reporting that they "often" or "always" did not take their child out in public, quarrelled with their spouse, were anxious about their child's future, and had to forego plans to go away over night decreased from case opening to follow up. This pattern was not as consistent for agency based parents. The proportions of agency based parents reporting that they "often" or "always" were prevented from taking their child out in public and did not leave their child with a babysitter remained relatively unchanged over time. Frequent arguments with spouses and parents' anxiety about their child's chances for doing well in the future seemed to increase slightly from case opening to follow up for agency based parents.

Table 13: Individual Item Responses for the Family Burden Scale at Case Opening and Follow Up

	Accessible Program				Agency Based Program			
	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
How frequently has your child's behaviour prevented you from taking them out in public (shopping, visiting)?								
Case Opening	35.5%	39.5%	17.1%	7.9%	50%	26.9%	15.7%	7.4%
Follow Up	41.1%	39.3%	16.1%	3.6%	50%	26.9%	16.7%	6.4%
How frequently has your child's behaviour made you decide not to leave them with the babysitter?								
Case Opening	69.6%	14.5%	11.6%	4.3%	71.6%	15.7%	5.9%	6.9%
Follow Up	66.7%	13%	14.8%	5.6%	74%	13%	7.8%	5.2%
How frequently have you quarrelled with your spouse/partner about your child's behaviour?								
Case Opening	35.2%	38%	19.7%	7%	46.8%	34%	10.6%	8.5%
Follow Up	33.3%	50%	9.3%	7.4%	34.2%	35.6%	19.2%	11%
How frequently had your child's behaviour caused you to be anxious about their chance for doing well in the future?								
Case Opening	32.9%	27.6%	22.4%	17.1%	40.4%	33%	14.7%	11.9%
Follow Up	40.4%	29.8%	15.8%	14%	42.3%	26.9%	16.7%	14.1%
How frequently has your child's behaviour prevented you from having friends, relatives, or neighbours to your home?								
Case Opening	76.3%	9.2%	11.8%	2.6%	77.8%	11.1%	9.3%	1.9%
Follow Up	78.6%	16.1%	3.6%	1.8%	84.6%	11.5%	1.3%	2.6%
How frequently has your child's behaviour prevented his/her brothers or sisters from having friends, relatives, or neighbours to your home?								
Case Opening	71.4%	19%	9.5%	0	76.2%	16.7%	7.1%	0
Follow Up	75.6%	13.3%	4.4%	6.7%	74.2%	19.7%	6.1%	0
How frequently have neighbours, relatives, or friends expressed concern to you about your child's behaviour?								
Case Opening	51.3%	30.3%	13.2%	5.3%	61.1%	19.4%	13%	6.5%
Follow Up	49.1%	35.1%	12.3%	3.5%	62.8%	24.4%	6.4%	6.4%

	Accessible Program		Agency Based Program	
During the past year, have you had to change or forego your plans to go away overnight because your child's behaviour was difficult to manage?				
	Yes	No	Yes	No
Case Opening	26.7%	73.3%	14.2%	85.8%
Follow Up	19.6%	80.4%	17.9%	82.1%

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

Problems and Concerns with Child Care

Parents were asked to indicate whether or not they had experienced problems with child care within the last month. Results summarized in Table 14 show that about 20% of all parents have had difficulty finding affordable and good quality child care for their children. This did not change much from case opening to follow up. At follow up 41.2% of accessible parents said that it was hard to find someone they trusted to care for their child when they need a break. This was a larger proportion than at case opening, as well as a larger proportion than agency based parents at both case opening and follow up. Finally, increased proportions of both accessible and agency based parents were reporting that their child had special needs that made finding child care difficult at follow up. None of these differences was significant.

Table 14: Problems and Concerns with Child Care Arrangements

	Accessible Program Model		Agency Based Program Model	
	<i>“True” at Case Opening</i>	<i>“True” at Follow Up</i>	<i>“True” at Case Opening</i>	<i>“True” at Follow Up</i>
I’ve had difficulty finding affordable, good quality, child care for my child(ren).	23.8%	19.1%	18.4%	21.9%
When I need a break, it has been hard to find someone I trust to care for my child(ren).	22.5%	41.2%	30.7%	28%
My child(ren) has special needs that make finding child care or babysitting difficult.	14.1%	19.6%	9.7%	13.3%

Family Assessment Device

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

Table 15 shows the average score for accessible program parents was 1.92 at case opening. This decreased to 1.86 at follow up suggesting that these families had a slight improvement in functioning over time. Agency based parents had an average score of 1.85 at case opening and 1.84 at follow up indicating little change over time. Average scores for both groups at both case opening and follow up were all higher than the average score of 1.75 for

the Ontario Child Health Study sample which measured family functioning in a large random sample of 1,869 Ontario families (Byles, Byrne, Boyle, & Offord, 1988). However, average scores in this study were lower than the OCHS cut off score of 2.17 used to distinguish “pathological” family functioning from “healthy” functioning (scores under 2.17).

Table 15: Family Assessment Device Scores at Case Opening and Follow Up

	Accessible Program Model	Agency Based Program Model
Case Opening	1.92	1.85
Follow Up	1.86	1.84

Children’s Well Being

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

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

With the exception of the Problems and Concerns Checklist, the collection and analysis of child and youth data were organized into three age groups: children under 4 years of age, children 4 to 7 years old, and youth age 8 to 16 years.

Problems and Concerns Checklist—Children’s Behaviour and Health

All parents were asked to indicate true or false to a list of statements related to their child’s behaviour at school and in the community. An example statement is “My child has been getting into trouble in the neighbourhood.” Table 16 shows the proportions of accessible program and agency based program parents reporting true and false to these statements at both case opening and follow up.

