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Working Report #4: Range of Services (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 4:

**Range of Services
(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 working 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. Which models provide the most service options for families? How do service providers view the service options available to them in their work with families? How helpful are services to families? The following table summarizes several key elements to understanding the nature and range of services across service delivery models.

Nature and Range of Child Welfare Services

	Agency Based Programs	Community Based Programs	School Based Programs	Integrated Service Models
Use of Traditional Service Options	Rely heavily upon traditional service options (i.e. referral to professional services)	Also use traditional service options	Also use traditional service options	Fewer barriers to traditional and specialized referral options
Direct Worker Involvement	Some opportunity for direct worker involvement and advocacy	Many opportunities for direct worker involvement and advocacy	Many opportunities for direct worker involvement and advocacy	Some opportunity for direct worker involvement and greater opportunity for advocacy
Practical and Concrete Supports	Little mention of providing or accessing concrete supports for families	Services options often include concrete support with food, shelter, child care etc.	Service options often include links to community supports for food, shelter etc.	Little mention of providing or accessing concrete supports for families
Prevention Services	No mention	Programs combine prevention work and the service of child welfare involved families	A primary premise of school involvement is prevention and early identification	No mention
Partnership	Some partnership	On-site	On-site	Partnerships with

and Collaboration	arrangements with other agencies	collaborative services or linkages	collaborative services or linkages	other departments in the centre allow service coordination
Community Capacity Building	Not a focus	An innovative and emerging aspect of services	A recognition of community building as an aspect of service	Not a focus
Overall Range of Services	Narrowest range	Broadest range	Broad range with somewhat more focus on children than parents	Improved access to specialized and nearby services

The range of services available within agency based settings seemed the narrowest in comparison to other types of service delivery settings. Integrated service models appeared to increase the range and access to many formal services. Community and school based programs seemed to increase the range of services available to families by broadening the scope of service options, using formal and informal partnerships and linkages, and participating in some preventative and community development approaches.

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 families (Cameron, Freymond, & Roy, 2003; Schene, 2001, 2005).

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

Earlier exploratory research through the Partnerships for Children and Families program

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.

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 approximately 150 participants were conducted with teams of front-line service providers about their experiences as employees in either accessible or central service delivery settings
- 17 individual interviews were completed with child welfare supervisors and administrators about their experiences of differing service delivery settings
- 201 agency files were reviewed to gather data on selected system indicators including frequency of child placement and use of legal authority

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

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

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

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

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

Research Sites

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

Children's Aid Society of Brant

Central Site

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

Accessible Community Sites

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

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

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

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

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

Accessible School Sites

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

Family and Children's Services of Guelph and Wellington

Central Site

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

Accessible Community Sites

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

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

Children's Aid Society of Halton

Central Site

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

Accessible School Sites

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

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

The Children's Aid Society of Hamilton

Central Site

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

Catholic Children's Aid Society of Hamilton

Accessible School Site

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

Chatham-Kent Integrated Services

Central Integrated Site

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

Research Products and Reports

Research results from The Transforming Front-line Child Welfare Practice Project offer information relevant to parents, service providers, child welfare management, and policy makers. 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.

Range of Services

The spectrum of services that each child welfare model provides can range from highly intrusive services such as child apprehension and court imposed supervision orders to services and supports entered into cooperatively with families. Approaches such as child apprehension, foster care, and supervision are discussed elsewhere (Working Report#3: Use of Legal Measures and Formal Authority). This working report focuses on the range and variety of voluntary services available through involvement with a child welfare agency. This report considers the following questions:

- Which models provide the most service options for families?
- How do service providers view the service options available to them in their work with families?
- How helpful are services to families?

Data for this working report were derived from focus group interviews with front line workers, supervisors, and managers. All service providers interviewed talked extensively about the kinds of services they provide to families. In the agency based discussion, there are data from 4 agency based programs. For this analysis, the integrated services model is addressed separately as the model illustrated some unique attributes. The data in the community and school based discussion come from 4 community based programs and 3 school based programs. As a cautionary note, at the time of data collection the community and school based programs were in varying stages of development, some being well established and others quite new. Additionally, one community based site was closed soon after its inception; however, it was retained in the analysis as point of contrast to better understand the range and types of services offered in other settings. It should also be noted that when a “site” or “setting” is referenced it does not necessarily refer to one physical site but an entire service delivery model or program. In many cases there are multiple locations and multiple teams involved in a research “site”.

Before a pattern or theme in the data was considered to represent a difference between service delivery models, two conditions had to be satisfied: (1) The theme 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 patterns were shared across all or some of the sites representing particular service delivery approaches.

Table 1 highlights the dominant themes that defined the types of services available through each model.

Table 1: Nature and Range of Child Welfare Services

	Agency Based Programs	Community Based Programs	School Based Programs	Integrated Service Models
Use of Traditional Service Options	Rely heavily upon traditional service options (i.e. referral to professional services)	Also use traditional service options	Also use traditional service options	Fewer barriers to traditional and specialized referral options
Direct Worker Involvement	Some opportunity for direct worker involvement and advocacy	Many opportunities for direct worker involvement and advocacy	Many opportunities for direct worker involvement and advocacy	Some opportunity for direct worker involvement and greater opportunity for advocacy
Practical and Concrete Supports	Little mention of providing or accessing concrete supports for families	Services options often include concrete support with food, shelter, child care etc.	Service options often include links to community supports for food, shelter etc.	Little mention of providing or accessing concrete supports for families
Prevention Services	No mention	Programs combine prevention work and the service of child welfare	A primary premise of school involvement is prevention and early	No mention

		involved families	identification	
Partnership and Collaboration	Some partnership arrangements with other agencies	On-site collaborative services or linkages	On-site collaborative services or linkages	Partnerships with other departments in the centre allow service coordination
Community Capacity Building	Not a focus	An innovative and emerging aspect of services	A recognition of community building as an aspect of service	Not a focus
Overall Range of Services	Narrowest range	Broadest range	Broad range with somewhat more focus on children than parents	Improved access to specialized and nearby services

Traditional types of services or interventions included foster care, emergency child placements, referrals to counseling, and referrals to community and social service agencies. Referrals to other agencies were sometimes hampered by waiting lists and a lack of communication between child welfare and other service providers in the community. The development of an integrated service model was one response to address some of the inefficiencies of this “referral based” service delivery. Service providers in both agency based and community based settings described the provision of direct interventions and supports to families. In some settings, primarily in the community and school based models, child welfare staff was directly involved in programming for families, often in collaboration with service partners in the community. Community and school based programs also employed a variety of preventative services in addition to traditional interventions. These preventative services were usually available to families with open files as well as to the larger community. Education and community development were additional approaches within some of the alternative models. The emphasis in these service interventions was on connecting families to their communities and building upon the capacities of communities to help themselves.

Agency Based Settings

Under the child welfare mandate all settings in this study offered a range of interventions spanning from more intrusive interventions, like child placement, to less intrusive services such as the use of community supports. Among the less intrusive types of services, referrals to supportive services for parents and/or children emerged as a key service trend in agency based models. Referrals to professional counseling and other supports from outside agencies were discussed extensively among agency based service providers. Workers also highlighted some of the current challenges inherent in using referrals as a way to provide services. The direct involvement of workers in the provision of services to families and the pros and cons of community partnership arrangements were also discussed.

Referrals to Outside Services

Service plans often identify specific community services which clients needed to access in order to meet the goals that are set. Front-line workers identified underfunding of services such as mental health and long wait lists for many community programs as significant concerns when it came to referring their clients to community services. A lack of services in the community was a primary concern at some sites:

Yeah, definitely that's the biggest barrier to our work is not enough services.

[Agency based site 1: front-line worker]

I think, here more in Region X, the limitations are that there just aren't the resources available and I think that's probably standard across the board but certainly in Region X there's the perception that we don't have the same issues or problems or concerns that other areas do, therefore we don't really require the services and that's not the case, we do require the services.

[Agency based site 2: front-line worker]

P3: And the resources just aren't there for us to access, so it falls to us to deal with all the mental health issues, particularly with the kids. We just don't have any services here in [CityX].

P1: Or if we do there's, the waiting lists are just ...

P3: The waiting lists are ... so you may as well not have them.

