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Working Report #1: Service Model Accessibility (Service Provider Perspectives)

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PROJECT:

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

WORKING REPORT 1:

Service Model Accessibility
(Service Provider Perspectives)

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PREFACE

This report serves as a working document to inform the main *synthesis report* which summarizes overall research results from the **Transforming Front Line Child Welfare Practice Project**. 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 main *synthesis report* and other working reports are available through the Partnerships for Children & Families Project web site (www.wlu.ca/pcfproject).

Executive Summary

This report examines the differences in service accessibility across central, integrated, and school/community based child welfare service delivery models including geographic proximity to families, acceptability of the setting to families, and accessibility expectations of service providers. Results suggest that accessibility characteristics of the model can make a significant difference to front-line service delivery from the perspective of front-line protection workers. The following table summarizes characteristics that define the accessibility of each service delivery setting:

Accessibility Characteristics

	Agency-Based Models	Integrated Service Models	Community Based Models	School Based Models
Geographic Proximity	centralized, large catchment areas	centralized, large catchment area	located in local communities where families live	located in or next to schools, serving the local community
Acceptability of setting to client	buildings are described as uninviting	building described as more inviting than exclusively CAS agency based settings	neighbourhood settings described as familiar and inviting for many families	school setting described as familiar and convenient for parents with children at the school
Accessibility of the staff	service providers do not describe much informal contact with families	service providers do not describe much informal contact with families	service providers describe informal contact with families as part of the job	service providers describe informal contact with families and particularly children, as part of the job

A defining feature of the community and school based child welfare models was increased accessibility for families and workers. Through making themselves more accessible, the community and school based settings had some significant service delivery advantages including more regular, varied, and timely contact with children and families. It seems likely that location along with a culture of accessibility has the potential to contribute to key child protection goals.

Introduction to the Transforming Front Line Child Welfare Practice Project

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

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

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

Earlier exploratory research through the Partnerships for Children and Families program of research (Frensch, Cameron, & Hazineh, 2005) at Wilfrid Laurier University found that different child protection service delivery settings had notable impacts on child protection service delivery including: (1) service provider accessibility to children and families, (2) the development of cooperative helping relationships with children and families, (3) the development of partnerships with other service organizations, (4) the development of partnerships with neighbourhood associations, (5) the levels and types of assistance provided to children and families, and (6) client and community image the child welfare agency.

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

- An assessment of the impacts of accessible and central service delivery models on family functioning indicators and child protection system indicators (e.g. formal court applications, out-of-home placements of children, etc.).

- An exploration of how these different child welfare service delivery settings affected front line child protection service providers' satisfaction with their work with children and families.

- An exploration of how these different child welfare service delivery settings affected parents' satisfaction with their child welfare service involvements.

- An examination of how these different child welfare service delivery settings influenced the services and supports available to families.

- An assessment of the impacts of accessible and central service delivery settings on front line helping relationships in child welfare.

- An exploration of how accessible and central service delivery settings affected employment satisfaction and sustainability.

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

Study Design

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

- 261 parents were surveyed using a set of standardized outcome measures to assess parent, child, and family functioning at the time their case was opened to ongoing services

- 188 parents participated in a follow up interview occurring approximately 8-10 months after the initial survey

- 73 parents participated in a semi-structured qualitative interview about their service experiences and satisfaction with either accessible or central service delivery settings

- 115 front line service providers completed a survey of employee experiences in child welfare including job satisfaction and burnout

- 18 focus groups involving approximately150 participants were conducted with teams of front line service providers about their experiences as employees in either accessible or central service delivery settings

- 17 individual interviews were completed with child welfare supervisors and administrators about their experiences of differing service delivery settings

- 201 agency files were reviewed to gather data on selected system indicators including frequency of child placement and use of legal authority

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

written informed consent. Interviews were approximately 1 ½ hours in duration and all parents received $25 for their participation. At the interview, parents were asked for their consent to allow researchers to view their child welfare agency file. Additionally, parents were asked to indicate if they were interested in participating in a follow up interview approximately 8 months later.

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

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

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

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

Children's Aid Society of Brant

Central Site

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

Accessible Community Sites

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

Slovak Village is a 150 unit geared to income apartment complex that also provides work space for a community based protection team and a part-time nurse practitioner. Service

providers work with families in the apartment building, as well as families in a nearby geared-to-income housing complex and three local schools.

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

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

<u>Accessible School Sites</u>

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

Family and Children's Services of Guelph and Wellington

<u>Central Site</u>

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

Accessible Community Sites

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

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

Children's Aid Society of Halton

<u>Central Site</u>

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

<u>Accessible School Sites</u>

At the time of data collection, there were 9 established s*chool based sites* and 4 service hubs located next to schools that were in the process of opening. Only one hub was operational at the time of data collection. There were two teams of school based protection

workers either located in the school or in a building attached to the school where other community services were also co-located (part of Our Kids Network). Child welfare workers accept service referrals from school personnel and work with these students and their families to improve general well being and school performance.

The Children's Aid Society of Hamilton

<u>Central Site</u>

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

Catholic Children's Aid Society of Hamilton

<u>Accessible School Site</u>

The *School based team* is comprised of four child welfare workers based in 12 elementary schools throughout Hamilton. Each worker is responsible for three schools and divides their time between locations. School based workers complete initial investigations and provide ongoing services. This community based program was designed to foster a stronger working relationship between schools and the Society, to allow for the early identification of at-risk children, and to provide immediate support to school personnel in response to child protection concerns.

