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Working Report #8: Services and Supports (Parent 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 8:

Services and Supports – Parent 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

In this study, differences between accessible settings and centralized settings in terms of the range of services and supports that were reported to be available to clients were investigated. The numbers, types and variety of services described differed, as did the amount of advocacy and support in connecting with services. Also, client satisfaction with the services provided appeared to be somewhat different across models.

Number, Types and Variety of Services In accessible settings families were being connected with at least twice as many different services and supports as in the centralized sites. There were a few exceptions to this trend in the accessible settings.

Diversity of Service Connections Centralized settings offered a more standardized and narrower range of service options and were focused primarily on professional support. While both models could offer additional supports around food, clothing and shelter, these were more frequently provided in the accessible sites. Both models also used community supports such as recreation for children, however, the accessible sites seemed to offer a broader range with more local, neighbourhood based options.

Service Facilitation and Advocacy It was clear that in accessible settings, there was more direct facilitation and assistance from workers when it came to connecting families to services. Examples of advocacy support were found in both types of settings but accessible settings appeared to facilitate advocacy more frequently and in more diverse ways.

Satisfaction with Services The nature of comments varied in that positive comments from centralized settings, in regard to services and supports, generally stressed an appreciation for the professional services they were linked to while comments from accessible settings were more generally enthusiastic and suggested that some families felt extremely supported by the child welfare agency. Some of the positive comments about service supports from accessible

sites stressed the lengths the agency went to get services as well as the diversity of benefits parents received from some of the service connections.

Service Gaps and Criticisms There were more examples of dissatisfaction among parents at centralized sites, compared with accessible sites. The three themes summarizing criticisms that emerged were lack of services, perceived lack of responsiveness from the child welfare agency, and poor service fit or the provision of services that parents did not feel were useful. There were far more parents from centralized sites who were critical about the lack of services in particular.

Waiting Lists and Access General satisfaction with the quality of services, supports, connections and referrals is comparable across models, however, there was somewhat more criticism for a lack of services in the centralized settings and a higher level of enthusiasm for the extent of support within the accessible models.

Even though centralized models may have been good at connecting families with some useful professional services, accessible settings seemed to offer the added benefit of variety and more extensive service support. As a result, parent enthusiasm and praise for the supports they received appeared to be somewhat greater at accessible sites.

Background to the Study

The Transforming Front-line Child Welfare Practice Project is a study of different child welfare service models, at six child welfare agencies in Ontario. This project investigates the impact of institutional settings on front-line child protection practice. Institutional settings included in this research (accessible or centralized models) varied on dimensions theoretically important to differential response models of child welfare (i.e. service values, physical accessibility, service partnerships, community partnerships, and co-location). Accessible models embed front line child protection service providers in neighbourhoods or schools with the intent that service providers will be more familiar and accessible to families. The philosophies of accessible programs tend to emphasize collaboration with other community service providers, local community building and prevention. Central models locate child protection service providers in agency premises that generally are not physically close to most of the families served. This is 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 Project at Wilfrid Laurier University found that different institutional settings greatly influenced dimensions of 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 understanding and acceptance of the child welfare agency. This earlier research highlighted how accessible settings provide the possibility for workers to have more contact with children and families through geographic proximity, shared space and opportunities for informal contact. These accessible settings also allowed for greater contact or co-location with community partners.

In 2006, the Ontario government launched an ambitious and multi-faceted Transformation Agenda for child welfare services. Central to this Agenda is the development of more cooperative helping relationships in child welfare and reducing the system's reliance on legal authority to engage families and move children into out-of-home placements. Within this provincial context, the Transforming Front-line Child Welfare Practice Project's overarching purpose was to understand how institutional settings affect front-line child protection practice. Specific research objectives included: (1) the completion of a multi-level process and outcome assessment of purposively selected variants of institutional settings for front-line child protection practice in Ontario; (2) comprehensive description of developmental requirements, service participant experiences as well as system and client outcomes across institutional settings for both service and investigation differential response service options; (3) the development of a theoretical or conceptual framework for understanding the observed differences across institutional settings; and, (4) the identification of practical lessons from findings across institutional settings.