Table 16: Problems and Concerns with Children’s Behaviour

	Accessible Program Model		Agency Based Program Model	
	Case Opening (N=81)	Follow Up (N=58)	Case Opening (N=115)	Follow Up (N=80)
My children have trouble getting along with their teacher(s)				
<i>True</i>	27.8%	27.9%	16.1%	29.8%
<i>False</i>	72.2%	72.1%	83.9%	70.2%
My children have received special education at school or special teaching for learning or behavioural problems				
<i>True</i>	38.8%	53.5%	30.4%	55.4%
<i>False</i>	61.3%	46.5%	69.6%	44.6%
My children have been skipping school.				
<i>True</i>	13.8%	19%	15.2%	14.3%
<i>False</i>	86.3%	81%	84.8%	85.7%
My child was suspended or expelled from school.				
<i>True</i>	12.7%	18.6%	14.3%	16.1%
<i>False</i>	87.3%	81.4%	85.7%	83.9%
My children have been in trouble with the law.				
<i>True</i>	8.9%	20.9%	8%	8.9%
<i>False</i>	91.1%	79.1%	92%	91.1%
My children have been getting into trouble in the neighbourhood (e.g. fighting with others, vandalism).				
<i>True</i>	11.3%	32.6%	8.9%	16.1%
<i>False</i>	88.8%	67.4%	91.1%	83.9%
My child or children have been drinking or using drugs.				
<i>True</i>	8.8%	9.3%	13.4%	10.5%
<i>False</i>	91.3%	90.7%	86.6%	89.5%

At case opening, the proportions of children reported to have school problems, trouble with the law, and drinking or using drugs were fairly similar across programs. However, significantly more accessible program children (27.8%) were reported to have trouble getting along with their teachers than agency based children (16.1%) at case opening ($\chi^2=3.880$, $p < .05$).

At follow up, more accessible program parents (32.6%) reported that their children were getting into trouble in the neighbourhood than agency based parents (16.1%) ($\chi^2 = 3.707$, $p < .05$). In addition, 20.9% of accessible program parents reported their children had been in trouble with the law compared to only 8.9% of agency based program parents. This difference was approaching significance at the .05 level ($\chi^2=2.886$, $p=.089$).

From case opening to follow up, greater proportions of agency based parents reported that their child had trouble getting along with their teachers, received special education, been suspended or expelled from school, in trouble with the law, and also getting into trouble in the neighbourhood. Fewer agency based children were reported to skip classes and use drugs or alcohol at follow up than case opening. None of these changes was statistically significant.

At follow up greater proportions of accessible program parents reported that their child had problems in school, in the neighbourhood, and was in trouble with the law. Most notably, more accessible program children were reported to be in trouble with the law at follow up (20.8%) than case opening (8.9%) ($Z= -1.890$, $p = .059$) and more accessible program children were getting into trouble in the neighbourhood at follow up (32.6%) than case opening (11.3%) ($Z= -2.111$, $p < .05$).

Parents also responded to statements about their child's health including "My children have had to cope with problems with their emotions, nerves or mental health." Table 17 shows the proportions of accessible program and agency based program parents reporting true and false to these statements at both case opening and follow up.

Table 17: Problems and Concerns with Children’s Health

	Accessible Program Model		Agency Based Program Model	
	Case Opening (N=81)	Follow Up (N=58)	Case Opening (N=115)	Follow Up (N=80)
My child or children have medical conditions or health problems of a permanent or long-term nature.				
<i>True</i>	23.8%	24.6%	30.7%	28.7%
<i>False</i>	76.3%	75.4%	69.3%	71.3%
My child(ren) have had health problems that have required medical attention.				
<i>True</i>	37%	29.8%	36.8%	33.8%
<i>False</i>	63%	70.2%	63.2%	66.3%
My child(ren) are developmentally challenged and have difficulty learning.				
<i>True</i>	20%	26.3%	23.7%	18.8%
<i>False</i>	80%	73.7%	76.3%	81.3%
My child(ren) have had to cope with problems with their emotions, nerves or mental health.				
<i>True</i>	48.1%	47.4%	38.9%	35.4%
<i>False</i>	51.9%	52.6%	61.1%	64.6%
The condition of my child’s or children’s health interfered with their schooling or their other activities outside of school.				
<i>True</i>	19%	15.8%	21.2%	15.6%
<i>False</i>	81%	84.2%	78.8%	84.4%

At case opening, greater proportions of agency program parents reported that their child had long term medical conditions, was developmentally challenged and having difficulty learning, and had a health condition that interfered with their schooling or other activities. The proportions of children reported to have medical conditions that required medical attention was the same across programs. A greater proportion of accessible program children were said

to have had to cope with mental health problems than agency based children. None of these differences at case opening was statistically significant.

At follow up, smaller proportions of accessible program parents reported that their child had long term medical conditions and needed medical attention than agency based parents. Greater proportions of accessible program children, however, were said to be developmentally challenged and have learning difficulties and have to cope with mental health problems. The proportions of parents across both programs who reported their child had health conditions that interfered with school or other activities were the same. Again none of these differences between programs at follow up was statistically significant.

The proportions of agency based children reported to have medical concerns decreased from case opening to follow up across all statements in Table ? This suggests that more children may have been healthy at follow up than case opening. These changes over time, however, were not statistically significant. The pattern of change for accessible program children's health was less clear with a reduction in the proportions of children needing medical attention, coping with mental health problems, and dealing with a health condition that interfered with their schooling or other activities. Conversely, increases were noted in the proportions of children with a long term medical condition and developmental challenges. Again, these changes from case opening to follow up were not statistically significant.