Chatham-Kent Integrated Services

<u>Central Integrated Site</u>

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

Research Products and Reports

Research results from The Transforming Front-Line Child Welfare Practice Project offer information relevant to parents, service providers, child welfare management, and policy makers. A series of reports are available covering issues central to understanding the impacts of institutional setting on the delivery of child welfare services, child and family outcomes, and the experiences of service providers working in the child welfare system. Appendix A contains a list of research reports available and provides a brief overview for each report.

The following report will explore the quality of "accessibility" through the perspectives of service providers who work in the "accessible" models and compare these qualities to what service providers in centralized models describe in their work settings.

Service Model Accessibility
(Service Provider Perspectives)

Building strong relationships with families, maintaining regular contact with families and encouraging families to come for help are ongoing challenges in child welfare. Earlier studies identified many barriers to positive service relationships and child welfare policies that perpetuated distance between families and service providers. Among the concerns raised by both parents and service providers was infrequent contact between workers and families. Our exploratory research in 2005 highlighted how accessible settings provided the possibility for workers to have more contact with children and families through geographic proximity, shared space, and opportunities for informal contact. These more accessible settings also allowed for greater contact or co-location with community partners.

The differences in characteristics that relate to accessibility across models will be summarized in this report. How do front-line child welfare workers describe their proximity to clients, personal availability to families, and their perceptions of how comfortable clients were with the service setting. We will examine whether accessibility characteristics of the model made a significant difference to front-line service delivery from the perception of front-line protection workers. Some questions to consider are:

- Does locating close to where clients live mean workers will see more of their clients?
- Do accessibility characteristics have a positive impact on the comfort level of families and their willingness to seek help?
- Does being more accessible to families help front-line workers achieve child protection goals?

The geographic proximity of the child welfare service to the client was a central consideration when planning community based and school based services; whereas, traditionally, agency based models did not appear to place the same kind of focus on location. In this sense, there was a significant difference between agency based settings and community

or school based settings. The agency based and integrated service settings were more centrally located models serving vast geographic areas. School and community based service models on the other hand served small geographic areas and were located right in the residential communities where families lived.

While geographic proximity appears to be an essential starting point for accessibility, service providers suggested other features that were important to families including the acceptability of the setting to the client (the building, the features of the space). Community based and school based models tended to have spaces that were "client-friendly" and inviting whereas in agency based models, service providers talked about the challenge of making their settings inviting. Co-location with other service providers could also be a desirable feature for clients.

Different service models emphasized accessibility to varying degrees and placed different expectations of accessibility on service providers. The expectations to be visible, interact with clients in an informal way, and encourage clients to "drop-in" were high for service providers in community and school based settings. In contrast workers in agency based and integrated model settings were not expected to see a lot of drop in clients, to attend events or client programs in the community, and generally to have much informal contact with clients.

The following chart summarizes some of the accessibility characteristics of each service delivery model.

Accessibility Characteristics*

	Agency-Based Models	Integrated Service Models	Community Based Models	School Based Models
Geographic Proximity	centralized, large catchment areas	centralized, large catchment area	located in local communities where families live	located in or next to schools, serving the local community
Acceptability of setting to client	buildings are described as uninviting	building described as more inviting than exclusively CAS agency based settings	neighbourhood settings described as familiar and inviting for many families	school setting described as familiar and convenient for parents with children at the school
Accessibility of the staff	service providers do not describe much informal contact with families	service providers do not describe much informal contact with families	service providers describe informal contact with families as part of the job	service providers describe informal contact with families and particularly children, as part of the job

*note these descriptions are only generally true and there may be exceptions

As a caution, not all agency based settings were in one central location nor did they all have exactly the same features. Community based settings varied greatly in terms of where they were located and with whom they were co-located. For example, the range of community models included such settings as low-income housing complexes, community centres, and hospitals. Secondly, not all service providers who were interviewed were alike; some may take full advantage of the access opportunities a setting has to offer while some others may not. Priorities among workers varied even within the same site. However, the purpose of this analysis was to identify the larger themes and trends within the different types of models.

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

Agency Based Settings

Geographic Proximity

Generally service providers in agency based settings talked little about the geographic location of their offices in relation to their clients. However, we know that these agency based models are generally centralized and serve large geographic areas, either the CAS region at large, or a significant portion of it (ie. north, south, rural etc.) Furthermore, they are often in locations that are not very visible or easy to get to by public transportation. Of the four agency based sites in this analysis, two have one large centralized location, one has a north and south office and one has two larger centralized locations and a satellite office. In all cases, the agency based teams serve large geographic catchment areas that include not only numerous neighbourhoods, but often entire cities. Two of the four agency based models have central offices in entirely non-residential areas. These characteristics illustrate the point that the offices of these agency based models are not close to where the majority of clients live and would present transportation and logistical challenges for clients trying to access services.

There was generally an absence of dialogue about physical setting in the agency based interviews. The fact that service providers from agency based settings did not identify location as a positive attribute of their work is telling in itself. In one case, workers explicitly talked

about their location as a negative attribute. In the following excerpts, the agency based workers at this main office alluded to some of the barriers for families when the child welfare model is a large, distant entity:

> P: …where we were before, we were in a residential area and then I think there's something symbolic in a sense that we're moving now away from the residential area, a huge building and it's almost like we are further out of reach of clients and their connection with us. You know what I mean?
>
> P: the connotation for families who maybe don't recognize or don't really care about those issues, that we're distant from them, from many people – some people live nearby, but there's that sort …. Yeah, I think it increases the authoritative feel for families….
>
> P: It's quite a distance for our clients that aren't primarily out in this end of the city; to get from downtown it's about an hour to get to the building…
> [Agency based site 1]

In this case, the agency setting was historically centralized and now has become more remote as well because it is both centralized and in a difficult to reach location. We know from our agency profiles that centralized locations are common for many agency based service settings. However, there is discussion in some of the agencies, of decentralizing and becoming more geographically based in terms of locating smaller offices in residential neighbourhoods. The following quotes from managers at one agency indicate that they see this shift as desirable:

> P: It's our philosophy of being family-centered and moving our work to where families naturally are in the community and where we can interface with families in a more non-threatening, sensitive, probably more comprehensive way.
>
> P: so we have a lot more teams branching out into community that were traditionally at the Main and in the one office. So we have a whole agency kind of shift, of thinking, and that's getting workers out into communities. [Agency based site 4]

In this agency, upper management often reiterated their desire to eventually make all of their front-line service more geographically based. There was evidence of a growing interest in more

geographically based services in many of the agencies simply by the fact that many were also expanding their existing community and school based programs and adding new sites.