Research Design

This research utilized a multi-faceted methodology incorporating 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 months after the initial survey

- 72 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

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

- 15 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

Research Procedures Involving Parents

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.

Research Procedures Involving Service Providers

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.

Introduction

Chapter 2 examined the range of services and supports described by service providers. In

Chapter 7, we examine the range of services and supports available from the perspectives of child welfare involved families.   Child welfare agencies typically provide a variety of services and supports through referral to programs in the community. These services and supports are used instead of, or in addition to, legal interventions, such as supervision orders and out of home care. The range of services provided can differ greatly and while there are standard types of referrals that typically happen in child welfare, for example addictions counselling for clients with drug and alcohol abuse problems or psychiatry or professional counselling for parents with mental health issues, there are many other kinds of supports that may be facilitated as well. In this study, there appeared to be some clear differences between accessible settings and centralized settings in terms of the range of services and supports that were reported to be available to clients. The numbers, types and variety of services described differed, as did the amount of advocacy and support in connecting with services. Finally, client satisfaction with the services provided appeared to be somewhat different across models.

Number, Types and Variety of Services

Number of Service Connections

The total numbers of service supports that were reported as a result of child welfare involvement varied greatly across different sites and regions. However, there also appeared to be clear qualitative differences between models. Parents were specifically asked in interviews what services and supports became available to them as a result of their involvement with child welfare services, including all referrals and service connections facilitated by the child welfare agency. In interviews with 30 families from agency based settings, a total of 63 service connections were mentioned.   In interviews with 42 families from accessible settings, a total of 165 service supports were mentioned. This suggests that in accessible settings families were being connected with at least twice as many different services and supports as in the centralized sites. We do not know whether families were able to remember or name all of the services offered, but the question does provide a point of comparison across the sites. It should

be noted that in some cases, families were already linked with services that CAS suggested and these cases occurred in relatively similar frequency in both types of settings.

Several families in the accessible setting interviews specifically pointed out that they were impressed by the large number of supports they received. For example:

P: Uh no if there's a support that I haven't gotten yet it's because I haven't needed it yet. I don't know if she brings up supports that I don't even know exist or that I don't know are there so um I ask for as many as I could and then she just keeps bringing things to the table. I don't have to ask too much she brings things that she feels are necessary for our family so...

[Accessible Site 6 - 176]

P: Ah, yes. They got everything for [son]. Oh my goodness.

[Accessible Site 1 -123]

P: When I was waiting for the housing, she used to make sure I have food, clothes, winter stuff, anything that I needed- she would make sure I have it. (…) She would call right there and get it done.

[Accessible Site 2- 276]

And you know, she really, she really connected me with a lot of services and a lot of help….

[Accessible Site 6 - 180]

… like [recreation centre] for the girls, for them to have something to do and then she gave me numbers for housing, they helped with that and some other numbers they gave me for my

diabetes and different things, like anything I phone for, they pretty much have helped me with.

[Accessible Site 3 - 377]

She got me into Healthy Relationship Program. She got me into my psychiatrist's appointments. She got me into individual counselling through Wings Program or something like that. Yeah, a lot of great…a lot of great programs.

[Accessible Site 5 - 489]

…the kids all went to camp this summer. I did not pay for it. They paid for it. They gave them swim passes. Anything that you know that we could find stuff for them to do to keep them out of trouble, they came with lists, and lists and all kinds of different things. You know here choose this, you want to do this? Okay here you go this here is a week of camp. We are going to pay for it no problem.

[Accessible Site 6 - 181]

P: Just family counselling and anger management counselling and, like, me and my daughter, we went to the Launch Pad and, like, all these programs that the CAS asked us to go to.

[Accessible Site 4 - 456]

Any support my family has needed, any shape, form or size she's 100% accommodated that.

[Accessible Site 6 - 187]

These families were clearly pleased with all of the service connections that child welfare

provided for them. There were a few exceptions to this trend in the accessible settings. One site in the accessible sample appeared to provide a very small number of service supports and this happened to be a new and less developed site. Also, one accessible setting contained a large number of cases from a newly established community based location/branch and in these cases families were provided with fewer service connections as well.   Our service provider interview data supported the observation that service supports and connections needed to be established in this location.