...It's nice to say we have all these partnership with other service providers but if they're completely under funded, it, you know ... the wait list for services at [Agency X], for the men's program, is four months long; that doesn't really help the family.

[Agency based site 3: front-line workers]

There appeared to be variance from community to community in how many options were available to CAS for referring families to outside services. However, the issue of waiting lists and lack of badly needed services (ie. Adult Mental health) were identified as barriers everywhere.

A lack of timely service was a concern highlighted across all agency based sites. Workers said that long waitlists meant that families sometimes could not get the help they needed until several months later. This could significantly hold up the progress of their service plan and in cases where children were removed from the home, could mean that children weren't returned until the help was available.

I think another shortage or shortcoming can be wait lists, like sometimes we can, with service providers, sometimes we can hope for that back door connection that can get our clients prioritized or if there's an immediate risk that can often times prioritize our clients but there are service lags and there are often, you know, I think of the Community Mental Health Clinic Infant Preschool Support Services program which was working with children with developmental delays and there's one worker for each age group in the city and so we want to say that we're providing that support for families but that worker is also struggling to meet the demands of their client list. I think that when we make referrals often times clients do wait and then when we think about our transfer process where some of that momentum can be lost, you can have a client who today is ready to go and to really acknowledge an issue but if they wait for four or five weeks until they actually are connected to that service, 'mmm, my child's actually doing better' and that could very well be the case or it could be just that lost momentum.

[Agency based site 4: supervisor]

Lack of resources lots of times, you know, it would just be nice to be able to say, you know, 'they need to get into counseling today', not in eight months, right, so we have to nurse that family for eight months until they can access the counseling and then we have to nurse again for another three months to make sure they're going and then you can close.

[Agency based site 4: front-line worker]

Wait lists, yeah, 'We need you to do this, like I want my child back, but I have to wait a year so what am I going to do in between that time to address something that may be specifically could be addressed through a certain resource. There's a huge wait list, can't do this, can't do that, or there isn't a resource for what they need.

[Agency based site 1: front-line worker]

The importance of timely and appropriate service is even more critical when a case is court:

Or you're waiting for a parent to pass the assessment, and that, because there's waits for everything, and that takes awhile, and then, and I had one where the trial kept getting pushed and pushed and pushed, and then, at the end of it we didn't go to trial; so it was put like for almost, I think it was almost a year and a half the trial was pushed back. We were waiting for a parenting incapacity, so then we didn't go to trial so it was ...

[Agency based site 1: front-line worker]

Staff at some agencies talked about partnerships that gave them some advantages in getting their clients prioritized on waitlists, as suggested in one of the previous examples. In the next quote, a worker gives an example of a service partnership arrangement that allows direct access to counselors from another agency. However, there were still some concerns about restrictions to access as well as problems with a lack of communication, as expressed by this supervisor:

Accessing services here is long wait lists, there's just really long wait lists. Now they do, I have to say, the agency gave us two counselors through family

counseling so our wait list is minimal, but they have restrictions on what, who they'll see, when they'll see them, how long they'll see them and what information they'll give back even though consents are the only way to get the referral in is if the client signs a consent, but even then it's difficult to get information sent back to us about what they've done or anything again, not a lot of help maybe helpful to the client, but we wouldn't know that.

[Agency based site 3: supervisor]

Finding appropriate and timely services was identified as a challenge, even in communities that were rich in services. This worker suggested that it took too much time for workers to do the research to find the best services:

I think there's a lot of resources in the community. There's a lot of resources to my knowledge, I know, working with [Agency A], there is so much in the community, but it's a time for me – for me it's a time – how do I facilitate connecting these families to the resources or choosing the right resources, so that is – but there is, I think we over duplicate, every block, everywhere you go there is services, there's a program with counseling, some are free – there's free counseling, but once or twice when come to the agency I find out they don't even have a room that you can go and select or pick, there isn't. I went to Public Health, we have like a library style, think where you go when you can pack your bags with things that you offer families, you can have a lot but I thought – and you know, it's giving me another perspective that we're just going to the family's home, you know, investigating and coming back, we don't invest in connecting with the community resources, we don't have the time to do it and there are a lot of resources in the community, everywhere. To me it's a time, they don't give us – workers, we're hearing how they're just struggling to manage their case, you know, rather than thinking how can I do better quality services with this family.

[Agency based site 4: front-line worker]

It was suggested that poverty could further complicate the issue of trying to help clients through referral. Fee for service structures at some agencies were identified as a barrier to access:

I think sometimes the fees for service, like with a lot of our families they don't have the economic means to get in and although they want to and everything, there's fee for

service at certain agencies and even then, they're willing to pay, there's still that wait and time goes by and it just gets minimized.

[Agency based site 4: front-line worker]

According to this worker, when clients were unable to pay, they sometimes received substandard counseling services:

P1: Sometimes they'll see students just because that's, right, like that's who they – and unfortunately, they're not getting the same counseling with a student, you're getting reflection sometimes. P2: And they're just hearing it and taking it to their supervisors often times and then coming back and relaying thoughts and decisions to the family at a later date. [...] – and I've sat in with them too and they do – it's not helpful because at that point in time the situation's changed, what that person's needs are when they talk about that topic, they need your feedback and input clinically now, not two weeks from now when they come back after you've checked it out with the supervisor, you know, or checked it out with whoever it is.

[Agency based site 4: front-line worker]

The following quote sums up the multiple barriers and complexity that can be at play when a front-line worker is trying to service a family through referral:

Or they don't have the financial means to get a certain resource, or you know if there is a wait list at one there's no financial support or resource to get another resource or, maybe they're trying to work and trying to make up, you know, take care of themselves before their child is coming home, and they have to go do these courses and do these things and they can't do that, so it kind of cancels out each other a lot. Or you know, housing is a huge thing too. You need to have appropriate housing, but there's a wait list, or you know 'I can't get housing because I don't have my children.'

[Agency based site 1: front-line worker]

And a worker from another site sums up the lack of services for marginalized families as such:

For a lot of clients the issue is, you know, poverty or marginalization and this is definitely an under serviced area for children's mental health, that kind of thing, we just ... it's not a good situation. If we had a lot more of those services in place we wouldn't need to be involved with as many families as we're involved with.

[Agency based site 3: front-line worker]

Simple referrals as a means of serving clients seemed to be fraught with challenges. Some communities were clearly underfunded and lacked services while in other examples, workers covering large geographic areas found it difficult to navigate through all the community services. Waitlists and timing of services were described as common challenge that impeded good service planning.

Direct Worker Involvement, Practical Support and Creativity

The degree to which front-line service child protection workers were involved as personal supports to families appeared to vary by agency and by worker. Generally, the role of the front-line child protection worker as described in agency based settings was limited to a relatively formal relationship. Adversity in the worker client relationship, something that was identified as common, further challenged workers when it came to providing direct support to families. Nonetheless, the degree to which workers were involved in supporting families beyond the formal roles and responsibilities of their mandate seemed to depend a great deal on the individual worker.

A small subset of front-line workers talked about frequently supporting families in very practical ways such as driving them to appointments and helping them to find housing. Some of these workers also talked about advocacy as an integral part of their work. Several others talked about providing crisis and day to day support in various ways. In the following examples, child welfare workers highlighted their capacity to play a role in crisis intervention, parenting support, practical assistance and advocacy:

I find it rewarding that I participate in crisis intervention on a daily basis and that I help families transition from crisis to, you know, that there is a bright side and that there is a future and that they can become better parents. I'm also big on education, I like to sit with families and just educate them whether it be on child

development or parenting skills or, you know, even just what the laws are in Canada a lot of people don't even understand or don't even know that we have laws for child protection and just seeing the progress and being able to help them get through the crisis so that they can move on and give them the resources so they can become successful.

[Agency based site 2: front-line worker]

P3: If you brought a voucher to get you through the door, you did, you know, if you gave ...P5: If you gave the client a ride to court, you did. If you had that opportunity to talk ...P3: It's not tangible, but it's there.

[Agency based site 2: front-line worker]

This woman, who has three children, is trying desperately to make all her ends meet, she has two different workers at OW and we will connect with one and they will say, 'blah, blah, blah, blah' and we'll smooth everything over so she won't get cut off, this one cuts her off.