Acceptability of the Setting to the Client

Service providers identified a variety of features in agency based settings that were potential barriers for clients accessing services. These features could make it less likely that clients would want to come in to the office to see a worker, and while workers made home visits, levels of contact would likely be lower overall.

For example, service providers described the physical features of this agency based setting as a significant barrier to accessibility and comfort of clients:

> P: Specifically with our office, I think it's (inaudible). Our meeting room off the front of the office is a big bubble, it's a big clear, glass meeting room, it's right at the sign out, so if you're meeting with anyone there it's completely violating, I think, because you're on display, you know, and you can't hear anything but you're in there and everyone can see and I just think it's – I don't meet with people in there because I don't think it protects their privacy. So our physical setting, I just feel, isn't user friendly.

> P: And plus our office isn't user – like there's not a big room for kids to play, there's not a big waiting area,…

> P: We were just – we were talking about that on the way over here, you can't – a parent can't bring their child and have a meeting and watch the child, like they're at the meetings - needs to have child care, like how can you have this serious meeting with a parent and their child be there. You know what I mean, you're talking adult things in front of the kids … it's just not conducive.

> P: The physical space isn't safe either. I mean, if we had a client, haven't, thank goodness, but if we had a client who was inappropriate or aggressive, every Thursday at three o'clock the door is unlocked and propped open for a program that we have…
> [Agency based site 4]

In another agency based setting there was a perception by workers that the large central building was very intimidating to clients, discouraging families from dropping in and making it harder to develop trusting relationships with parents. The physical features of the building created obstacles to positive engagement with families:

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

This example, like the previous one, suggests that families would not want to visit this service setting.

In the following example, the agency based worker viewed the community as her setting (where she meets with clients). She stated that she wouldn't bring the family to the agency except in extreme circumstances. However, the agency based model does not prescribe that workers always be this flexible so it would seem to be up to the individual worker whether they make the setting of a meeting comfortable for the client:

> P: Just from the start, I kind of view our setting as the community. I mean, I hardly ever meet families in our office or bring – why, like bring kids to the agency? Why? To me that's so intrusive for the child, that's how I view it, right. Why would you go that route, unless it was some extreme circumstance, unless you've had to apprehend the child and you're bringing them back to try to find a placement for them, you know, and that puts people on guard too, I mean, that's I think total authoritarian, you know, 'come in you need to meet with us here', right, why? It's just – creates barriers, I find.
> [Agency based site 3]

Another worker from this site contrasted a community centre location where she saw a lot of clients dropping in to the agency based setting which she has found unsuitable for meeting with clients:

> P:I think our setting is – I used to work at a community centre for awhile, for four years, we had a satellite office there, and that community setting was a lot different for the frontline work being where we are too, if you're talking about physical, even, settings is – I find we have – I have a lot less clients come to see me at work and that's probably because I arrange it that way, but at the community centre there was non-stop drop ins and non-stop walk ins[…]
>
> P: I don't know if they'd want us to start that – to have a lot of people just come in.
>
> P: Only if they're upset.
>
> P: Whereas the other spot people just came in all the time, just – that's where you talk a lot, it wasn't a negative …
> [Agency based site 3]

These quotes suggest that the agency based setting is not very inviting for clients and may be a deterrent to working closely with families. Workers have to go out of their way to make themselves accessible to clients and it would seem as a result that contact would be much less frequent.

Accessibility Expectations for Service Providers

"Drop-in" client visits were described as rare in agency based settings. The idea of clients dropping by to see their workers would be influenced by proximity and acceptability of the setting but also by the worker's approach and ability to connect with clients in unscheduled and informal ways. In this agency based setting, a worker talked about drop-ins being discouraged:

> P: And client drop ins that happen because they need to see you immediately and they show up and all the rooms are taken, you talk in the lobby or out in the parking lot and I always, right from the get go discourage that for them to just walk in because I know what's going to happen and if they're coming in they need

to talk, so they're starting to talk right there in the lobby, but then when you go
outside if you have to supervise visits, people are walking by, there's just …
 [Agency based site 4]

This quote suggests that the flexibility and informality that drop-ins require just does not seem to be a good fit with an agency based setting where the approach is based on structure and scheduled meetings.

 Overall, service provider descriptions of geographic, building and worker accessibility suggested a service model that was not very accessible to families. Workers described a number of challenges and barriers when it came to being accessible including physical location and transportation issues, buildings that were not family friendly and the fact that workers had to go out of their way and beyond the scope of the program model if they wanted to make themselves more accessible to families.