The remaining presentation of results for child well being is organized into age groups beginning with children under 4 years of age, followed by children age 4 to 7, and youth ages 8 to 16.

Children Under 4 Years of Age

The Infant and Toddler Quality of Life Questionnaire (ITQOL) is a parent-completed assessment of children's physical and psychosocial well being and incorporates the impact of child health problems on family functioning (Landgraf, 1994). The ITQOL questionnaire has 10 subscales and 2 single-item scales. For the current study, 5 subscales and one single-item scale were utilized. They were:

- Satisfaction with child’s overall growth and development
- Child’s temperament and moods
- Child’s behaviour overall
- Single item—rating child’s behaviour overall
- Getting along with others (for children ages 1-4)
- Child’s general health

Transformed scores for all scales range from 0 to 100. A higher score is indicative of better health.

Satisfaction with Child’s Overall Growth and Development

Parents were asked about how satisfied they were with their child’s overall development including physical growth, motor and cognitive development, language, feeding habits, and responsiveness to others. Table 18 shows the transformed scores for accessible and agency based parents’ satisfaction with their child’s overall growth and development at case opening and follow up.

Table 18: Parents’ Satisfaction with Child’s Overall Growth and Development

	Accessible Program Model	Agency Based Program Model
Case Opening	87.34	89.24
Follow Up	92.27	91.44

Both accessible and agency based parents reported increased satisfaction in their child’s overall growth and development from case opening to follow up. At case opening, agency based parents reported higher levels of satisfaction with their child’s development than accessible program parents. However, at follow up accessible parents had a slightly higher average level of satisfaction than agency based parents. None of the differences was significant.

Child’s Temperament and Moods

The temperament and moods subscale of the ITQOL questionnaire assesses how often a child seems to have changes in their mood, for example, having trouble sleeping, difficult to comfort, or less active than usual. Table 19 shows average scores on the temperament and moods subscale for children at case opening and follow up for both accessible and agency based parent reports.

Table 19: Child’s Temperament and Moods

	Accessible Program Model	Agency Based Program Model*
Case Opening	78.74	78.57
Follow Up	85.46	82.50

*p < .05 (change over time for agency based program parents)

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

Child’s Behaviour Overall

The ITQOL subscale that assesses children’s overall behaviour asks parents to indicate their level of agreement with 12 statements such as “my child’s behaviour is excellent” and “my child seems to misbehave more often than other children I know.” Table 20 contains the average scores at case opening and follow up for children of accessible and agency based parents.

Table 20: Child’s Behaviour Overall

	Accessible Program Model	Agency Based Program Model
Case Opening	66.28	67.96
Follow Up	67.96	70.54

Both accessible program and agency based parents rated their child’s behaviour more favourable at follow up than case opening. These changes appeared to be modest over time. None of the patterns were statistically significant.

Single Item—Rating of Child’s Behaviour Overall

Parents were asked “compared to children of the same age, how would you rate your child’s behaviour overall?” Table 21 shows the distribution of scores at case opening and follow up for accessible program and agency based parents.

Table 21: Rating of Child’s Overall Behaviour

	Accessible Program Model		Agency Based Program Model	
	<i>Case Opening</i>	<i>Follow Up</i>	<i>Case Opening</i>	<i>Follow Up</i>
Poor	0	6.7%	3.9%	0
Fair	17.6%	6.7%	15.7%	5.6%
Good	23.5%	26.7%	19.6%	27.8%
Very Good	35.3%	20.0%	33.3%	41.7%
Excellent	23.5%	40.0%	27.5%	25.0%

The average score for agency based children was 3.89 at case opening and increased to 4.15 at follow up. Similarly, the average score for accessible based children was 3.91 at case opening and increased to 4.00 at follow up. Both groups of parents had more favourable ratings of their child’s overall behaviour at follow up compared to children of the same age. At case opening, the largest proportion of accessible program parents (35.5%) rated their child’s behaviour as “very good”. The largest proportion of accessible program parents (40.0%) rated

their child’s behaviour as “excellent” at follow up. For agency based parents, the rating of “very good” was the most frequent at both case opening (33.3%) and follow up (41.7%). None of these changes was statistically significant.

Getting Along with Others

The ITQOL Getting Along with Others subscale assess how often children interacted in a positive way with others. Example items include how often children “seem to cooperate with others”, “seem able to adjust to new situations or strangers”, and “respond positively to affection”. Table 22 contains average scores for children of accessible and agency-based parents at case opening and follow up.

Table 22: Getting Along with Others

	Accessible Program Model	Agency Based Program Model
Case Opening	73.72	70.34
Follow Up	74.88	74.94

Parents in both program types reported an increase in how often their child got along with others from case opening to follow up. The change in average scores from case opening (70.34) to follow up (74.94) was approaching significance at the .05 level for agency based program model children suggesting that these children were getting along with others better at follow up (Z= -1.857, p= .06).

Child’s General Health

Parents were asked to indicate how true or false 11 statements were about their child’s general health. Response choices ranged from definitely true to definitely false. Some of the statements were “My child has never been seriously ill” and “My child’s health is excellent”. Table 23 shows the average scores for parent’s perceptions of their child’s general health at case opening and follow up.