[Agency based site 4: front-line worker]

While this kind of intensive or practical support appeared to be practiced by some workers, it was not widely described in the agency based interviews.

Several service interventions described at one agency based site illustrated creativity and flexibility in serving families in ways that were least intrusive. The following are examples of how some service providers were able to coordinate informal supports to meet families' needs:

S1: I'll give an example from last week where a worker, with the consent of the family, the family was very connected to their faith organization so the worker connected with the minister who had been a close support to the family and then with the family's continued consent and consent of the child, the minister presented at Sunday mass who could assist for respite for a child, so that he could stay with his mom who wasn't able to manage his behaviours consistently, but who were other close members of the family's community, who they saw as community, who could help to prevent an admission to care, so I thought that was pretty creative.

S2: that house maybe completely unhygienic and not safe for a child, but we may choose as an agency, maybe in collaboration with a couple of calls to other partners and this is another strength of this, when you have those relationships, when you do things to actually build personal relationships with supervisors of other agencies within your community, then you can call without – there's sometimes snags, but for the most part you can call – you have a person you can connect with, this is what we're looking for. You don't get yourself, nor that family, into that big bureaucratic machine, you're in it and you've got back doors into it that you can connect and talk to people. You can have funding out, you know, we're the dumpster agency, we just dropped another dumpster on a family's front yard on Friday and we're paying for a dumpster and for the family to clean that house out so that in that case the dumpster was paid for by us, dropped by us, the worker by 3 p.m. on Friday had rallied four or five extended family members who were committed to come over and clean that place out and one of them who would take the kid for the weekend, otherwise that kid's in our care. This morning, they're over, the dumpster full, the home is relatively clean, it's safe for that kid to go back into that home.

[Agency based site 4: supervisors]

These examples also illustrate the use of relationships with partners to meet the needs of families. While there were several examples of very creative interventions and intensive support in agency based settings, these seemed to be the exception rather than the rule in the agency based model.

Partnering for Service Delivery

Some agency based sites talked about 'formal' partnership arrangements with other agencies as a way of serving clients more effectively than simple referrals. However, it should be noted that at some other sites there was relatively little emphasis on working in collaboration with other service providers to meet the needs of families. 'Informal' partnerships such as engagement with neighbourhood associations or other community based groups were hardly mentioned in any of the agency based data.

Service providers from two different agencies talked about some collaborative inter-agency relationships that they found very helpful in serving families. A front-line worker gave a testimonial to some effective joint programming for youth, and an agency manager at another site described a variety of partnerships where professionals from other agencies provided in-house services at the Children's Aid Society:

... we've come into some or our circumstance where we have some fairly good joint programs with agencies like [Agency A] and [Agency B] around the parent/teen conflict issues and I think that those programs have been very successful in my opinion because there isn't the big wait list and it's a program that we collaborate with jointly with those agencies so we're able to get our clients services and hopefully in the long term than those clients will not, you know, show up again and require further involvement. So providing we can continue to get the funding for that, I think it could be very successful.

[Agency based site 2: front-line worker]

...We share an addictions worker that comes out of [Agency X] that does work for us that's called "*****" [...] We also tried really hard with public health to establish a really close working relationship with them when the Healthy Babies, Healthy Children program was developed and so we had a public health nurse, Healthy Babies, Healthy Children's nurse, working in our agency [...] We worked very closely with (Family Counselling Agency)), we have one of the counselor's working in-house and has been for the last 2 years, has worked in-house with our families. They're going to actually look at putting... putting that service in the community, into where there might be high referral rates, so thinking that that might just be sort of a friendlier, less threatening kind of thing if he met with them in the community as opposed to here in the office. ... He does family counseling with anybody that a worker makes a referral for that's willing to

[Agency based site 3: Manager]

Partnership and collaboration with other organizations were mentioned in several of agency based teams. The emphasis on partnerships appeared to vary by agency. Also, managers were more likely to highlight collaboration than front-line workers.

Collaboration with community partners appeared to be a relatively new concept in some of the agency based settings and one that sometimes carried some tension. A number of

different service providers at the following site, from management to front-line, commented on the challenges of working with other agencies to meet the child welfare mandate:

I think that's the next big task, is coming to the appreciation of, y'know, each of our roles or levels of responsibility are a bit different ... You're advocating for the best interests of children, you're hoping they can meet their potential in their natural family, but you're questioning that, because your role, really, is to focus on the child, then you're working with another agency who's advocating for the parent and how do you come together, y'know?

[Agency based site 1: Manager]

A little bit of a struggle because if you look at the traditional agencies where social work is provided, it's non-directional, it's client driven the philosophy of obviously we have to respect everybody's, where they're coming from, their values and how they can be self-motivated and self-directed ... with our job we're working with involuntary clients a lot of times and not everybody we can't always rely on someone only being self-driven

[Agency based site 1: front-line worker]

One of the issues, I guess, that we, especially with the shelter system and the domestic violence services, there was probably a time when our relationship wasn't, there was a tension in the relationship by virtue of the nature of the work we did, that they did, but I think what we've done is over certainly the last four years is build a report with them to talk about common issues that we face with our clients, and so we've built a protocol, we've developed services that really are pretty good at the moment. Again, the police, these are people that we work with, where we've developed protocols to help us deal with situations. Where there are gaps, I guess, are around adult services. Adult mental health, ...

[Agency based site 1: supervisor]

These quotes illustrate some of the philosophical conflicts that exist and may hinder collaborative service delivery. In the last example, a couple of important themes were highlighted. In this particular agency based setting, partnership with the police has traditionally worked better than partnership with "social work agencies". Also, some agency based programs appeared to be more child-focused while others were more oriented to the family as

a whole. The agencies that were more holistic in their focus were more apt to partner with outside agencies that provided services to parents.

A shift to a more holistic child welfare model, one that works more effectively with the whole family system and one that looks at a wide range of service needs seemed imminent to some managers. The trend toward partnerships suggested that seeing child welfare as a shared responsibility between agencies was beneficial to all. The following quotes illustrate a shift in thinking that seemed to be prevalent at some sites, highlighting the idea that child welfare should be a collective responsibility:

Well, I think, from my own personal perspective, the way I look at it is that we're all responsible as a community for keeping our kids safe and helping our families to move along. From our agency's perspective they do a lot of ongoing work in terms of connecting with community supports and bringing them on board and building partnerships with the different community supports.

[Agency based site 3: supervisor]

Service coordination is a prime aspect of that, having service partners work in conjunction with us and with the workers and the supervisors, having meetings together with them and the families included to help with planning for the families having the families participate in that process with their service providers so we are all doing similar things with the same goals we don't have six different agencies with six different goals and the mother's supposed to be at six different meetings.

[Agency based site 2: supervisor]

However, some of front-line workers at these sites felt that community partners were not ready to "buy into" the child welfare mandate and felt that in these relationships they were burdened with most of the responsibility for child protection and other concerns. These workers felt that other agencies had unrealistic expectations of them or undermined their work:

P1 ... so I've got a community service provider who we're supposed to be working cooperatively with telling now, I mean, this information could be untrue or miscommunicated or misinterpreted by my client, but still, the fact that she's getting that message and that she's apparently being told that it's bad to call the CAS because automatically you're perceived as a bad parent, whereas we

encourage people to call if they need support so it doesn't get to the point where, you know, they can't manage anymore. ...

P3: They don't want to assume the responsibility.

P5: And if there's any sense of risk ...

P2: We're mandated, they do not want to wear that, they want someone else to wear that and since we have the legislation, that's us. So they make us carry the big stick. ... It's like the service providers are saying, you know, 'here you go, fix the child and then we'll take him'. ...

[Agency based site 2: front-line workers]

Therefore there seemed to be some discrepancy between how management saw partnerships and how front-line staff saw partnerships working on a ground level.

Nonetheless, partnering for better service delivery appeared to be a growing trend in agency based settings. Support for this trend appeared to vary from agency to agency and generally, partnerships were more likely to be described in a positive way at the management/supervisory level.

Overall Range of Services

Generally, the range of services available through agency based programs seemed to be relatively limited. There was little to no discussion of preventative service, community development or direct programming to address specific needs. There was limited discussion around workers directly helping families to meet practical and basic needs. Closer collaboration with community partners appeared to be a developing area that showed some promise of servicing families more effectively. Traditional referral options, along with more coercive measures discussed in Working Report 3, continued to be the dominant service responses according to this data from service providers.