Diversity of Service Connections

The nature and diversity of the service supports made available through the child welfare relationship also varied by model. According to what parents shared in interviews, centralized settings offered a more standardized and narrower range of service options and were focused primarily on professional support. While both models could offer additional supports around food, clothing and shelter, these were more frequently provided in the accessible sites. Both models also used community supports such as recreation for children, however, the accessible sites seemed to offer a broader range with more local, neighbourhood based options.   The following section gives a sense of the diversity of services offered within different service models.

Parents from agency based settings talked primarily about standard, professional services to which they were referred. Professional services could include mental health services, medical services, legal and counselling services. Often a parenting group, anger management or substance abuse counselling were also seen in service plans. Sometimes the professional services were offered through the main child welfare office or in the case of the integrated agency, through the integrated partnership.   In other cases the referral was to another service provider. These sorts of service referrals also happened at accessible sites. The following quotes describe the some typical professional services to which both centralized and accessible models referred:

P: He was… he was able to help me… We were just seeing my family doctor and he was able to help me to get [child] in to see a… like a paediatrician for… because she was having a few problems.

[Centralized Site 1-159]

P: Yes. They helped us with the ROCK, it's like a psychology type thing where you can go. It's a family thing but it's mainly for kids of addict parents. So they go there and talk about the problems that they wouldn't talk to their parents about because I have that problem with my son right now.

[Centralized Site 2 - 220]

P: Well I had somebody from [Hospital name] come 'cause uh my daughter like… um before the summer, when it happened, she was dealing with a lot… they have like workers there, they have somebody to talk to, there's um a psychiatrist if there need to. Like we had to put her on um anti… um like almost like an anti-depressant but it's for anxiety because she's got anxiety. So they got someone for her to talk to one-on-one like if there's like anything bothering her and she's… we're doing a study to help her in September on what problems in school.

[Centralized Site 3 - 323]

P: [Community substance abuse counselling agency] and then, I had to take anger management, had to take parenting classes, I had to take relationship classes and I do rehab and I had to do drug tests three…three four times a week.

[Accessible Site 6 - 182]

Like I mean, my kids have [name] mental health they have disability speech therapy, occupational therapy, behaviour consultants, early interventionists.

[Accessible Site 6 - 180]

And she got (daughter) into speech therapy...Referral to psychiatrist

[Accessible Site 5 - 489]

P: Just family counselling and anger management counselling and, like, me and my daughter, we went to the Launch Pad and, like, all these programs that the CAS asked us to go to.

[Accessible Site 4 - 456]

The above types of referrals were common in both types of settings and across agencies and regions. These service connections provided what appeared to be very important services and supports to many families.

Basic needs, types of referrals and services were talked about in both agency based and accessible settings. However, there were many more examples from accessible settings. A few accessible settings in particular seemed to have well established practices of assisting families with basic needs. Basic need supports included support with food, clothing, transportation and shelter. The following examples are illustrative of the extent of support offered at some of the accessible sites:

(...) They were able to help out with food vouchers. And they were able to get my assistance up and going.

[Accessible Site 2 - 273]

They helped me with…formula, diapers when I needed it…food vouchers for when I needed food…cab rides when I had no rides to get the kids to the doctor's or had no money to get the kids to the doctor's I had cab rides or they gave me bus tickets [Accessible Site 1 -125] …she would come and help me and take care of whatever issue that may arise. She would give me milk if I needed milk– I need to get a bigger apartment which we're working on so there's more room…

[Accessible Site 6 - 177]

P: The food bank and the church and stuff for meals, yeah.[…] rent bank and the drop-in center [..] So they were real, it was really good, like, food wise and money for hydro and snow suits and gifts, that was really good.

[Accessible Site 1 - 100]

-- I wouldn't have, and I wouldn't have this house to live in with my kids with all this beautiful furniture and those kinds of things 'cause she helped me. She got me my fridge, she took me to the store to buy my stove, she got me a kitchen table and a dishwasher and a DVD player.