Integrated Service Settings

Geographic Proximity

The integrated service centre model, like many agency based settings, was centralized, but in contrast to many agency based examples, it was centrally located in a very visible location. There were other social services both co-located and close by. However, for clients who lived in outlying areas it was very difficult to get to the centre. Public transit was time consuming or non-existent. The agency helped with transportation costs through gas vouchers and bus tickets but without access to a car, some clients still had a very difficult time getting to the centre. There was one satellite office for meetings but workers were not posted there:

> P: We attempt to – we have satellite sites, for example, with our Early Years
> Centres and that's a prevention service that we provide and we provide it to the
> smaller communities within the municipality, but it has been identified that we
> could do – there are some gaps there in terms of servicing those populations –
> just in terms of transportation issues and making sure that the services reach that
> community. It's something that we're working on.
> [Integrated services site]

At the same time, this service provider identified some benefits to the central location and contrasted it with the old agency based model:

> P: …so there's more service supports for families in general, even within this area because Public Health is across the way here as well as Social Assistance; so it's a better location.
> [Integrated services site]

The central location may be convenient for those living in the city centre and for those who regularly access other services in the area. However, lack of geographic proximity would seem to be a limitation for a significant number of families living in other areas and lacking transportation.

Acceptability of the Setting to the Client

With the integrated service centre model, planning has gone into making the setting more acceptable to clients. Here a service provider contrasted the features of typical agency based settings, such as security and glass enclosed reception, with the lack of these barriers at the integrated service setting:

> P: I think our CEO has a very good philosophy about our premises. If you go to a lot of CAS's you'll see a lot of security and they're not very welcoming environments in terms of reception – for example, if you go to [Region Name] CAS they have security guards there at the front doors, you have to sign in and out, things are locked, you have to get buzzed in and those – you know, those sorts of things, where our environment is more open, is more child friendly, it's more welcoming than that, and that is important, that is very important. So when you talk about our building, I think, a lot of people come here, but we also have a lot of staff that go there – go to homes and go to schools and that sort of thing – but a lot – some of our clinical work is done here in the building, some of the family work is done here in the building, but most go to homes – certainly the child protection work goes to homes. Occasionally a client will stop in, want to see their worker unannounced and that sort of thing, but most of the work is done in the community.
> [Integrated services site]

Despite the greater attention to client comfort, this quote suggests that meeting with clients in the community was still preferable to meeting at the centre. It was likely preferable because most clients lived far from the centre, highlighting the importance of geographic proximity. Despite an appealing environment, the office may still be far away from where most clients live and feel most comfortable.

Accessibility and Approachability of the Staff

In the integrated service model, dropping in was not discouraged but it did not seem to be a regular occurrence. Management suggested that most of the work was done in the community:

> P: They can if they want, yeah. I: Does that happen? P1: Yep. P2: Open door concept. [Integrated services site]

> P: …Occasionally a client will stop in, want to see their worker unannounced and that sort of thing, but most of the work is done in the community
> [Integrated services site]

There was mention in the integrated service model of the importance of calling back clients in a timely way. This important aspect of being accessible to families was highlighted in this particular model:

> P: …being available to families – you know, when they're calling you need to be calling back within a 24 hour time period depending on the time of day that they're phoning – all those sorts of things.
> [Integrated services site]

The idea of timely service is reiterated in a number of interviews from this model.

The Integrated Service Centre had some significant limitations when it came to geographic accessibility for a sizeable portion of families living in the catchment area. The

physical setting was described as fairly inviting and comfortable for clients coming to the centre. However, it was suggested that many clients did not come to the centre and rather workers went out to meet them, likely in their homes. Workers were expected to be highly accessible by phone. To what level they made themselves personally accessible through visits etc. is unknown.

<div align="center">**Community and School Based Settings**</div>

Geographic Proximity

In contrast to the agency based settings, school and community based program locations were chosen on the premise that they be close to families they served. These programs were located in a variety of settings including within housing complexes, in community centres, a hospital, a storefront and next to schools. Therefore, many community members, including clients, would pass by the child welfare office on a typical day.

The geographic location chosen for the following program, for example, was in a residential, working class neighbourhood, in a building that was used extensively by the community:

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

> P: It's an easier part of the city to get to so that's, you know…
> [Community based site 4]

This sort of visibility appeared to be a significant consideration in locating the community based program. Ease of transportation also appeared to be a consideration in locating community

based programs. Here a worker talked about some of the very practical benefits of workers being close to families and families being close to services:

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

This quote suggested that not only was there a benefit for families, but there was a benefit for workers and for the efficiency of the work through locating in communities, in the midst of where people live.

In school based settings, workers were very close to children and contact with children was frequent. Not only did workers see children on a daily basis, but they also saw them daily over a number of years:

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

 In schools, proximity to parents may not be as high as for children but this worker described how for parents who had children at the school, the school based child protection worker could be very accessible:

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

P: The—from family standpoint, families often drop their kids off and we're on-site, they know we're there, they'll drop their kids off at school and then come to the workers and say, can I talk to you for a second? I know we've had a lot of—
[School based site 1]

Being located in schools meant workers were accessible to parents who dropped their children off at school. It was also suggested in one of the above quotes that being accessible changed the power dynamic because parents could easily find the worker rather than vice versa.

In addition to the obvious benefit to clients of ease of visiting the office, there were other benefits to locating where clients live. Some of these will be discussed in later sections but the following are a few descriptive quotes from one site illustrating some tangible benefits of being in the neighbourhood.