Table 23: Child’s General Health

	Accessible Program Model	Agency Based Program Model
Case Opening	74.79	76.92
Follow Up	82.36	76.96

There appeared to be little change from case opening to follow up in agency based parents’ perceptions of their child’s health with average scores of 76.92 and 76.96 respectively. There was however an increase in accessible parents’ perceptions of their child’s general health. The average score for this group increased from 74.79 at case opening to 82.36 at follow up. Despite this large increase in the average score, the change over time was not statistically significant likely due to the small group size.

Children 4 to 7 Years of Age

For children ages 4 to 7, well being was measured using the KINDL Quality of Life questionnaire (Ravens-Sieberer & Bullinger, 2000) which asks parents to rate their child’s quality of life in 6 domains including physical well being, emotional well being, self esteem, family, social contacts, and school/nursery school. Parents responded by indicating how frequently within the last week, for example, their child “felt ill”, “had fun and laughed a lot”, “quarrelled at home”, and “easily coped with school work.” Table 24 shows average scores for each of the subscales for accessible and agency based children at both case opening and follow up.

Table 24: KINDL Quality of Life Subscale Scores for Children 4 to 7 Years of Age

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

At case opening, accessible program parents had higher ratings of their child’s quality of life than agency based parents in the areas of physical well being, emotional well being, family, and overall quality of life. Conversely, agency based parents had higher ratings of their child’s quality of life than accessible program parents in the domains of self esteem, social contacts, and school/nursery school. These differences at case opening were not statistically significant.

Overall, accessible program parents rated their child’s quality of life higher at follow up than case opening across all measured domains. These improvements in quality of life, however, were not statistically significant for this group. The patterns over time for agency based children were less favourable with parents reporting decreased quality of life at follow up in the areas of physical well being, self esteem, family, social contacts, and total quality of life. Improvements in quality of life were noted only for emotional well being and school. Scores on the subscale for emotional well being increased from 4.26 at case opening to 4.35 at follow up indicative of increased levels of well being that approached significance at the .05 level ($Z = -1.707, p = .08$). No other changes were statistically significant. At follow up, accessible program

parents rated their child’s quality of life higher than agency based parents in all domains with the exception of school/nursery school quality of life. Again, these differences were not statistically significant.

Youth 8 to 16 Years of Age

The KINDL Quality of Life Questionnaire was also used to assess well being for youth ages 8 to 16 years of age. Table 25 shows the average scores for each of the subscales at case opening and follow up for accessible program and agency based youth.

Table 25: KINDL Quality of Life Subscale Scores for Children 4 to 7 Years of Age

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

At case opening, accessible program parents consistently rated their child’s quality of life higher than agency based parents across all measured life domains. In particular, accessible program youth had an average score of 4.07 on the self esteem measure and agency based youth had an average score of 3.68. The difference between groups at case opening for this measure was statistically significant ($Z = -2.995, p < .01$). At follow up, again accessible program parents rated their child’s quality of life higher than agency based parents across all measures with the exception of physical well being. Both groups had an average score of 4.09 on this

measure. The differences between groups at follow up, however, were not statistically significant.

From case opening to follow up, accessible program parents reported increased quality of life for their child in the areas of physical health, social contacts, and school. Decreased quality of life over time was noted in the domains of emotional well being, self esteem, and family. Total scores remained essentially the same over time. The decrease in family quality of life from 3.78 at case opening to 3.73 at follow up was the only statistically significant change over time for accessible program youth ($Z = -2.126$, $p < .05$).

Youth age 8 to 16 whose families were involved with agency based services showed improvements in their physical well being, self esteem, family, and overall quality of life from case opening to follow up. More specifically, agency based youth's average score on the physical well being subscale increased from 3.86 at case opening to 4.09 at follow up ($Z = -2.321$, $p < .05$). Improvements on the total quality of life scale from case opening (3.81) to follow up (3.85) approached significance at the .05 level for agency based youth ($Z = -1.832$, $p = .06$).

Overall, the lowest ratings of quality of life for youth ages 8 to 16 were reported in the domains of family and school. This was true for both program types at case opening and at follow up. This finding may reflect an increase in age normative parent-child conflict as these youth move into adolescence. Additionally, parents reported increased proportions of accessible service youth "getting into trouble in the neighbourhood" and "in trouble with the law" at follow up which may contribute to increased discord within the family.

System Indicators and Client Satisfaction with Services

This section presents data from two sources: child welfare files/records and parent reported satisfaction with child welfare services. At case opening, all participants were asked for permission to allow researchers to review data from their agency files. Approximately 80% of parents agreed to have a researcher take information from their file. Of the 115 agency based parents interviewed at case opening, we collected data from 91 parents' child welfare files. We were also able to collect data from 66 out of 81 accessible based parents' files. These were cases for which we had parental consent to review their child welfare files. Information

gleaned from child welfare files included the overall risk rating, eligibility spectrum rating, use of court, out-of-home placement of children, and case closures.

System Indicators

Table 26 summarizes the risk ratings and eligibility spectrum ratings from child welfare file data for each program type. The most frequently occurring overall risk rating at the point of transfer to ongoing service was “moderate”, followed by “high” risk ratings for both accessible and agency based programs. The section (first level of classification) of the eligibility spectrum most frequently cited as the reason for continued agency involvement was “caregiver capacity” at 40.7% for agency based parents and 42.4% for accessible based parents. Looking across the scales (second level of classification) which more specifically define the nature of the problem needing intervention showed that “caregiver with a problem” was most frequently cited for agency based parents (30.8%) and accessible based parents (30.3%). For agency based parents this was followed by “physical force/maltreatment” (14.2%) and “child exposure to partner violence” (13.2%). For accessible based parents the second and third most frequent scales cited were “caregiver-child conflict” (16.7%) and “physical force/maltreatment” (12.1%). The eligibility spectrum level of severity (third level of classification) was “moderate” for most cases: 74.7% and 72.7% for agency and accessible parents respectively.