[Accessible Site 6 - 180]

Yes. The pre-natal and post-natal classes, they're very helpful. There was a lot of good information. I was able to hang out with some other young mothers and also provided healthy snack, dinner, bus tickets to get there and $20 dollar vouchers for our Zehrs.

[Accessible Site 4 - 455]

And she, like, whatever I needed help, she'd go out and help me like she'd buy it, like got us a cool air humidifier for him and if I was struggling sometimes, she, like, give me vouchers and –

[Accessible Site 4-456]

In accessible settings, basic needs supports were frequently named as one of the forms of support made available. In centralized settings, there were only 5 examples of cases where basic needs supports were named in interviews versus 23 cases in the accessible sites. While food, clothing, transportation and shelter supports can be offered in agency based settings there certainly appeared to be more of an emphasis on providing these things in accessible settings. The philosophy and values espoused by community and school based settings often take into account issues of poverty and isolation. It makes sense that there would be more of a bend toward addressing these through service.

Referral to community supports such as recreation and social supports are another type of enhanced service support that may be offered through some child welfare agencies. These types of service linkages and supports were more often seen in the accessible settings. In many cases these types of services were found in the local neighbourhoods that accessible models served. Sometimes viewed as preventative, or as "extra" supports, they were often identified by families as a valuable part of their support system. For example, these services can give parents much needed breaks, provide children with informal supervision and enrichment and they can address isolation and parental stress as in the case of community groups and services for adults. While similar sorts of supports were occasionally identified in centralized model interviews, the diversity of examples from some of the accessible sites was unparalleled. The following excerpts give one a sense of this diversity of options (in addition to the standard service formulas) that were made available through some of the accessible service models:

She set us up with the neighbourhood group um so that we could have a place that uh we can go to just during the day, like on Tuesdays we have coffee time and free Tim Horton swims and the… you know the… they do lots of stuff to help us out so… it… it's been really good (laughs).

[Accessible Site 6 - 176]

And I was taking him to Baby Day over at [the Centre] every Tuesday…Yeah I find them help- I find them all helpful (parent groups at local Centre).

[Accessible Site 1 - 110]

my son's going to be going to a special camp that we've arranged for him to do computer programming for two weeks this summer and they've orig… um arranged for drives for him to get there and home and they get me swim tickets and they work through like they help me find things to do with… with my son… They, they will call me and suggest, like if there's something going on in the community that, that maybe [my son] could be involved in or that I could be involved in then they'll call me and they'll, they'll let me know about it and that kind of thing so…

[Accessible Site 6 - 177]

Um they also set it up that she would go to summer camp which is us… for, for me, for the… gives me a little bit of a break when… 'cause I don't have anybody else you know…they've supplied me with swimming passes and um splash pad passes and stuff so I can provide um entertainment for her during the summer.

[Accessible Site 6 - 176]

…the kids all went to camp this summer. I did not pay for it. They paid for it. They gave them

swim passes. Anything that you know that we could find stuff for them to do to keep them out of trouble, they came with list, and list and all kinds of different things. You know here choose this, you want to do this? Okay here you go this here is a week of camp. We are going to pay for it no problem.

[Accessible Site 6 - 181]

…programs that she [Participant's Main CAS Worker] got the kids into and summer camp they paid for a week for each of the kids….because funds were tight then.

[Accessible Site 6 - 184]

She's helped with you know, some funding for activities, so I can do stuff with the kids…And they gave us swimming passes so we were able to go and spend time together swimming.

[Accessible Site 6 - 187]

I: So during this period of time, were they—you've talked about the summer camp the first year and that was quite helpful—
P: Absolutely, it was cost-effective and I knew [child] was going to be supervised because the youngest one has opposition defiance and ADHD

[Accessible Site 4 - 447]

P: Yes. The pre-natal and post-natal classes, they're very helpful. There was a lot of good information. I was able to hang out with some other young mothers and also provided healthy snack, dinner, bus tickets to get there and $20 dollar vouchers for our Zehrs.