Integrated Service Delivery Model

In the Integrated Service Delivery Model the Child Welfare Agency is co-located with some of the services to which child welfare might typically refer. Partnership relationships and more accessible services were highlighted in interviews with these teams.

Range of Services Through the Integrated Centre

Workers in the integrated service model setting talked about an array of services available to their clients through their connection to other agencies in the centre. In addition to child welfare services, the centre offers children's mental health services, developmental services and service coordination. A manager talked about three potential areas of benefit to clients – greater access to an array of services, shorter timelines and service coordination:

I think probably the ability to service clients efficiently and effectively because we have such a broad array of services at our disposal and that those barriers that often come with being in separate departments – it doesn't exist, so for us to be able to service clients effectively and efficiently with the services that we have, I think, would be one of the biggest benefits to clients.

I think timeliness; I think in other organizations a bit of a – maybe a bit longer waiting list is there and also if, for example, many, many times it will come in there will be a crisis situation on our child welfare – say at the intake or family service level it comes in and there's a crisis – the ability to service that child or family in a timely manner is at our fingertips because all we need to do is transfer it over if they're in need, so there's not that, you know, we don't have to justify it to another whole agency that, you know, we really need service and yet they still continue to be on the waiting list, that doesn't really happen here. I mean, yes, there's a waiting list, but it's not very large and we, you know, if a family is truly in crisis those services get to them.

I think just the service coordination piece; we also have that service available to clients, so for the clients that have a variety of needs and they're accessing a variety of services, because we're under one roof we have service coordinators that help to tie all those pieces together for clients and it also serves the community because if they're involved in any outside community – with outside community agencies – one person is tying it all together for the family, so again,

that whole collaboration piece. It prevents clients from having to multiple – the frustrations of having to go to multiple sites, you know, to have to wade their way through, you know – sometimes the paperwork, the bureaucracy of dealing with different agencies, those barriers are gone here, so that would be another one I would think. I really – I don't have another one.

[Integrated services site: managers]

Front-line workers also identified service benefits to being in the multi-service centre such as greater awareness of what services were available, personally connecting clients with other professionals and also finding out whether their clients were following through with these services.

P2: And it helps you know what services are available, because I think if you were in an agency that was just protection focused you might not know about a developmental support worker or a child and family consultant, but now we have a good understanding of what the roles are within the agency so we know what's available for our families out there. ... and the thing is too, we're more apt to find out are they following through with the recommendations from people here than we would be from people outside of the agency.

P4: But I also think that sometimes is a good thing depending on where you are in the file; because often I'm going to bridge over – you know, I'm no longer going to stay involved or I'm going to stay involved until mental health services are involved and often because I know the workers I can talk to them about who that worker is and what that person's like and I really think it's going to be a wonderful match and then I introduce that worker on a visit as well, so it seems like it's a nice bridging over – depending on the file.

[Integrated Service site: front-line workers]

It seems that in this model, more specialized services were available to families and more follow-up was possible.

Within the integrated agency model the referral process from child welfare to one of the other departments in the Centre (child development, mental health) was described as simpler than if it were an entirely different agency. The referral and intake process could be done more

quickly and crisis services could sometimes be provided immediately, however, CAS clients were placed on a waiting list for regular services similar to someone waiting from the community at large. Here, a number of front-line staff identified the waitlist issue with similar frustrations as seen in the other agency based settings.

P3: That's right. The waiting lists, because even though we're integrated – which we probably should have talked about earlier – like to get into mental health, you know, you've got kids waiting three months to get in to see a counselor, even though integrated they're right there – we still have the waiting list because it can be a community access program as well – so it isn't just the influx from Children's Aid, it could be from this, from this, the hospitals, the doctors, what have you – there's that waiting time there and sometimes that can be really frustrating.

P5: I think when you talk about an integrated agency, I think sometimes our clients get frustrated because they're aware of the services that our agency can provide and if they're involved with child protection and you want them involved in some counseling services they get frustrated with the wait list and don't understand that even though they're involved with child protection we don't have any control over mental health counseling services, to a large degree, we can do stat counseling quickly but long-term counseling ...

P1: No, it's through mental health, so if a client was in crisis and felt that they needed to see somebody immediately we could make the referral for stat counseling and usually stat counseling is pretty quick, but the clients get mad because they might even want some long-term counseling and they might have a wait of four months; so they get frustrated because if CAS wants them to do it then we should be able to provide it here and right now. I find that that's a downfall in an integrated agency. I've, as a family service worker, I've been frustrated by that myself, let alone – like my clients, like I've closed off a protection where we're still on a wait list five months later for counseling to begin and that's all that was needed on the file. I think when it comes to DR that will be one of the benefits is that now these files that are being – were being opened for mental health reasons to get counseling started – will automatically go to mental health instead of being referred for ongoing services, at the screening level.

P2: That's right, they do, which is, I think, sometimes why we get frustrated on this end with services being slower in terms of them being able to pick up services because they don't have the same pot of money that we do, they can't hire as many workers to do the mental health counseling as we can.

[Integrated services site: front-line workers]

Despite the frustration with waitlists and timelines, many front-line staff did identify that the model was an improvement and saw some clear service benefits for their clients:

P2: Probably, I think, just from the different – the developmental, having the developmental and the mental health piece all in one building because you can access the services a lot more directly with less of a wait, and then we also have the child psychologist who can do assessments without having that wait. Even though we've got to sign releases to actually disclose information between our mental health services and protection services, once you get those releases signed it's very accessible because you're in the same building, or you've got e-mail, or you know, you don't have to wait for a week for a reply or wonder if somebody, you know, got that message.

P8: I think the underlying thing though – like, we would have waits even if we were outside of the community, but I think what's happening with the integrated, is again, the support; they are more supportive of us and it helps out when we're helping out families ... my feelings about it ...

[Integrated Services Site: front-line workers]

In summary, a supervisor highlighted some of the service advantages of the integrated agency while also suggesting some areas for improvements:

S2: But in terms of working relationships, I think we do fairly well with case coordination and case planning and working together. From the protection side we'd like things to be different in lots of ways. We don't have extensive wait lists – when you think of the big picture, but it's still critical that we get service in a real timely way and if you talk to my staff they would probably say, 'I wish we could just get them assigned to one person right away for their mental health needs and get it done', where we have to wait a couple months – or if it's a stat issue, if there's suicide or serious self-harm type of things then we can get them in immediately, but if it's self-esteem and different types of issues – separation adjustment or grief and loss things, but they're not at a self-harming stage or that sort of thing, then they have to wait awhile, so that – even though it's better than probably a lot of communities are, my staff would like to see it faster – you know, could we get the services in quicker, could it be more consistent. They have a short-term team and a long-term team, they run some groups and things like that in their mental health services; my staff would like to see – if you have somebody that starts with the short-term but it turns out to be longer work needed, which

happens sometimes – they transfer to another counselor – well, it would be nice if the same counselor could see things from start to finish, sort of thing. So there's some service disruptions that tend to come that are more system built – for the needs of the system than some of the clients we service. If you asked a mental health person what they thought about that they may have a very different view of how that works, but from the protection side we'd still like to see more continuity of service and faster service for our clients.

[Integrated Services Site: supervisor]

Another issue that emerged from this model was the fact that the integrated agency is focused on children's services which meant the range of services for other age groups – namely teens and parents was limited. This quotes identified that there were few services available to teens:

P2: You have to find a placement and that's the other thing lacking in Chatham too, is our – you know, the answer is always bring them to the hospital; you know, see if they'll admit. Very rarely do they ever admit any of the children and finally, you know, you've got a teen who you've been working with for four weeks, five weeks, who's finally agreed to go to treatment, you got them over that hill and then there's no where for them to go.

P8: And I think, I'm not sure, but you guys probably know this better – is this not coming down now because of the courts – you know, before when we would attempt to apprehend it wasn't seen as a protection concern so now that's where our challenge is from – I mean, just from the meetings that I've attended – is why we can't apprehend a child because it isn't a protection concern and mom would need to abandon the child, so ...