Table 26: Risk Rating and Eligibility Spectrum Rating for Accessible and Agency Based Program Files

	Accessible Program Model (66 Files)	Agency Based Program Model (91Files)
Overall Risk Rating		
<i>Low</i>	3%	1%
<i>Moderate</i>	48.5%	46.2%
<i>High</i>	42.4%	41.8%
<i>Very High</i>	6.1%	11%
Eligibility Spectrum-Section		
<i>Section 1-Physical/Sexual Harm by Commission</i>	15.2%	15.4%
<i>Section 2-Harm by Omission</i>	13.6%	16.5%
<i>Section 3-Emotional Harm/ Exposure to Conflict</i>	12.1%	17.6%
<i>Section 4-Abandonment/ Separation</i>	16.7%	9.9%
<i>Section 5-Caregiver Capacity</i>	42.4%	40.7%
Eligibility Spectrum-Scale (5 Most Frequently Cited Only)		
<i>Caregiver with Problem</i>	30.3%	30.8%
<i>Caregiver-Child Conflict/ Child Behaviour</i>	16.7%	9.9%
<i>Physical Force and/or Maltreatment</i>	12.1%	14.3%
<i>Child Exposure to Partner Violence</i>	--	13.2%
<i>Care Giving Skills</i>	7.6%	--
<i>Neglect of Child's Basic Physical Needs</i>	6.1%	8.8%
Eligibility Spectrum-Level of Severity		
<i>Not Severe</i>	0	1/1%
<i>Minimally</i>	1.5%	2.2%
<i>Moderately</i>	72.7%	74.7%
<i>Extremely</i>	25.8%	22%

Table 27 summarizes the use of legal authority and out-of-home placements for each program type. The Children's Aid Society used legal or court action in 12.3% and 18.7% of accessible and agency based files respectively. For those cases in which court authority was used, 47% of agency based files and 38% of accessible program files involved the use of a court mandated supervision order. Children were placed in out-of-home care in 24.2% of all files regardless of program type. The most frequently used out-of-home placement was foster care for both accessible files (47.1%) and agency based program files (45.5%). This was followed by group home care (22.7%) for agency based files and kinship service (41.2%) for accessible program files. There was a statistically significant difference in the type of out-of-home placement between agency based and accessible program files suggesting kinship service was used more often in the accessible program model ($Z = -2.129, p = .045$). Table 27 summarizes the frequency of use of legal authority and out-of-home placements in the files reviewed for this study. Fifty percent of the children placed in out-of-home care within the accessible program model were returned home; while only 39% of children placed in out-of-home care within the agency based model were returned home.

Table 27: Use of Legal Authority and Out-of-Home Placements for Accessible and Agency Based Program Files

	Accessible Program Model (66 Files)	Agency Based Program Model (91Files)
Use of Court/Legal Authority		
<i>Yes</i>	12.3%	18.7%
<i>No</i>	87.7%	81.3%
Use of Court Mandated Supervision Order (for cases with court involvement only)		
<i>Yes</i>	38%	47%
<i>No</i>	62%	53%
Use of Out-of-Home Placements		
<i>Yes</i>	24.2%	24.2%
<i>No</i>	75.8%	75.8%
Type of Out-of-Home Placement		
<i>Kinship Service</i>	41.2%	13.6%
<i>Kinship Care</i>	11.8%	18.2%
<i>Foster Care</i>	47.1%	45.5%
<i>Group Home Care</i>	0	22.7%
Children Returned Home		
<i>Yes</i>	50%	39%
<i>No</i>	50%	61%

Client Satisfaction

Overall patterns of change in parents’ perceptions of their child welfare involvement from case opening to follow up suggested a more positive evaluation of services at follow up, particularly for accessible program parents. Table 28 shows parents’ ratings of how clearly their child welfare workers explained why they were involved with the family, what the family was expected to do in order to close their file, the reasons for taking a child into agency care, and how long that child would be in care.

At case opening more than half of both accessible program parents (66.2%) and agency based parents (58.6%) said that agency staff “very clearly” explained the reasons for becoming involved with their family. There was less clarity among both program parents about what was required of them for their agency file to be closed. Reasons for taking their child into care were reported to be explained “very clearly” and “somewhat clearly” by agency staff for 66.7% of accessible program parents and 57.9% of agency based parents who had a child placed in out-of-home care. At case opening, parents’ perceptions of how long their child would be in care appeared to be polarized with the largest proportions of both program types either reporting explanations of how long their child would be in care were very clear or very unclear.

Table 28: Parents' Perceptions of Agency Clarity around Reasons for Service Involvement

	Accessible Program				Agency Based Program			
	<i>Very Clearly</i>	<i>Somewhat Clearly</i>	<i>Somewhat Unclearly</i>	<i>Very Unclearly</i>	<i>Very Clearly</i>	<i>Somewhat Clearly</i>	<i>Somewhat Unclearly</i>	<i>Very Unclearly</i>
How clearly did agency staff explain their reasons for contacting your family the first time?								
Case Opening	66.2%	14.3%	10.4%	9.1%	58.6%	21.6%	6.3%	13.5%
Follow Up	76.8%	12.5%	7.1%	3.6%	66.7%	18.7%	5.3%	9.3%
How clearly did agency staff explain what your family was expected to do before the agency would close your child protection file?								
Case Opening	46.1%	23.7%	13.2%	17.1%	36.9%	28.8%	13.5%	20.7%
Follow Up	59.3%	16.7%	18.5%	5.6%	43.6%	29.5%	6.4%	20.5%
How clearly did agency staff explain their reasons for taking your children into care?								
Case Opening	41.7%	25%	8.3%	25%	21.1%	36.8%	15.8%	26.3%
Follow Up	20%	40%	40%	0	33.3%	11.2%	22.2%	33.3%
How clearly did agency staff explain how long your children were likely to be in care?								
Case Opening	41.7%	16.7%	0	41.7%	35%	20%	10%	35%
Follow Up	0	16.7%	50%	33.3%	35%	10%	15%	40%

None of these differences at case opening were statistically significant.