[Accessible Site 4 - 455]

P: -- over there on [street name] and at that time I was, like, pregnant and I was, like, well, I don't really have, like, the time to go to the Launch Pad with Aris. I have like, things and stuff. And then after Jordan was born, she always asking us to go and I don't really want to go because Jordan was just born and I don't really want to take him out, 'cause he was born in November and it was – […] Just family counselling and anger management counselling and, like, me and my daughter, we went to the Launch Pad and, like, all these programs that the CAS asked us to go to.

[Accessible Site 4 - 456]

P: But right now he's [Participant's Son] having problems with some school work and some bullying stuff there. So, the school and CAS has put some ideas to us like cadet's, a math tutor, and a community police officer that goes in to schools (…)

[Accessible Site 2 - 278]

P: They did do some stuff with my son, just stating what things he was having problems with and the techniques I could use to help him and told me if it didn't get any better that I could bring him back at any time…. {A parent support group at the school}, I went there. It was quite helpful. …YMCA. I went to a lot of them.

[Accessible Site 5 - 495]

Many of these services and supports were in the local neighbourhoods where families live. As stated in the introduction, centralized models did not offer nearly the number of supports to parents in our sample as compared with the accessible settings.

20

Compared with accessible site participants, participants from centralized sites were not as impressed by the quantity and variety of services they received though at times they expressed pleasure with the quality of the service they received.

Service Facilitation and Advocacy

Service Facilitation

The child welfare worker plays a role in connecting families to services. Some families may require a little extra support when it comes to accessing different services and some families may benefit from advocacy on the part of the worker in order to get certain needs met. The parent interviews revealed a variety of approaches to connecting families to services ranging from intensive support to leaving it up to the parent to access services on their own. While the approach of the worker may depend partly on the needs presented by the family, it was clear that in accessible settings, there was more direct facilitation and assistance from workers when it came to connecting families to services. There also appeared to be some difference when it came to advocating with other community organizations on behalf of families.

Some parents described workers who directly facilitated service connections while other parents talked about workers who just gave them phone numbers to call:

P: She shows me um different programs I can take her to, she signs me up for groups, she provides car rides when needed, she set me up with counselling, she does anything possible.

[Accessible Site 6 - 176]

P: I've just… I've got a few numbers of places that I can call, actually one number that I can call and one number that my husband can call for his drinking.

[Centralized Site 4 - 418]

Accessible models contained many more examples of more "hands on" facilitation of service linkages and supports like those described in the first example. The following are some more examples from accessible settings, where workers went to some lengths to make sure families were connected with the services and supports they needed:

P: At the beginning, when I first met [worker] she ran out and got me some mops, cleaning supplies 'cause I didn't know anything about cleaning supplies. I mean nothing. So she went out and she's… like she had people come out. …She got me into a parenting program—a couple of parenting programs that taught me a lot.

[Accessible Site 5 - 489]

P: -- I wouldn't have, and I wouldn't have this house to live in with my kids with all this beautiful furniture and those kinds of things 'cause she helped me. She got me my fridge, she took me to the store to buy my stove, she got me a kitchen table and a dishwasher and a DVD player.

[Accessible Site 6 - 180]

P: Yes- yes….when he came into our lives, he had followed up on the case and he came for a visit and everything else to see how we were. And he's been great. He's helped us out with…getting a new place. And getting outta that two bedroom apartment that we were living in and helped us get into housing and if I need anything like bus tickets or a ride for the kids to doctor's appointment, etc. Whatever I need I go talk to him and if there is a way he can help out, he can.

[Accessible Site 1 - 125]

P: They referred me to lots of things like the parenting program, anger management as referred to. She set up everything for my rehabilitation program. Like it was supposed to be in town, but they don't want it in town so she set it all up in Elliot Lake. And yeah, like pretty much the whole thing. Like I just had to walk in and that was that. Like, I don't know. She did a lot for me…

[Accessible Site 6 - 182]

I did not really know how to ask him for help because I do not know what they offer right? So…he (worker) would ask me what kinds of things that I felt like there must be a reason in our lives now that I felt we needed the most help with and he hooked us up with counselling and he hooked us up with…the Family Support Worker.