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

P: Like yesterday, I took one of my clients over there just to introduce this client to all the resources they had and then they showed up last night just to enjoy the program, you know, so these are the things that we enjoy within this setting, to make it easier for us to really, you know, to be involved, to be inclusive. I won't compare that to what (we have at the main office) just like P2 was saying, we have (inaudible) so they just know CAS and nothing. For us to have access to resources in the community, takes a lot of time, time and distance, got to drive here and there, and before you know it the whole day is spent driving all over the place.
[Community based site 1]

P: Like it's proximity, it's proximity here like you know? I'm driving those kids to daycare because you know what? I drive literally past their house on my way to work. I pass their daycare so why wouldn't I?.... And you know my colleagues have been kind enough to walk the kid's home from daycare on days when I

haven't been in. Or you, P1, showed up there yesterday when I was there because he didn't know if I had made it cause because of other stuff.
[Community based site 3]

These quotes illustrate some obvious benefits of geographic accessibility to service providers as well as families. A service provider from another site described how geographic proximity and visibility made a difference for her in building community relations:

P: I was gonna say in parts…And it's really not so much the community based but the geographical location and being next to the complex beside us ummm… I mean myself and [coworker] probably have a tendency to visit in the complex fairly regularly. And so you get to see a lot of people. And I know there have been occasions where I'm over visiting and I see people I've dealt with in the past and they say hi. So there's a part where, like I said being in the geographical community more it does I guess build some community relations.
[Community based site 2]

Again, clear benefits to workers as well as to families are illustrated by this aspect of the program model.

The feature of geographic proximity was seen by some as so essential to success that this agency manager talked about the drive to make it a central feature for how the entire agency operated:

P: …we've set our entire organization, not our entire—our front-line service to be geographically based we… also are looking at our resource, child-in-care teams being more geographically based so that we can be responsive to specific community issues, delivering service and be closer to where our clients, our foster parents, our resources are. We have a number of protocols of course, so there with our major service partners.
[School based site 1]

Geographic proximity to clients was a consistent feature of community based and school based settings and was seen as one of the essential ingredients that allowed for some of the other unique types of work to happen in these models.

Acceptability of the Setting to the Client

Community and school based settings appeared to be not only conveniently located but also much more acceptable places for families to visit than agency based settings. Community based settings were generally described by their staff as places their clients liked to visit. These service providers called their settings more "comfortable" for families:

> P: I think in terms of families feeling more comfortable to come and meet with their workers, I think it's a… it's certainly a centre where, y'know, I've gone to see the centre quite a few times and it's a very active centre so there's a lot happening there. There's a lot of programming there. There's a lot of positivity and energy around the place
> [Community based site 4]
>
> P: Our families do appear to be feeling more and more comfortable to approach us on their own and to come in and drop in.
> [Community based site 2]
>
> P: Well and I think… even when I go out, people in [region served] really don't know about the hub and even when I go and say my office is in a school right away their eyes light up like oh, you're not in a big office, sitting somewhere where I'd be so scared to walk into and have to talk to the receptionist who could page you and find you or whatever. Like their sen… their anxiety goes down immediately because they know… I think they maybe just think oh, this is just different. Something is different about this and it's probably a good thing and she's sort of not in her big office and she's more down at our level, working in a setting that we could feel very comfortable going into and wanting to talk to somebody.
> [School based site 1]
>
> P: Um, but a lot of times I think just saying that you work out of the school will break down some of the resistance from the families that we work with. You don't get as much, well I don't want to talk to you, I don't want to see you. For the most part, I've found that when you say, you know, I'm the worker who's based out of the school. The school came to me because they had some worries, I just wanted to touch base with you and talk to your child at school because I'm there. Most families are fairly receptive that way.
> [School based site 3]

In all of these four sites, workers identified comfort of the setting for families as an attribute of the model.

In the following neighbourhood group program, community development workers employed by child welfare are located in places such as community centres. Community members get to know them and learn to trust them. These workers talked about how the familiar and informal setting helped to gain trust:

> P: People will come to us. They feel more comfortable because we're able to build that relationship. They don't have to feel they have to come directly to that office because the main offices can seem very scary. Whereas, if they come into a neighbourhood group where it's a much relaxed atmosphere we can they're, we find, they seem to feel a little bit more comfortable with us sometimes.
>
> P: They'll celebrate things with us type thing. Like if they're having success's they'll come sometimes and just celebrate some of those steps forward.
>
> P: …easier to access, more barriers are gone, ah, reduced and there's a comfort level there with the community development model.
> [Community based site 3]

This model is unique because the community development workers are not child protection workers. These community development workers are in settings that appear to be quite accessible to clients; however, child protection workers are not located in these settings.

Physical features of the setting were cited as often important to clients comfort. In this example from a school based program, a supervisor contrasted some of the physical features of the agency based and the school based setting:

> P: Locked doors, I know. Screens with glass behind them… you can't get to a worker here. Community… you just walk up and say hey here's your worker. Even the language we use with the workers… I find the workers aren't as much into the lingo as we are here in the office and we have to watch that anytime you go out to do your report, we had to be… using lingo that… you know, because… you just fall into it sometimes
> [School based site 1]

Child friendly space was identified as important. These service providers claimed that clients were more likely to bring children with them because their settings were more conducive to having children along. For example:

P: I find that the clients that come to us, bring their children more often here that they did at the Main. Perhaps, I'm wrong in that, I understand. But, certainly when clients come in they have the children with them.

P: A playroom.[…] P: Because they're right outside the door and they're playing and doing their thing and that's nice.
[Community based site 2]

As a result of some of these features, as well as the fact that some community settings ran children's programs or were located in schools, child protection workers in community and school based settings saw children far more than their counterparts in agency based settings. Therefore, community and school based program staff made an argument that the environment in which the services are provided made a difference in terms of accessibility and ultimately the ability to provide services to families and children.