At follow up, there appeared to be less clarity among agency based parents about explanations of what was required of parents to close their agency file than accessible program parents. Approximately 20% of agency based parents said the explanation was very unclear, in contrast to 5.6% of accessible program parents. The difference in the distribution of responses between the two programs was approaching statistical significance ($Z = -1.738$, $p = .082$).

From case opening to follow up, there seemed to be some improvements in agency based parents' perceptions of clarity around why the agency became involved and what was required of parents to close their file. Issues of child placement were either somewhat or very unclear for 55% of agency based parents which was an increase over 45% at case opening. These changes over time were not statistically significant for agency based parents. For accessible program parents, however, there was a significant improvement in the levels of clarity around how staff explained why the agency became involved with their family from case opening to follow up ($Z = -1.974$, $p < .05$). Explanations of what was required to close their file with the child welfare agency were also perceived to be more clear at follow up than at case opening, but this was not significant. Perceptions of clarity around explanations of why their child went into care remained relatively unchanged for accessible program parents. Explanations of why their child was placed in agency care were either very clear or somewhat clear for 66.7% of accessible based parents at case opening and 60% at follow up.

Table 29 summarizes the proportions of parents who reported going to court because of child protection concerns in their family. At follow up, greater proportions of parents reported going to court than at case opening; however, there were no statistically significant differences between programs at either case opening or follow up on going to court. Nor were there any significant changes over time in the proportions of parents reported to have gone to court.

Table 29: Parent-Reported Use of Court

Did you have to go to court because of child protection concerns in your family?	Accessible Program Model		Agency Based Program Model	
	Yes	No	Yes	No
<i>Case Opening</i>	10.8%	89.2%	19.3%	80.7%
<i>Follow Up</i>	17.6%	82.4%	23.2%	76.8%

Table 30 shows the distribution of responses for parents’ perceived levels of worker knowledge around what was going on in the family, whether the worker knew how to help their family, and the necessity of the child welfare agency to become involved with their family in the first place.

At case opening, the largest proportions of accessible program parents (35.4%) and agency based parents (41.2%) believed that it was not necessary for the child welfare agency to have become involved with their family. Accessible program parents were evenly divided in their assessment of how much the primary worker knew about what was going on in their family and more than half (56.1%) of agency based parents reported that their worker “definitely” or “probably” knew what was going on in their family. Assessments of how much the worker knew how to help their family at case opening was fairly distributed across all responses for both program parents. There were no significant program differences at case opening in parents’ assessments of how much knowledge their worker had about the family.

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

Table 30: Parents' Perceptions of Worker Knowledge

	Accessible Program				Agency Based Program			
In your opinion, was it necessary for the child welfare agency to become involved with your family in the first place?								
	<i>Definitely</i>	<i>Probably</i>	<i>Maybe Not</i>	<i>No</i>	<i>Definitely</i>	<i>Probably</i>	<i>Maybe Not</i>	<i>No</i>
Case Opening	24.1%	17.7%	22.8%	35.4%	27.2%	21.1%	10.5%	41.2%
Follow Up	29.8%	29.8%	14%	26.3%	27.5%	18.8%	12.5%	41.3%
Did the agency staff <u>most involved</u> with your family know what was going on in your family?								
	<i>Definitely</i>	<i>For the most part</i>	<i>For some things</i>	<i>Not very much</i>	<i>Definitely</i>	<i>For the most part</i>	<i>For some things</i>	<i>Not very much</i>
Case Opening	30%	20%	18.8%	31.3%	27.2%	28.9%	15.8%	28.1%
Follow Up	52.6%	14%	15.8%	17.5%	32.5%	30%	11.3%	26.3%
Did the agency staff <u>most involved</u> with your family know how to help your family?								
	<i>Definitely</i>	<i>For the most part</i>	<i>For some things</i>	<i>Not very often</i>	<i>Definitely</i>	<i>For the most part</i>	<i>For some things</i>	<i>Not very often</i>
Case Opening	21.3%	31.3%	25%	22.5%	21.1%	24.6%	30.7%	23.7%
Follow Up	38.6%	24.6%	19.3%	17.5%	23.8%	30%	16.3%	30%

Over time, accessible program parents believed that it was more necessary for the child welfare agency to become involved with their family at follow up than at case opening ($Z = -1.935$, $p = .053$). At follow up, accessible program parents also perceived that their worker knew more about what was going on in their family than at case opening ($Z = -2.685$, $p < .01$).

There was little change in agency based parents' assessments of worker knowledge from case opening to follow up.