[Accessible Site 6 -181]

P: She got me into Healthy Relationship Program. She got me into my psychiatrist's appointments. Well, she helped me get into it, the psychiatrist. She got me into individual counselling through Wings Program or something like that. Yeah, a lot of great…a lot of great programs.

[Accessible Site 5 - 489]

Accessible settings also contained examples of workers providing some hands on guidance and support to families as in the following excerpts:

P: Her name was [worker 1].[…] It's just different ideas, you know, how to get them, how to do charts for chores -- to relieve my stress much, I'm not telling them every day to pick up your

dirty clothes —-- show them how to make up charts, and then you put stickers on them and rewards and stuff afterwards – so yeah.

[Accessible Site 1 - 100]

But the worker is trying to work with the school on some strategies they can use when she's having a meltdown at school so which will help me here at home because right now, she bottles it at school and then brings it home lets it all go on me. So, we're working to try to solve problems as they come rather than let them build up. So, she's helping us with that right now.

[Accessible Site 6 - 184]

Advocacy on behalf of families was a feature of service provision in some instances. Examples of advocacy support were found in both types of settings but accessible settings appeared to facilitate advocacy more frequently and in more diverse ways. The following are the agency based examples that were found:

…she even helped me with my taxes, because, yeah, it was a mix-up of who gets the money and y'know, she got her… their taxation department got it all straightened out for me and that was even after… this was after my case was closed so… yeah.

[Centralized Site 3- 318]

… and then getting her like tested like getting her with this um thing she's gotta do for school and help me with that and then really with school like she came in… came in and had meetings with like the principal and teacher came in and like you know and really helped out with that, so…

[Centralized Site 3 - 323]

The following are the examples found from accessible sites:
Children's Aid even tried to help get us into this housing unit, and ya know, letters of recommendation from them and getting the kids into daycare, ya know?

[Accessible Site 1 -119]

P: Uh yeah, they've had direct contact with the Family and Child workers at the school and with her teachers and the principles uh to make sure [daughter] gets the full support and help needed at school and make sure that everything runs smoothly and if they have any concerns or um issues with the way [daughter] is they talk to my Family and Children's Services worker and she'll address it with me and see how the best way we can go about getting her more help or whatever.

[Accessible Site 6 - 176]

The next day, she was on it. Like he was removed from a couple of them... couple of them were shut down, the foster homes, because of us and because of her. So she like removed him immediately when she found out these things.

[Accessible Site 1 - 123]

They helped us reconnect with [Community Mental Health]. And they helped us open our file back up there and get [daughter] some help and get [son] some help, which I was getting nowhere on my own, without the agency's help.

[Accessible Site 6 - 187]

The following further example illustrates a worker helping a parent by facilitating communication between all agencies involved and taking the burden off the parent in terms of managing all of these services:

At my last shared services meeting I had seventeen different workers, even workers from the school board, you know? And they can't believe that I've been doing all of these different things simultaneously and nobody's been on the same page and how I kept it together. And now because of [Participant's Main CAS Worker] , we're all on the same page. Everybody knows what's going on. I don't have to feel overwhelmed or like I'm hiding things from people this way and that way. —It reduced a lot of tension – and I also have a plan of action so I know where to start when it comes to my son's behaviour and which kind of people to channel through to get whichever behaviour dealt with appropriately.

[Accessible Site 6 - 180]

Sometimes workers even advocated with other child welfare agencies on behalf of a parent:

(worker advocated with CAS in another Region to help mom get her children back from the grandparents) … it was like, I was nobody to them (other CAS). They wouldn't even call me back or anything. So I got the Children's Aid here involved and then my-- everything got on ball. They helped me out, told me what I had to do, helped me get involved and stuff, like anger management and all kinds of different little situations. But that's how I got involved here because I needed them to help me.

[Accessible Site 5 - 492]

At school based sites, workers were particularly effective when it came to helping parents deal

with teachers and school administration:

She ended up helping out a lot when we were dealing with different things that were going on at the school because it was very intimidating (…) the case worker on board she did facilitate a lot of the meeting that we had and very much stood up for us. She was in our corner so I think that was a bit of a barrier…a buffer between the school and everybody that they would bring in (…) So it was a full room and if it would have been just my husband and myself, it would've been very intimidating. So she did help…give us support in that way.