P4: I think a lot of the frustration comes with the gaps in services, like the mental health team do not fit anywhere. The example I gave when I first came in, you know, we have a child who's at risk because she's over the age of 12 the courts do not see it as a protection concern, we don't have grounds to apprehend and you've got parents who have jumped through hoops, they've even offered to buy a bed at a residential treatment facility to get this child what she needs and because there's no protection concerns that parent has to say that they're going to abandon their child in hopes that we would apprehend and still just from our research today we still have nowhere for this child to go who is 14, at risk – we can bring her to the emergency, but if the pediatrician feels that she's not at risk,

which she probably won't present as, he will not admit her into a residential treatment facility.

[Integrated Services Site: front-line workers]

A lack of adult mental health services and support in the community was also identified:

P3: Children. We only do children's mental health in the agency. Adult mental health we usually refer to Family Service Kent, I think is the name, one in Chatham, I'm not sure if there's others or not.

[Integrated Service Site: front-line worker]

It was noted that many clients accessing the integrated agency had a multitude of professionals working with them. This setting seemed to increase the number of staff with whom a client was connected and this had both benefits and challenges:

P1: And then if they're opened up to mental health services or their children are in care there's so many workers – your family worker, the children's worker, then you have to go through three mental health workers before you have your counselor, by the time you do the intake and the screening and the service coordination and then you meet with your counselor – and then you get a PSW sometimes thrown in there – so families get confused sometimes about different roles and expectations and ..

[Integrated service site: front-line worker]

This quote suggested that it may be a challenge for some families to be involved with different professionals for different needs.

Range of Services in the Community

There is an emphasis in this model on working with some other key community partners, many of whom are located in the same city centre neighbourhood as the integrated services. Workers spoke of frequently connecting families to these services outside the centre,

particularly those services with whom they had strong relationships, for example, supportive housing:

P5: [X Housing – X Housing is this little office, I guess you could say, that assists with subsidized housing. There's some subsidized houses in [Region] area that are owned by [X Housing] and so they rent out these homes to clients.

P4: And these houses, specifically, have a support attached to them, so there's a worker who can go into these houses and help the families with budgeting, meal preparation, parenting issues, just as another support.

[Integrated Service Site: front-line worker]

The Regional courthouse, Public Health and Ontario Works are all across the street from the Integrated Centre. A police office is also co-located with the Centre. Some of these partnerships point to partnering for service delivery on the more intrusive end of the spectrum:

P3: Well, and a big piece of the legal piece is we're so close to the court house too. P1: I remember some mornings, like we were on Kyle, so – near Swiss Chalet and I'd drive, you know, hop in my car, drive here, sign the Affidavit, go across town to the court house and it was just too much, so being all in one building and where we're located really helps.

...we have two full-time police officers that are housed here, that are part of the sexual or physical abuse team for investigations. I: Do they go out on all investigations? P3: Well, they go out if they believe there will be - charges could be laid, upon initial information they're brought in if it's suspected physical or sexual abuse, they determine, you know, if it looks like it will lead down that path they'll become involved and they help with the interviewing and things like that.

[Integrated service site: front-line workers]

Other nearby partners offered a range of services on the less intrusive end of the spectrum.

P3: Because Public Health was there and so was Ontario Works. It's all attached to the court house there, so it's quite easy, you know. P1: Because a lot of our families go there and there's times where I'll just say 'hey, pop over here when you're done" and the bus just – you know, there's the bus satiation that's right out front so it's very convenient.[...] – they have the Walk-In Clinic and the Sexual

Health Clinic there, Immunization Clinic there, Healthy Babies ...P1: Victims Services is at the court house too, so ...

[Integrated services site; front-line workers]

The degree to which there may be collaboration with or common referral to these services is unclear but the services appear to be readily accessible due to location and the convenient walk-in nature of some of them.

This integrated service model certainly appears to provide a wider range of available services to child welfare involved families than a stand alone agency site. Many of the services appeared to be accessible in a more timely and convenient way than one would see in other agency based settings, even though it should be noted that waitlists were still a barrier when referring to some of services within the Centre and that convenient access to neighbouring services might be very good for someone living in the city but very poor for someone living in a rural area. Referring families for an array of services and supports was a strong theme at this site. Direct worker involvement in providing support services to families was not highlighted. Efficiency and service coordination were key themes in this service model.

Community-Based and School – Based Models

The spectrum of services provided through community and school-based models was quite different than what was described at the agency based and integrated service centre sites. There was less discussion of the more intrusive interventions and services though these were still used (refer to Working Report 3 for this discussion). Staff generally emphasized their efforts to avoid child apprehension through using other supports. In the interviews, there was a significant focus by service providers on direct involvement with families, practical support, collaborative services and creativity and flexibility in delivering services. There was also

discussion around preventative services and engaging community in delivering services as well as increasing the community's capacity to help families.

Direct Worker Involvement and Practical Support– An Expanded Role

The following quote from a manager summarizes some of the expectations of front-line workers in this service delivery model. It also suggests an expanded role for the agency in serving families and communities:

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

[Community based site 1: manager]

In many community and school based models, the client described is not only the child welfare involved family, but also the family who may be at-risk as well as the community at large.

Workers at this developing community based program expressed their intention to be involved with families in more direct ways. One worker referred to this approach as "more hands on". The setting afforded workers the possibility of direct involvement in established programming:

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

[Community based site 1: front-line worker]

The following quote illustrates the way a front-line worker helped a vulnerable client with practical support, as well as through leveraging community relationships.

P5: And um, so I've been picking her kids up every morning and driving them to daycare because she's recovering from a C-section. We have a neighbour that we found here at [the Centre] we have a neighbour walking the JK student to school everyday cause she's walking her own kids. I drive Mom's toddlers to daycare cause it's right here anyhow and I drive right past her place. And then at the end of the day, I pick the kids up from daycare and drive them home to mom just because we don't want volunteer drivers doing this all the time. But as of today I have a student from the youth group here who is going to be walking the kids' home from daycare. All of this possible because...

[Community based site 2: front-line worker]

In school based programs, in addition to community involvements, some workers were involved directly in programming in the schools. At this school based program, workers described a variety of individual and group based programs that allowed them to connect with children in particular, in different ways:

P2: Last year I was fortunate to run groups throughout the full year which was really good because the kids – you could connect with the kids in such a different way, where you're going down and playing basketball. I know P1 does that as well, but I ran a basketball incentive group, that was really successful. we're also identified as people who are able to support in a preventative way, so we end up – myself, I would end up getting calls from family members, getting calls from parents interested in being linked to services – either directly through me or through students or through community service providers who come in on a regular basis. For example, I have an MSW student that works on Thursday's at [school name] and a lot of the students are linked to her – last semester she ran two groups and this semester she's doing some individual counseling with kids who are identified with behaviour concerns of the school.

P: we keep it very open and sometimes the groups are fluid so we'll have an open-ended social skills group, depending on the—that seems to work really well at (S1). Although we've talked about—in my—as a group we're not sure that that's the, ongoing, the best way to do... service the families, because we're concerned that kids, then, for a full year feel like they have a

special need without ever really a good grasp of achievement. So we were thinking, we've tried to shift so that our groups would be 6-8 weeks, or if it's individual work, it'd be 6-8 weeks and so that it was more clear that they were coming in, it was clear for the school, y'know, they came in, they're working on something, they have some success and then they go back to the classroom, as opposed to feeling like they're having to constantly having to improve themselves for the whole school year.

[Community based site 3: supervisor]

School-based workers, like community based workers, generally seemed to be involved in a wide range of activities. Thus, the school-based program was described as being able to offer many different kinds of supports to families.

I think what we've done, for now, this is just the Fall piece, is we've allotted one morning a week for um workers to be out in the community and do activities. Whether it be a group, whether it be providing food... instead of a food drive thing, or anything that would actually meet the communities needs. That's the Fall piece but I think the one-to-one piece is the teacher and principles are always coming up and consulting with the workers about services so we're providing a lot of extra information that we normally wouldn't provide about grief counseling and whatever else is out there and so I think we're... we're trying to solve the problems before they actually become child protection problems by providing information.