Table 31 summarizes parents' perceptions of how long it took for their worker to return their phone calls, how often they communicated with their worker on the phone or in person, and whether parents were connected with a useful range of services and supports. At case opening, 42.9% of accessible program parents reported that they were able to speak with their worker within the "same week" in which they tried to get in touch with them. The largest proportion of agency based parents (46.6%) reported being able to speak with their worker the "same day" that they tried to get in touch with them. Approximately 45% of accessible program parents said they talked with their worker either in person or on the phone "a couple of times" a month. The frequency of contact reported by agency based parents was more variable with approximately 70% of parents communicating with their worker "once a week", "a couple of times a month", and "once a month" spread almost equally across the three categories. The largest proportion of accessible program parents (32%) said that agency staff were able to connect their family with "quite a few" services and supports that were helpful. Approximately 42% of agency based parents said they had been connected to "one or two" services and supports that were helpful. The difference in parents' assessment of the number of useful services and supports their family was connected to at case opening was approaching significance at the .05 level ($Z = -1.754$, $p = .079$).

Table 31: Parents' Perceptions of Worker and Service Availability

	Accessible Program				Agency Based Program					
When you tried to get in touch with your workers at the agency, how long did it <u>usually</u> take to be able to speak with someone?										
	<i>Same Day</i>	<i>Same Week</i>	<i>Longer</i>	<i>Calls often not/never returned</i>	<i>Same Day</i>	<i>Same Week</i>	<i>Longer</i>	<i>Calls often not/never returned</i>		
Case Opening	40.3%	42.9%	10.4%	6.5%	46.6%	35%	9.7%	8.7%		
Follow Up	43.6%	45.5%	5.5%	5.5%	41.3%	43.8%	7.5%	7.5%		
How often <u>usually</u> did you speak on the phone or in person with one of your workers?										
	<i>A few times a week</i>	<i>Once a week</i>	<i>A couple of times a month</i>	<i>Once a month</i>	<i>Less Often</i>	<i>A few times a week</i>	<i>Once a week</i>	<i>A couple of times a month</i>	<i>Once a month</i>	<i>Less Often</i>
Case Opening	7.7%	14.1%	44.9%	24.4%	9%	11.4%	21.9%	26.3%	22.8%	17.5%
Follow Up	12.3%	19.3%	29.8%	28.1%	10.5%	7.5%	21.3%	23.8%	35%	12.5%
Were agency staff able to connect your family with a useful range of services and supports?										
	<i>All that I needed</i>	<i>Quite a few that were useful</i>	<i>One or two that were useful</i>	<i>None that were useful</i>	<i>All that I needed</i>	<i>Quite a few that were useful</i>	<i>One or two that were useful</i>	<i>None that were useful</i>		
Case Opening	18.7%	32%	25.3%	24%	17.3%	12.7%	41.8%	28.2%		
Follow Up	42.1%	8.8%	28.1%	21.1%	21.3%	20%	30%	28.7%		

At follow up, more than 80% of parents from both program types reported being able to talk with their worker either the “same day” or within the “same week” they tried to get in touch. Agency based program parents seemed to speak less frequently with their worker than accessible program parents at follow up. Almost 48% of agency based parents spoke with their worker only one time per month or less frequently in comparison to 38.6% of accessible program parents. These differences were not statistically significant. There was a difference (approaching statistical significance) between accessible and agency based parents’ reported connections with useful services and supports ($Z = -1.854$, $p = .064$). Accessible program parents perceived that they had been connected to a greater number of useful services and supports than agency based parents at follow up.

From case opening to follow up, length of time to connect with workers did not seem to change much for accessible program parents. Accessible program parents did appear to speak more frequently with their workers at follow up and a greater proportion of these parents (42.1%) appeared to have access to all the services and supports they needed. These improvements were not statistically significant. For agency based parents, only their perceptions of connections to useful services became more favourable at follow up. That is, parents reported that program staff were able to connect their family with more services and supports that were useful at follow up than at case opening ($Z = -2.197$, $p < .05$).

Table 32 summarizes parents’ assessments of how likely it would be that they refer a friend to the child welfare agency, ask the agency for help for their own family in the future, and how likely they would be to call if concerned about a child in another family.

Table 32: Parents' Referral of Child Welfare Services to Others

	Accessible Program				Agency Based Program			
	<i>Definitely Would</i>	<i>Probably Would</i>	<i>Probably Would Not</i>	<i>Definitely Would Not</i>	<i>Definitely Would</i>	<i>Probably Would</i>	<i>Probably Would Not</i>	<i>Definitely Would Not</i>
If a friend was having problems at home, how likely would you be to suggest that she or he contact the child welfare agency for help?								
Case Opening	20.3%	29.1%	24.1%	26.6%	14%	35.1%	21.1%	29.8%
Follow Up	22.8%	42.1%	12.3%	22.8%	13.9%	25.3%	26.6%	34.2%
If your family were to have difficulties in the future, how likely would you be to call the child welfare agency for help?								
Case Opening	24.1%	31.6%	21.5%	22.8%	17.7%	31.9%	22.1%	28.3%
Follow Up	35.1%	26.3%	14%	24.6%	16.3%	25%	23.8%	35%
If you were concerned about what was happening to children in another family, how likely would you be to call the child welfare agency to report your concerns?								
Case Opening	42.5%	38.8%	12.5%	6.3%	42.9%	41.1%	10.7%	5.4%
Follow Up	52.6%	36.8%	1.8%	8.8%	40.5%	39.2%	12.7%	7.6%

At case opening, both program type parents' ratings of how likely it would be for them to recommend the child welfare agency to a friend or call the agency for their own family in the future were almost equally divided between being in favour of calling and advising against calling or recommending child welfare services to a friend. The majority of both program type parents "definitely would" and "probably would" call the child welfare agency to report concerns about a child in another family. None of these patterns at case opening were significant.