[Accessible Site 2 - 284]

she…she did school meetings with the school and I, 'cause I was having problems with the school with (daughter) last year.

[Accessible Site 5 - 489]

All of these parents experienced the advocacy support they received as very helpful. While advocacy is clearly a service approach that can occur in centralized settings, our interview data indicated much more of an emphasis on advocacy work in the accessible settings. From these interviews, there appears to be an advantage to families in accessible settings when it came to both advocacy and direct facilitation of service.

Satisfaction with Services

Parents from both types of settings had many positive things to say about the services they received as a result of their involvement with the child welfare agency. The overall nature of comments and feedback was somewhat different across the different models in terms of the qualities noted. There were also several gaps and criticisms cited from both types of models. Also noteworthy were the number of comments from both centralized and accessible settings

that indicated that families received help they wouldn't have otherwise received.

Overall Nature of Positive Feedback:

The nature of comments varied in that positive comments from centralized settings, in regard to services and supports, generally stressed an appreciation for the professional services they were linked to while comments from accessible settings were more generally enthusiastic and suggested that some families felt extremely supported by the child welfare agency. Typical comments from a centralized setting might sound like this:

I: Okay. So all-in-all you thought – what-what did you feel about your experience?

P: I thought it was very good.

[Centralized Site 5 - 511]

I: And what parts were the most helpful to you?

P: The counselling.

I: The counselling was helpful. And did you go with your— with your partner?

P: Yes, I did.

I: Okay. And how did that help?

P: A lot. It helps a lot to save our relationship.

[Centralized Site 5 - 514]

Some of the positive comments about service supports from accessible sites stressed the lengths the agency went to get them services as well as the diversity of benefits they received from some of the service connections:

P: Ah, yes. They got everything for [son]. Oh my goodness. They tried foster homes. Then that didn't work. His worker's really good too, as well. […] They did and they're still doing… they're still doing whatever they can for him because she had actually said to me, "Your son definitely gave our agency a run." And he still is, because he's been all over the place. It's kind of… it's entertaining them sometimes, but they're working for him.

[Accessible Site 1 - 123]

P: Yeah, [name], it was a great program. It was a great program…. It's just a… it's a child learning, child development place where pre-teen children, no… pre-teen adults go and just learn about everyday things that you do with your child. Good activities to do and stuff like that. It also does the first aid certificate and all that stuff as well. I found they were great, like they were an awesome place to be, like, it was awesome. And it was just awesome, great people there, and you also get to meet young parents as well, too.

[Accessible Site 1 - 103]

P: Yeah, I don't know who would spend by a month but it's been awesome. She got me into Healthy Relationship Program. She got me into my psychiatrist's appointments. Well, she helped me get into it, the psychiatrist. She got me into individual counselling through Wings Program or something like that. Yeah, a lot of great…a lot of great programs.

[Accessible Site 5 - 489]

P: Uh no if there's a support that I haven't gotten yet it's because I haven't needed it yet. I don't know if she brings up supports that I don't even know exist or that I don't know are there so um I ask for as many as I could and then she just keeps brining things to the table. I don't have to ask too much she brings things that she feels are necessary for our family so…

[Accessible Site 6 - 176]

Families from accessible sites generally had somewhat more to say about the services they received which made sense given the fact that they reported receiving more services overall and more diverse service supports.

Service Gaps and Criticisms

While there were many positive experiences with services and supports in each type of model, there were more examples of dissatisfaction among parents at centralized sites, compared with accessible sites. There were far more parents from centralized sites who were critical about the lack of services in particular. This makes sense considering there appeared to be far fewer services in number, provided through the centralized settings. Similar criticisms from accessible sites were few with the exception of two less developed sites.

The following analysis illustrates the extent of criticisms or service gaps identified in the centralized site interviews. The first theme was a simple lack of services identified at some sites and in some service experiences:

P: The only thing that she had recommended was the supervised access centre, which would have been helpful if we had gotten that far. Although, no there wasn't really any other services that I can think of that she recommended.