[School based site 1: supervisor]

A supervisor from an emerging school based site talked about the service model as innovative and believed her team was working hard for families – often beyond what a traditional setting would allow:

I think when I hear the stereotype of child welfare I don't think it applies to us. I'm sure in some cases, sometimes it does but I think for the most part... I'm in meetings where we really struggle over decisions and really try and come up with innovative plans to service families within the structure that we have where we really take on stuff that I know we could, we would every right if we were following sort of the script. We're supposed to say no but we're not going to or we can't and we do and sometimes we have to bite the bullet on that but I think we actually really work hard to try to come up with the best plans we can for families and help them.

[School based site 2: supervisor]

Advocacy

Advocacy as a responsibility or role for the worker was expressed as a much stronger theme in the community based and school based programs, in comparison to the agency based or integrated models. The idea of advocating for clients, often through working with partners in the community, was suggested by many of the community based teams as a key role for child welfare.

I call it poverty alleviation supports so when people are behind in their rent and they get an eviction notice or they get their ODSP cut off or they get their Ontario Works cut off or suspended, and they need help navigating the system then... I call it system support as well so that CD worker will sometimes advocate or just support or sometimes go with the family or family member to get the kind of supports they need to stay... prevent, you know, real child welfare risk.

[Community based site 2: supervisor]

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

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

[School based site 2: front-line workers]

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

[Community based site 1: front-line worker]

Well at times I think we can be the biggest family-child advocates, right? For them, whether it's regarding their child in school and something again maybe our families might not take on with the school even though maybe their beliefs or you know so forth, believe that that shouldn't have happened that way, they're not strong enough to do that so to be able to support them and take that on for the best interest of the child.

And teaching them how to be advocates too, right. Yeah. I think that's definitely a big positive to our job is... being that support but also teaching them that we're eventually going to pull out, you need to make sure you can advocate for yourself.

[School based site 1: front-line workers]

Advocacy appeared to be an important role for the front-line worker in community and school based programs.

Prevention

There was an expressed intention in the community based model to place a strong emphasis on education and on preventative work rather than only responding to crises and identified concerns. Here two supervisors from different community based programs highlighted the preventative services aspect of their models:

I think why I got involved with this whole process is the prevention and that would be a piece that we are planning to work on in terms of educating clients and being more open and, you know, things like that, so for me prevention is the big piece and that looks a bit different from traditional child protection work where that's done by somebody else, you know, and whatever – we're just there to case manage and to hold services and all of that.

[Community based site 1: supervisor]

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. I just love it, groups, teachers having a better understanding – I think it's a fabulous thing.

[School based site 3: supervisor]

Again, this model is described as serving a broader client group, with the hope of preventing some families from getting to the point where there are child protection issues:

So even families that are not necessarily involved with the agency, per se, or with child welfare, so to do some of that upfront, outreach and preventative work and getting them connected on so it doesn't end up being a child protection issue per se, but more really focusing on needs of families before it gets to that point,

[School based site 1: front-line worker]

As a means of doing prevention, the model aims to strengthen community supports for families at risk:

I think that the goal would be too, is that the more services provided for a family, the more the community works with that family and the less likely they are going to be becoming involved with us because they'll have services wrapped around them, they'll be getting their needs met and positive change would hopefully occur for the family. That's kind of where I see us. Part of the preventative work too is really beefing up services out there for families in the hopes that there would be less families getting involved with us, so when community members say, you know, 'are you just coming here to watch us and get us your numbers up; are your numbers down or something?' and it's like, 'no, complete opposite, really, we'd like to see more services for the family so that there are less families involved in child welfare'

[School based site 1: front-line worker]

Here a worker gave a case example of how this prevention works in action:

I found that we have little relationships going on with people that potentially could be clients but aren't and I think that's because we have the relationship with them and they trust us, there's a trust that's happening and I see that more and more as I'm out here; I see the community becomes more trusting. There are still people that have had bad experiences that are in your community that aren't trusting and they may never be trusting, but there's one lady, for instance, in this building that for the first year wouldn't look up at me, wouldn't look at me, went right past me, very threatened that we were here and very worried and more recently, I guess I said something about her dog, recently, and she started to talk and so now we're talking to each other and she realizes that it doesn't have to be a threatening relationship, that we can talk about the dog, we don't have to ask any other questions and she's become more open to conversing with us and there's a trust, there's a better trust.

[Community based site 3: front-line worker]

Here a worker suggested that one form of prevention can be as simple as providing community information around specific concerns identified by a community:

So there's lots of ideas around, y'know, a family information box where they can drop something in and say look we need more information around XYZ and the workers will develop, between the 3 of them, will hopefully develop a workshop or a little program around that to do some more outreach and education. [...] Around parenting, around behaviour modification, or... it could be around toilet training, it could be, y'know, how to access resources in the community. It could be how to navigate Ontario Works, y'know, whatever they might need support around...

[Community based site 1: front-line worker]

These school-based program staff talked about how they really believed that the prevention aspect of the service model works and that it offers more to families:

I think one of the biggest things, and I believe P3 commented about it, is that I find personally as a child welfare worker working in both types of models which is community-based and regular, is the prevention. I find that just a huge piece. Especially working out of the school um, we can do so much prevention because we can see how things are going and then do the prevention and then we could... I mean it would make a huge difference down the line for this family. You know it's happened to me a few times and I think that's... when I was in the traditional model I really would feel very frustrated by the agency always being reactive not

proactive and... and not to say it's because, it's just the way Children's Aid is. Um so my vision always was to be in a role that I could be more proactive and certainly the [Agency A] vision just fit it to a tee. So while I'm in the hub and in the community this is where we do a tremendous amount of prevention and I think it's fantastic, you know, I really like that.

[School based site 2: front-line worker]

Preventative... preventative approach um, community involvement, better access to services. As we all know the more services that families get the more successful they're going to be and sometimes if you... you know if you look back we have so many files and so many cases and we weren't servicing our families and a lot of those families were not successful. So that's to me the ultimate goal of community... having a presence in the community, changing the tune of the CAS.

[School based site 2: supervisor]

It is argued by this community based supervisor that, ultimately, prevention services can decrease the need for more intensive child welfare involvement:

We try very hard not to make referrals, we try to do that frontline work in the neighbourhood group at that... at that point. So there's times when we don't have a choice, we have to make the referral but um, but it... generally speaking if it's poverty related things, things that can be alleviated through the services of the CD worker, then we... we'll keep it there. And so it's good. And sometimes child welfare workers will make referrals to the community development worker when they're trying to close the file. So it's almost like that is a mitigating factor when they're going to try to close the file and they know that the CD worker is involved and supporting with... whatever's going on, then they'll close the file.

[Community based site 2" supervisor]

Preventative services appear to be somewhat unique to the community and school-based approaches. They are a group of services that cater to community members beyond those who have open child welfare files and they are services that are intended to provide long term benefits by minimizing future dependence on child welfare.

Partnering and Collaboration

Service providers from the community and school based models talked about an array of partnership strategies and collaborative efforts to provide services to families and communities. Partnering was described as different than what existed in the agency based programs in that partners were often co-located or close by and relationships with other service providers were strong at the front line. There was a great deal more collaborative service delivery described as opposed to partnership relationships based simply on referral. In school based programs, collaborative programming within the school was typical. School hubs had some similar school involvements but somewhat more focus on informal relations with other hub service providers such as public health. Many community based programs co-located with other agencies reported a great deal of service collaboration happening on-site. Those that were not co-located with other agencies tended to do have some key partnerships out in the community to whom they referred and also with whom they sometimes collaborated.

Community based models illustrated many variations of partnership and collaborative ventures. Service providers from community based service models talked about the development of partnerships and service collaboration both with other agencies and with communities, as highly important to their service approach:

It's an expectation that our workers work with the neighbourhood, work with families, and that means, y'know, we're not the experts. We have a role to play and we have—we have important—we have something important to contribute to the process, but it's not ours necessarily, to lead all the time. If something needs leadership provided to, we'll do that, but we don't have to so, y'know, I think that's probably on the biggest—one of the biggest differences.

[Community based site 3: manager]

P: I think truly that we're there to work with the families and the community to support them with, obviously, with the support of staff in {Centre}, because I really see it as working together, collaborating together, to support the families in the best way that we can, knowing that, yes, there are protection issues, but maybe we can address them through this centre or through extension of the

centre, as opposed to some of the traditional... ways that we try to support families that hasn't been successful—the more imposed kind of approaches.