At follow up, a significantly greater proportion of accessible program parents (64.9%) "definitely" or "probably" would refer a friend to the child welfare agency for help than agency based parents (39.2%) ($Z = -2.447, p < .05$). Similarly, if accessible program parents were having difficulty in the future a greater proportion of these parents (61.4%) "definitely" or "probably" would call the child welfare agency for help than agency based parents (41.3%) ($Z = -2.446, p < .05$). Again, the majority of both program type parents "definitely would" and "probably would" call the child welfare agency to report concerns about a child in another family.

At follow up, a smaller proportion of agency based parents (39.2%) "definitely" or "probably" would recommend the agency to a friend than at case opening (49.1%). Similarly, at case opening 49.6% of agency based parents said they "definitely would" or "probably would" call the agency in the future. This proportion fell to 41.3% at follow up and 35% said they "definitely would not" call the agency for help in the future. The change over time in agency based parents' likelihood of calling the agency for help for their family in the future was approaching significance at the .05 level ($Z = -1.743, p = .081$). From case opening to follow up, there was little change in the large proportions of accessible program parents in favour of recommending the agency or calling again for help for their own family. In fact, the proportions seemed to increase slightly from case opening to follow up; however, these changes were not statistically significant.

Table 33 summarizes parents' overall assessments of child welfare services and the degree of parental satisfaction with their child welfare experience. At case opening, 41.3% of agency based parents and 37% of accessible program parents believed that what they were asked to by the child welfare agency was reasonable "for the most part." Almost 44% of

accessible program parents said they were treated fairly “all of the time” by agency staff. Fewer agency based parents reported being treated fairly. There was a difference, approaching statistical significance, between accessible and agency based program parents in regards to their assessment of whether they were treated fairly by the agency at case opening ($Z = -1.820$, $p = .069$).

At follow up, there were a number of differences between accessible and agency based program parents in their overall satisfaction with services. More accessible program parents than agency based parents believed that being involved with the child welfare agency made things better in their family ($Z = -2.607$, $p < .01$). Over 46% of agency based parents said that the child welfare did not help make things better in their family “at all”. A greater proportion of accessible based parents were more satisfied overall with child welfare services than agency based parents ($Z = -2.526$, $p < .05$). Over one-third of accessible program parents reported that they were “very satisfied” with their child welfare experience while 38.8% of agency based parents were “very unsatisfied” with their involvement.

Table 33: Parents' Overall Assessments of Child Welfare Services

	Accessible Program				Agency Based Program			
Was what your family expected to do reasonable?								
	<i>Definitely</i>	<i>For the most part</i>	<i>Some of the time</i>	<i>Not usually</i>	<i>Definitely</i>	<i>For the most part</i>	<i>Some of the time</i>	<i>Not usually</i>
Case Opening	32.9%	37%	12.3%	17.8%	31.2%	41.3%	13.8%	13.8%
Follow Up	51.8%	21.4%	10.7%	16.1%	37.2%	33.3%	9%	20.5%
Did you feel that you were treated fairly by agency staff?								
	<i>All of the time</i>	<i>Most of the time</i>	<i>Some of the time</i>	<i>Not usually</i>	<i>All of the time</i>	<i>Most of the time</i>	<i>Some of the time</i>	<i>Not usually</i>
Case Opening	41.3%	25%	21.3%	12.5%	31%	25.7%	20.4%	23%
Follow Up	43.9%	22.8%	17.5%	15.8%	30.4%	22.8%	21.5%	25.3%
Overall, to what extent did being involved with the child welfare agency help to make things better for your family?								
	<i>A great deal</i>	<i>Quite a bit</i>	<i>A little bit</i>	<i>Not at all</i>	<i>A great deal</i>	<i>Quite a bit</i>	<i>A little bit</i>	<i>Not at all</i>
Case Opening	14.5%	22.4%	25%	38.2%	14%	12.3%	31.6%	42.1%
Follow Up	24.6%	21.1%	29.8%	24.6%	11.5%	19.2%	23.1%	46.2%
Overall, how satisfied are you with your family's experience with the child welfare agency?								
	<i>Very satisfied</i>	<i>Mostly satisfied</i>	<i>Somewhat satisfied</i>	<i>Not very satisfied</i>	<i>Very satisfied</i>	<i>Mostly satisfied</i>	<i>Somewhat satisfied</i>	<i>Not very satisfied</i>
Case Opening	21.3%	28.7%	23.8%	26.3%	18.8%	25.9%	25.9%	29.5%
Follow Up	31.6%	26.3%	22.8%	19.3%	17.5%	23.8%	20%	38.8%

At follow up, greater proportions of accessible program parents believed what they were asked to do by the agency was reasonable, that their involvement with the agency made things better in the family, and were more satisfied overall than at case opening. The change over time in accessible program parents' overall satisfaction with services was approaching statistical significance at the .05 level ($Z = -1.864$, $p = .062$). At case opening 21.3% of parents were "very satisfied" with their child welfare experience. This increased to 31.6% at follow up.

Changes over time for agency based parents were less encouraging. At follow up, smaller proportions of agency based parents felt that what they were asked to do by the agency was reasonable, that they were treated fairly most of the time, and reported to be very or mostly satisfied. However, slightly more agency based parents said that the agency helped to make things better in the family at follow up than at case opening. None of these patterns of change was statistically significant.

Overall there appeared to be positive change in perceptions of child welfare services on a greater number of dimensions for accessible program parents than agency based parents suggesting that accessible based programs may favourably impact parents' experiences of child welfare involvement.

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Appendix A: Research Reports from the Transforming Front Line

Child Welfare Practice Project

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

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