Accessibility and Approachability of the Staff

Staff attitudes and practices when it came to making themselves accessible were described differently in the community and school based settings. Many of these service providers talked about placing a great deal of emphasis on being available and accessible for their clients. Here, a worker talked about being available as a key strength of the model:

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

The following quotes describe some of the ways that workers made themselves available and accessible to clients:

P: It's the dropping in at the breakfast club on your way in to see if any of your kids are there and to say 'hi', it's taking a few minutes on the exit to the after school clubs or getting to know the youth worker or stuff like that that doesn't, I

don't think, take that much away from what our workload is and I think the beauty of this is that this is conducive to that. If this is the type of work that you like to do, that's part of who you are, then you have that option to do it.

P: – but when we're walking through these housing units to go to the unit you want to go to, there's generally some 'hi's, how you doing, oh good to see you again, I haven't seen you in awhile, what's going on?' either from people who volunteer here or from one of your clients and their children; that generally they'll approach you, 'oh, you here to see me?', 'no, no, I'm seeing somebody else, but how are you doing today?'
 [Community based site 1]

P: I think we get to see the clients every day. Like, maybe not every day, but it's numerous times a week or a month, whether it's just waving as you walk by to say hi, or whether it's them coming over to show you the kid's report card or coming down to ask for a voucher, it's more… y'know, it's, can you come over? Or let me (? – unclear) come over. Whether you're walking in front of a car (?), they might grab you so, to go and see something outside, you don't have to make an appointment so it's more, y'know you see it and y'know, if you're having a rough day, you can be like, hey, what's going on, do you need help, so you're right in the situation to be there as opposed to them having to call and ask for help.
 [Community based site 2]

These quotes suggest frequent contact between workers and families. The nature of the contact described is often quite informal in nature. In these community based programs, workers appeared to take a less formal, more flexible approach to child welfare service delivery, making them more accessible to their clients and the community at large. The following quote describes the informality for which an emerging program was striving:

P: …that people would feel comfortable to drop in and have that be an informal thing where they can have a consultation without feeling like, 'okay, this is a child protection file opening if I go to say hello' and as well, with other staff, you know, if they're struggling with an issue I think one of the biggest thing is sometimes they don't call for a consult over to the office because immediately that is a report coming in, so even if they have a question or are not sure about something and just want to have a discussion and get maybe some advice or something, that could be available for that; or an explanation of a process – maybe they've had one perception and they're wondering about that or want to discuss that, so really having one of those – just sort of a drop-in, open door policy and have people comfortable there, where, you know, maybe there's some information on

the outside but making it inviting – like having coffee at the information sessions and having something that we're giving to them, or even with the launch for the community, we provide a meal and some games for kids and it's not a really big formal thing,
 [Community based site 4]

The idea of clients "dropping-in" is often mentioned in community and school based settings. The following quotes identify this as a desirable feature of the program model:

P: It's nice that they can just come here and drop in too, you know, that we're available.
[Community based site 4]

P: They're on their way to somewhere else and they drop-in.
 [Community based site 2]

P: … I guess our accessibility right? They know where we're at, they know if they have a problem they can come and find us and… they're coming to find us versus us going to them right? So that's definitely, you know, a perk.
[School based site 1]

P: —from family standpoint, families often drop their kids off and we're on-site, they know we're there, they'll drop their kids off at school and then come to the workers and say, can I talk to you for a second? I know we've had a lot of—
[School based site 2]

In the following quote, a worker talks about how other staff are also willing to help their clients out if they are not in:

P: The other thing I find to is that when a client comes in they there's always someone here they prefer provide the service because somehow or another they know the client or they have heard about the client. And because they share an office, a big office, people get to talk about it. So I'm never at a loss of trying to get somebody to help them.
[Community based site 2]

Therefore, by these service provider's descriptions, clients may be encouraged to drop in for help or with questions, even if they do not have an appointment.

The idea of families referring themselves to child welfare services was discussed in some community based sites. These community based service providers made mention of walk-in or self-referrals:

> P1: We get referral walk-ins here, quite often. […] My neighbour's doing this to her child. P2: Yeah, they just walk in.

> P: – but people that we've helped, that have made some movement and benefit from us, are generally out there singing praises or if not singing praises, saying, 'no, they're just trying to do their job and help and they're trying to focus on children' and I think we get a lot of out of that. They'll bring people to do the door and say, 'they can help you here'.
> [Community based site 2]

> P: I found the (? – unclear) at the school, that if you participate in things like graduation or all those other pieces and the parents go up to see you when that other role is in the school community and in the school, then when they did have a protection issue, they were much less worried about coming to you with it. But they actually would approach you, rather than y'know, you getting the call and having to go out and make a blind… call.
> [School based site 3]

> P: And we've had also… if you've had a good, you know, outcome with a family you've worked with, I've had referrals from them because they said we know how you operate, we know that you will do this in a kind and understanding way.
> [School based site 1]

In the neighbourhood group model, community development workers embedded in communities can be a point of referral for families. These quotes, one from a front-line protection worker and one from a community development worker describe cases where families asked for help or self-referred:

> P: I've definitely had CD [community development] workers phone and say you know so and so wants to make a report and then we just sort of help them through the system and the CD worker kind of, you know, figuratively holds their hand through that process…. Either somebody they know or they're calling themselves to ask for support.

> P: That used to happen regularly in [neighbourhood A]. That you'd approach them and say" wow you know you seem to be struggling- why don't we give them

a call and ah you can do the talking and I'll be here beside you." I think it does put a positive spin on our agency. I was at the [community] Christmas party this year with a client of ours um and it was incredible when even other of my clients because of the CD team inviting my clients to that Christmas party. It put a real positive spin that we really believe in community and connecting people and stuff like that. And those are great examples like of CD workers not seen as protection workers right? Like …
[Community based site 3]

While the frequency of this sort of self-referral is unclear, workers mention it as a positive and somewhat unique aspect of their model.