[Community based site 1: manager]

The following quotes illustrated some of the different types of services that resulted from collaboration:

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

[Community based site 1: front-line worker]

..so the way for us to get families what they need is to work collaboratively and in partnership with other organizations, so we have working agreements with public health, we have working agreements with Onward Willow, that's where the community development comes in, with the neighbourhood groups and the city of (C2). And we have partnerships with the school boards in a variety of different ways where, y'know, we are active in providing resources and working with other partners to meet the needs of kids, so, y'know, it's not unusual for us to contribute in-kind resources or some staffing resources or a little bit of money to get a program off the ground and those are joint initiatives.

[Community based site 2: manager]

It is apparent that it takes time to establish these types of services. Staff from one of the newer community based programs talked about their vision for collaboration:

Um, life skills. I think it's huge. Um, you know, parenting programming. Ah, I guess educational type programming that sometimes we expect families to follow through with and yet sometimes maybe we're not able to offer it. You know I would love to be able to go to a home and say "we need some help in this area. Here's where we run a program, out of our office, here on Monday and Wednesday's from this time group come on by" and um...that's what I would like to see.

I would. And actually I've given a lot of thought to programming if we had it in house would be nice. And just kind of breaking down more walls like everyone has been saying. Our families do appear to be feeling more and more comfortable to approach us on their own and to come in and drop in. But like X was saying, there's always a reason behind it. But to have something where to find a communal need or interest that families could come and connect on and maybe to meet... And to have that, that piece of learning that other families and their neighbours are having the same struggle. That it's not just them and to have that kind of support in-house would be fantastic.

[Community based site 3: front-line workers]

In one community based model, community development workers employed by the child welfare agency were located in specific neighbourhoods. This neighbourhood group model was a collaborative venture with parks and recreation services and grass roots community groups. The following are descriptions by several community development workers of the types of services and supports available to child welfare involved families through this collaboration:

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

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

[Community based site 4: front-line workers]

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

sustainable plan for that family to get food for the next month as opposed to for that night.

[Community based site 4: supervisor]

These non-protection community workers were able to offer concrete services and connect families with practical supports and involvements in their communities. Here a child protection worker talked about how she utilizes the community development workers for this kind of support.

I mean, using them to be a support to the family. Some of those practical support pieces that, you know, helping them get to appointments, helping them to get to the food bank, helping them to connect to resources and stuff like that, that's often one way that we use them.

[Community based site 4: supervisor]

In this model the community development workers can provide the very intensive practical support to families who need the help. This appeared to be a variation or extension of the theme of child protection workers providing intensive hands on support themselves. While the ideas discussed within the neighbourhood groups model were innovative, the practice of these ideas was still new and the model appeared to be limited by lack of communication between child protection workers and community development workers and sometimes by waitlists for some of the neighbourhood programs. These front-line child protection workers communicated that they felt disconnected from the program:

So, I personally have found that um I feel like the whole CD department or whatever is really disconnected from the rest of the agency. I don't know what they're doing half the time unless I pick up the phone or look through emails to find out something. I know that I did have one experience where I wanted to send a kid to March break camp I think at at Two Rivers or something and when I called and it was before March break. It was full. And I said I don't even remember seeing a posting for it. And he said," no it wasn't even posted." It was just filled from people that already come here. So, I felt a little bit um, I don't know, I felt a little bit betrayed. Like I thought wait a second, like, that's got to be open to our clients....

I have had very limited contact and involvement with the CD workers because, quite frankly, exploring that region takes time and a lot of times I don't have that time. I know it's a viable resource and a valuable time spent, but when the caseloads get as high and as busy as they've been getting, I mean, I don't think we've really slowed down in a year – you don't always have the time to do that piece of it and that research of it when you're new to the area and you don't have the background and the familiarity, you're too busy putting out fires to actually figure out how to spread the word. So, I mean, it's a great resource but I think the access is very limited and it's - the community development linkage into the frontline work isn't as transparent, I think, as it could be or as well communicated as perhaps it could be for people who are newer in coming into it and it is a whole new environment.

[Community based site 4: front-line workers]

The program appeared to be well utilized only by a small group of protection workers who were very familiar with the program, and used it regularly:

There is a small group of workers that will contact me regularly, cause they know and I've worked with them before. It's just a matter of reminding people that I'm available to support them too so.

It's a quick call, I know Robin's also had experience with the CD worker there, that it's a really good link because it's in their community, it gets them involved, and from a resiliency theory background I think that's the perfect way of delivering our services, hooking them up and partnering with the CD workers so that they feel that they can turn easily to them down the road, like as far as other needs like hydro, summer camp, there's like a whole range of things that we're not – that I don't think the average worker is really tapping into all the stuff that's available through our CD workers.

[Community based site 4: front-line workers]

There is evidence that the neighbourhood group model has thus far had limited capacity as a resource to child protection workers. Therefore, the success of this particular model at successfully linking child welfare involved families with services needs more consideration.

In the school based programs, a supervisor highlighted the fact that collaborative relationships with schools supported a flexible response model, one that also included prevention and early identification services:

...we've had a very flexible response model. The model behind that is we identified schools that were considered high risk in our community. That we had a lot of involvement with CAS and there was a lot of referrals made to CAS that the schools were spending a tremendous amount of time with children who they considered to be high risk as well, so the idea was to provide a seamless service in a way that, um, for families and for the children so that kids, their preventative portion to that, that kids could be identified early, um, would hopefully avoid CAS intervention at some point or that kids could be identified earlier and that the model that CAS provided would be more community-based, family-focused and have a stronger element of child focus in it, by being on-site where the child is at.

[School based site 2: supervisor]

The notion of seamless service is identified in the quote as well, emphasizing a coordinated effort to provide services on-site at the school. School based programs offered unique services on site and in collaboration with the schools.

So... so then and we'll also do parent group, so again, it depends on what the need is of the school for that year and who they're identifying. Bullying, sometimes, sometimes it's bullying for the 9-10 boy age group and then the next year it's bullying for the 12-13 girl age group, so it really varies and so that's the kind of stuff we start looking at in September and what the needs are of that comm—y'know, the school community, we call it and then we—we just implement.

[School based site 3: supervisor]

School-based collaboration can look somewhat different than community-based collaboration. This supervisor contrasts school-based collaboration with community based collaboration and highlights the fact that in the schools, services are focused primarily on the child:

I think in the schools, the schools are expected to do different things than, say, the community. In the school, when I was protection support worker, we would run anger management groups and we would be expected, per school, to work at every classroom and write an anger management session, whereas the

community, it's different need because you're looking at the whole community, so all of Stepping Stones, I just ran a homework club, so kids would come in once a week and we would do homework as opposed to learning about anger management for the whole school, so I think the difference for communities is like, we're all the community, but it's more specialized in the school, just focusing on the students.

[School based site 3: supervisor]

While school based services have tended to be more child focused, there are collaborative aspects to the school-based service model beyond the school partnership. Child welfare service providers reached out to other service providers in the community, joined various community committees and could become involved in grass roots community initiatives. One school based program has established a "hub model" variation, attached to schools but also co-located with other on-site services. At this agency, while schools were pivotal in the development of the school based service model, this manager explained how the model expanded out:

.... Within the school, I think the school culture played a role in developing that model or that response, initially, because the workers were in the schools. Then it developed from there to look at the broader service organizations and how they interface, were not present in that community. Took into account, I believe, some of the less formal community groups, like the church groups and other kind of informal helping mechanisms....

[School based site 2: manager]

Therefore, while some of primary the focus in these school based sites has been on the partnership with the school and the child in the school setting, the model has taken into account the family and larger community as well. In the hub variation of the model, there appeared to be an even stronger emphasis on inter-agency partnerships.

Both community and school based partnerships can help strengthen and streamline referral processes as illustrated in the following example:

The machinery goes very smooth if you have really good community partnerships and in my particular hub we have Halton Region Children's Services and governmental services come in once a week and it's just phenomenal because the

referrals are passed from me to them and everything's done like that (snaps fingers) and it's just amazing. And they in themselves are so happy with the way everything has gone, and the referral process, and they're able to work with the families so quicker than it was just at the agency to go through the bureaucracy.

Um, and being a hub we have a food, a little food bank, we have um community partners that come in and utilize the space. Um some of them want you to speak or they want you to attend some of their meetings because it involves the community as a whole so it's key. It's key in order to get that relationship going.