Accessibility of the worker appeared to be an unwritten expectation in the community based setting, however, it seemed that not all staff practiced being accessible to the same degree. Here a worker talked about a supervisor encouraging staff to be accessible. Implicit in this is the fact that not all staff will naturally work this way:

> P: …and some supervisors have been encouraging – because we are partners, encouraging staff to use the front door, to make sure we're visible, to make sure that we're accessible, so that we know the clients on a first name basis and you get a 'hi, how are you' or you can stop and say to a client, 'you know, I haven't seen so-and-so for awhile' 'oh well, you know what, I'll take a look out for them for you and I'll come back and chat with you' and I think that that, I really enjoy this experience here. I don't have any other experience to compare it to, this is the only place I've worked, but I think it's invaluable that you can just be right at that level.
> [Community based site 1]

Some service providers in the community and school based models talked about the notion of accessibility as an attitude, a way they interact with clients that is more informal and more on a common level with clients than one might find at an agency based setting:

> P: The other thing is, though, it's kind of like we're blended into the community so we don't stand above and on top of everybody else. It's kind of like we're here – we make efforts to be part of different functions every year so that we can have our faces seen and you know, we want to assist clients more and address the

issues with them that have brought them to our attention and it kind of, I don't know, it almost, I see more participation from working in this environment compared to working in an environment where I was before where it was a big building and everybody knew it as the CAS, 'oh no, they're coming – baby snatchers' it was pretty much every time somebody met me, 'oh, you're here as a baby snatcher' and in here it's not that, I don't get that as much, I get, 'if you know of a resource I can access that would be great and anything in our area' …
[Community based site 1]

P: It's a little more down to earth. You're not in this place. And even as far as I think how we dress, we're a little more casually dressed you know and it makes a difference, believe it or not. P2: We look like real people not just Children's Aid workers.
[School based site 1]

Workers at an emerging community based program discussed the intention to become involved with families in more direct ways. One worker referred to this approach as "more hands on." This setting afforded workers the possibility of direct involvement in established community programming:

P: …the [Baby Program] program runs from there, so if there's families on our caseload that are involved in that, then they'll be—they'll have the opportunity to go right in and be part of that program with the families and really have some hands-on experience, I think, as well
[Community based site 4]

Many service providers in community and school based programs talked about how their easy access to clients enhanced their knowledge of clients and the community. They believed this knowledge had service benefits including enhancing the safety of children through earlier and more effective intervention. Here a school based service provider and a community based service provider each made the point that in their models, workers have a head start getting to know families:

P: But what we're trying to do is have our workers located in the community so they get to know the community, not – broader than just in a protection sense.
[School based site 1]

P: You know, when you were talking, I was thinking about the fact that sometimes we know of a client before they even become a client, because we see them here, around this centre.
[Community based site 1]

Knowing the families saves time:

P: If you already know the family history because you've worked with them you're not reviewing all their past openings and the reasons why and why they closed and how… that in itself, like the agency would benefit from that sort of model because it is, it's a huge time saver. You're not going… when you're going out to interview you've already gotten the information mostly from the client on the phone so you're not spending an hour reviewing past stuff and talking about the current, you know… they know what their supports are in the community already, you know what the family functioning is like, like you know all of that stuff.
[School based site 1]

P: Well, what's also nice here is that – like you mentioned with clients, you can come in the front door, because I do come in the front door quite a bit, and there's so many programs that we offer, before and school programs and stuff, and there was one client I couldn't see for a couple weeks, you know, I kept trying to get into her house, trying to get into her house and it was a serious child protection – I saw her here with her daughter, I stopped and we had a quick meeting and we set up a home visit, it worked great, whereas I would have probably been a couple more weeks trying to get in through her door, I was able to approach her here in the setting and she felt very comfortable to speak to me here.
 [Community based site 1]

These school based service providers also made the argument that more information and closer proximity kept children safer and meant faster response times:

P: …by workers on-site in the schools where the children are spending the majority of their time, we have faster response times, because they can respond—if you make something, y'know, a 7-day, chances are they've already seen the child that same day because they walk down the hall and meet with that child. Chances are the child either approaches themselves, especially with the school-based, that's what happens, they've already met the response time before they've consulted because the child becomes the referral source more often than not. The… in terms of, again, meeting response times, we um… often the teacher

can—will bring the child with them when they want to talk to the worker, so that's been a big plus for us. Um, in terms of making the children more available.

P: Because we see things beforehand. It's not just sudden, unexpected... this is the house, this is what happened and this is where you're going. Have never seen that community before, don't know anything about it and then you're walking into a situation where you know if something happens it's going to come back on you so you have to be very careful about the decisions that you make. Whereas with the community everyone's been watching, everyone has a little story to tell you about that family and then you kind of make your assessment based on all of that information.
[School based site 1]

P: Seeing the kids on an ongoing basis is also a definite bonus because we see them every day, so if there is a family that you have a lot of concern about, the safety and well-being of the children, you can eyeball them at any given time
[School based site 2]

Similarly, it was argued that due to the level of contact, a school based worker could see and better appreciate the daily living context of the student, as well as understand many of the strengths and nuances that would be missing from an ordinary referral:

P: We're not set away from the community. We have a much better understanding that are being dealt with in the community because we attend the community partnering meetings. We see what housing issues they're up against, what poverty issues, we're central to the—the community, we are part of the community, not an outside service dropping in when the crisis arises.
[School based site 1]

P: As a school base, seeing the kids and the families all day long, y'know, they see the value of them having somebody that's part of that community to understand the stressors that are happening, with staff, with the students,...

P: ...but I think it has allowed us to um, just get a much broader perspective of what we're getting involved with. So, for example, you're around the school, you have some information, you know, around these kids and some teacher comes up and starts talking to you about this stuff so it's opposed to it just being the specific allegation you have a much broader framework – it's the third child, the two older kids went through there and they were doing awesome and they did all this and they were really positive but this kid has always really struggled

academically and, you know, these are all things that often don't turn up in a referral and when you go out and you meet the families you start to get this broader perspective. Or quite the opposite, you have sort of smaller little concerns and when they talk to them all together you get a much richer feel as to what's going on with the family. So I just think that our workers now have, what I've heard from them in their conversations is just a much more broader perspective of what's happening with these families as part of their life as opposed to this is the only information we know is that something happened last night that really concerns us and that's all we have. So I like that it's a much nicer conversation.
 [School based site 2]

School based workers suggested that accessibility to families and children in school settings meant more information and earlier intervention:

P: And like in the schools, for instance, you may not have that kindergarten child as your client for that longest time, maybe, but you sort of see that child and in the hallways, or you see that child frequently and you can tell there's something different about that child in a very short period of time so you're able to intervene a lot faster, so it's not like 3 months down the road when the school says, oh she's been—for 3 months we've been giving her lunches and for 3 months, we've been providing her clothes and so when it's out there, you've already picked that up, because you're there. So you can intervene much faster, and maybe its dad just was harmful or something or maybe there's substance abuse, you just don't know, but you can get in there before it gets to the point where you have to be really, really interested.
[School based site 1]

P: Oh, I see, I think that being in the schools is just fabulous because the teacher knows the child so well, you're able to do some preventative work, you're able to catch things very early on before it becomes a real protection piece, you're there, you're there at the very start and sometimes there's things going on in families the school doesn't have time to become aware of and then it just escalates and then by the time it comes to us when we're not in the school, it could become a serious protection concern, where if we're in the school and we can get things right away – like 'why are you acting like this today?', you know, 'what's happening today?' and then we get in there and sometimes these things can be resolved very early on.
[School bases site 2]

School based and community based workers alike argued that they had much more access to their clients and their clients had much greater access to them and that this was a great benefit in their work with families.

According to this data, it would seem that levels of contact between service providers and families were much higher in the community and school based models. In the school based models contact with children in particular is enhanced; whereas, in community based settings workers talked more about contact with parents. However, in both school and community based settings accessibility for families in general was described as better, not only geographically but in terms of the nature of informal contacts. Workers also described accessibility as clearly beneficial to their work with families and to the goal of improved child protection.

Conclusion

It would seem from these descriptions by child welfare service providers that making child welfare more accessible to families can make a significant difference to parents' and service providers' experiences of child welfare. Better access for families and workers was clearly a defining feature of the community and school based child welfare models. Centralized, agency based settings were described by service providers working in these settings to not have nearly the appeal of community and school based settings in this regard. Proximity to families was an important factor in the development of community based and school based programs whereas in many agency based sites location was described as a significant shortcoming. Transportation issues and uninviting spaces that lacked support resources for children were significant barriers in many of the centralized agency based settings. Even in the Integrated Services Model, its family friendly appeal and co-location with other services was outweighed by the centre's geographic inaccessibility for many families.

The community and school based models generally offered the benefits of proximity along with inviting settings with minimal barriers. Front-line workers in the accessible settings

described daily or weekly contact with parents and children simply by virtue of being present in the community. It would seem that front-line workers in these settings did indeed see more of their clients than workers in agency based settings. Service providers stressed the convenience and efficiency that could result from location and the higher likelihood that families would seek help for themselves. The qualitative data suggested that there was more self-referral and more drop-in requests for help in the community and school based settings.

Service providers from community and school based settings talked about a culture of making themselves available, inviting informal contact, and gaining a better appreciation of families' daily living realities. Some front-line workers suggested that these accessible models could assist in keeping children safer as well, through more information and more regular and longer term contact with families. It seems likely that location along with a culture of accessibility could contribute to key child protection goals. It is reasonable to conclude that through making themselves more accessible, the community and school based settings had some significant service delivery advantages including more regular, varied, and timely contact with children and families.

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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)
	This report examines the differences in service accessibility across central, integrated, and school/community based sites including geographic proximity to families, acceptability of the setting to families, and accessibility expectations of service providers.
2	Client and Community Relations (Service Provider Perspectives)
	This report addresses two important questions: within each service model, how much emphasis is placed on building positive relationships with families and communities? And, how successful is each model at building relationships, minimizing stigma for families, and improving the image of child welfare in the community?
3	Use of Legal Measures and Formal Authority (Service Provider Perspectives)
	The focus of this report is, across service models, how front line protection workers view their formal authority role and the extent to which they relied on legal measures in order to achieve protection goals.
4	Range of Services (Service Provider Perspectives)
	This report examines the differences in range of services across central, integrated, and school/community based sites including referrals to other services, direct support, advocacy, and collaborative efforts to provide services to families.
5	Child Welfare Jobs (Service Provider Perspectives)
	This report compares how service providers experience their employment realities across central, integrated, and accessible service models. Differences in job satisfaction, worker retention, and feelings about the work itself are examined.
6	Values in Child Welfare Work: Perspectives of Child Welfare Service Providers in Central and Accessible Service Delivery Models (Service Provider Perspectives)
	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)
	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)
	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.
9	Overall Child Welfare Outcomes: Family Functioning, System Indicators, and Community Attitudes
	Outcomes of accessible and central service models are assessed in this report using three criteria: (1) impacts on parent, child and family functioning; (2) impacts on system functioning (e.g. child placements, court involvements); and (3) impacts on parent and community attitudes towards child protection organizations.