And even with uh the other community... you know professionals, you know say public health is looking to run a part of a parenting group or big sisters all of the sudden now has an abundance of big sisters in Oakville... so you get to know the service providers so they actually pop in and say like here, here's a whole bunch of referrals, pass them out, take them back to your main office and... or can you... I'm going to email you this positive parenting. Can you make sure it gets to the rest of the staff? So again they have a face and a person to come to rather than trying to email someone here, randomly, and hope that it would actually get back to the rest of the office. Where they know that they can come to us and we are excited because we need programs, we need services and you know what we'll be sure that it's going to get to the rest of our... our co-workers and we'll take it to the team, we'll put the email out. And so even with that being I've noticed since I've been in the Oakville hub, same thing, service providers love to come in and say... even Oakville library. Here is, you know... we're on this big you know read with your children, here's about you know a hundred flyers, take them back to your agency, you know? Just really, really trying to push and you're our connection and take it back. So that is a big thing I've noticed a lot. Specifically before I was more just school and now I'm hub I've really noticed that services are a lot more um, readily available and you have those contacts, right?

[School based site 2: front-line workers]

the main partnership is me with our nurse practitioner. It's a fabulous partnership and it actually creates a lot of trust as well because we have clients that see (nurse) and they come in here to see her and they come in here to see us and sometimes we don't know who they're coming in to see and it really opens things up. It's actually really beneficial.

[Community based site 3: front-line worker]

Despite all the benefits of more partnerships and greater collaboration, some of the same challenges and gaps in service as seen in the agency based sites remained. Workers described how some services are still plagued with waiting lists or just do not exist:

On the flip side of that is I've got a couple families that are in immediate crisis and you make the referral to the community resource and they're wait listed for four months. By the time they get involved...

Well and speaking about the lack of resources, like being in the north community because it's Halton region you know... like in Acton there's limit... even more limited resources than there are here and so many of those parenting programs or other programs all run out of Oakville/Burlington I find for the most part, even Milton or Georgetown which doesn't seem that far from Acton but if you don't drive...

[school based site 2: front-line workers]

A supervisor identified a potential challenge of other agencies downloading on CAS:

Yeah but we still run into... you know there's always going to be the funding problems that we'll always run into because you know I think a lot of service providers are so used to doing it... just call on CAS in the past and because they can't take it on, because they don't have the money or you know... I can't even think of an example that now... we are you know, pushing back out to community and I think for the most part it seems to be working.

[School based site 2: supervisor]

Community and inter-agency collaboration was clearly identified as a strong aspect of the community and school based programs. The way that partnerships were used from site to site varied and there were many examples of creative interventions and services.

Community as a Support System

To different degrees, the community and school based models highlighted the use of “community” as a support system. Community could include local services as well as grass roots, informal, and spontaneous community initiatives. Some programs had a particular focus on increasing the informal support available in the community. In the neighbourhood group model, child protection workers who served families within these specific neighbourhoods highlighted the potential power of the model in terms of using community as a support system:

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

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

[Community based site 4: front-line workers]

The neighbourhood group model is also intended to address isolation and bring neighbours together to identify issues as described by the following excerpt from a supervisor:

...and they'll kind of organize community gatherings to that neighbours can get together and can get to know neighbours and it reduces isolation. Its' a place for people to get to know each other and support each other and the community development worker, depending on what the neighbourhood wants themselves... the community wants themselves, they sometimes will facilitate more organized groups such as brining in public... you know a speaker to speak on various subjects or they'll help facilitate a discussion about something. I mean, you know some communities are worried about drugs in their neighbourhood and so they'll facilitate a conversation about that and that might end up turning into a safety committee or something in a housing building or a... or sometimes it's just a

matter of you know letting people come together and be together as neighbours and facilitating their space for people to do that.

[Community based site 4: supervisor]

There is a potential in this model to create new resources and community responsibility for child welfare, with the caveat that front-line workers need to be able to link vulnerable families to this support network. It was noted earlier that the neighbourhood group program appeared underutilized by front-line child protection workers.

In a developing community based program, a front-line worker talked about the idea of identifying issues differently, for example seeing isolation as the issue rather than traditional mental health:

Because I think, y'know, part of... I mean, just use... mental health, for an example—if there's a parent with mental health issues and is feeling a little isolated and, y'know, the children depressed, so as a result of that, the home cognitions become hazardous to children and as a result of this, children are not getting to school because mom hasn't done shopping or whatever... a traditional approach to that would be okay, she needs, y'know, psychiatric assessment, she needs medication and, y'know, just reactive—pull the kids out of there until she can pull it together and get the house clean. Whereas if I were to look at that from the community-based approach, I would see, okay, we need to—we need to get this mom connected, because part of her depression is probably because she's not getting out of the house, she's not feeling connected with the community, maybe she doesn't have any supports at all, so start developing some supports with her... and see what she has available to her, because sometimes it's easier for, y'know, in our discussion with the mom, to get her to identify, well, y'know, well, maybe my sister could help, but I don't really feel like asking her, because she's too stressed as well and maybe it's just a matter of supporting her in helping her see what she can offer to her sister as well. And getting them connected with the community, I think. [...] Just getting them out, more involved and more connected.

[Community based site 1: front-lin worker]

Even in school based programs, workers suggested that within the schools they are expected to help to address the needs of the community as identified by the community. Here a manager

talked about how the school based approach sought input from the community around the service delivery model:

P: I think the Our Kids program is trying to do that, where they put a hub in that area and different areas and after they're—4 years, actually last year after the 3rd year, sat back and said, y'know, we need to do more grass-roots community development and get more input from the community members, whether that's around a specific housing group or a parent group from the school, however, or just broader, send out questionnaires, type of thing, to drive a little bit more of that process.

[School based site 2: manager]

The use of community as a means of identifying child protection issues and also dealing with them by using the community as a support system for families is an approach that may have an impact on the amount of help that is available to families. This service provider talked about how she believed that child welfare will get better results through engaging the community in their service model:

Sure, because I believe that this is the way that we're going to have better results in child welfare and that we're going to have more of the community recognize that it's a shared responsibility to protect children, it's not just one agency, so that's a result we want – we want the entire community taking responsibility for our kids, for all kids. [Community based site 2: supervisor]

Overall Range of Services in Community and School based Sites

The range of services described by service providers at these sites indicated a broader and more varied range of available services. Traditional service interventions (such as referring clients to a distance office of another agency) did not dominate the dialogue and there appeared to be quite a variety of other service delivery options for these workers to incorporate when servicing clients and communities. The fact that in many sites, workers also saw themselves as serving the larger community through prevention work and community development indicates a much broader approach as well. The nature of partnership was also

quite different in terms of partnership relationships really happening on more of a ground level due to the fact that child welfare workers were often co-located with partners and offered some programs collaboratively.

Summary

The nature and range of services available to child welfare involved families and the larger community varied considerably from site to site. Generally, agency based examples relied heavily on referral based services. Community and school-based models by contrast relied on a much broader range of options and interventions. Waiting lists were a problem in all settings but the community based and school-based sites seemed to have more options available overall to off-set the problem of lack of availability of formal services. Collaboration and partnership were seen as useful at many sites, both agency based and others, however, there appeared to be more collaboration happening on the front-line level in community based and school based settings, attributed in part to proximity and closer relationships at the front-line and in part to the latitude of the model. The Integrated Services Model had some clear service advantages over a more isolated agency setting, primarily when it came to accessing formal and specialized services. In community based and school-based settings workers more often spoke about personal involvements with families and communities and supporting families with practical needs due to having more flexibility and creative options. In agency based settings, there were certainly examples of workers who went above and beyond formal duties but they appeared to be limited by their models and generally adhered to a narrower mandate than their community-based counterparts. There also appeared to be fewer opportunities to connect with families in informal ways and through unique services such as participating in groups. Finally, there was a unique sub-set of services described at many community and school based sites which included preventative programs and grass roots community participation. Overall, the range of services available seemed the narrowest in the agency based settings. The Integrated Service Agency appeared to increase the range and

access to many formal services. The community and school based examples seemed to significantly increase the range of services available by broadening the scope of service options, using formal and informal partnerships and linkages, and participating in some preventative and community development approaches.

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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.