[Centralized Site 4 - 425]

Did anything become available that wouldn't have otherwise?

P: No. No on the contrary, I think even less.

[Centralized Site 2 - 228]

I: (…)Did anything become available?

P: Nothing. (…)Any services I've gotten I've gotten on my own separately from CAS.

[Centralized Site 2 - 233]

If I need help um like special classes to learn how to cope with her behavior, they'd put me through those but right now because there are none offered… Close enough for me. They can't get me in 'cause the next one's not offered 'til next year. 'Cause it's only offered every January.

[Centralized Site 3 - 321]

I: Okay. So did they— Were they able to provide or connect your family with any helpful services and supports? P: I would say no.

[Centralized Site 5 - 524]

The second theme that emerged was a lack of responsiveness that some families perceived from the child welfare agency:

P: Oh no, when I called CAS because [daughter] was running away that summer. They told me

don't bother calling us, we can't help you, call Contact [city]. Yeah. I was not impressed. You're here to help me, you're supposed to be here to help us, that is what I've always been told since I got pregnant with [daughter], 'kay, this… in nineteen ninety eight when I found out I was pregnant first words out of my family doctor's mouth was if you need help call the Children's Aid Society, they will help. Where's my help?

[Centralized Site 3 - 321]

(…)And because my case is so different to Children's Aid I don't think they had all the resources and that I think they had to find them. (…)So…so I think it was difficult for them because they really didn't know what to do with us. They wanted to help us but they didn't know what to do with us. And they didn't really know what care my son needs. I still think they are thrown off by what care my son needs and they're still struggling with it. But they are trying and doing their best.

[Centralized Site 2 - 228]

(…)So had you know CAS, there was a lot of recommendations given to CAS from an outside person that probably would have made a huge difference and they didn't feel at that time it was warranted and now they think it's too late. So basically they don't want to spend the money. They don't want to spend the money, that's what it boils down to. They don't want to stand in front of a judge and have things court-ordered which they have the power to do that.

[Centralized Site 2 - 233]

P: I got more hassle and road blocks through them than anything else. A lot of the leg work was done by myself, by his doctor, by his counsellor. Not the agency. The agency was very, very, very inadequate. They did not help unless I called supervisors into it or threatened to get higher power involved.

[Centralized Site 5 - 527]

I think Children's Aid is a waste of time. You get more services from other organizations than you do with Children's Aid. The only thing that Children's Aid did for me, for one year, was Justin went to a respite foster home every other weekend. Weekends his father should have been taking him, but refused to take him, so at least I knew those weekends I had without Justin, but I still had two other kids.

[Centralized Site 4 - 447]

The final theme was a poor service fit or the provision of services that parents did not feel were useful:

—they taught me nothing. Like I've already done a parenting course and this group is like, we've watched, I've been there for almost a year now, I've watched three videos, one on shaking baby, one on child-proofing your home and stuff and I think the other one was coping with kids' behaviour and I was like, this is... that was three videos and almost a year and the rest of the time we just sit around and do nothing. They don't talk to you, they don't... we've done, like a couple of true or false tests, but it wasn't—it was five questions, it was like, what are you trying to teach us? Like, you're not doing anything for us.

[Centralized Site 3 - 320]

I: Okay. So did they— Were they able to provide or connect your family with any helpful services and supports?

P: I would say no. ..counselling which they set up, which was a joke. All they did was go and play games and stuff and you know, like, it was a joke

[Centralized Site 5 - 524]

We weren't asking them to deal with us and him getting his bipolar straightened out, they're not professionals for that. They should have dealt with what they should have dealt with. The kids. Or at least, with [son], to get him some help with his lack of respect, control and maybe getting—the potential of getting out of control to become violent, but he wasn't violent.

[Centralized Site 1 - 167]

Most criticisms of service gaps came from centralized settings. While no clear themes of service gaps emerged across the accessible models, two sites were notable exceptions in that many service gaps were identified at these two sites.

One of these sites was an emerging school based model and the other site contained many cases from a new location that did not have good service connections developed. The following are some quotes from these accessible sites:

P: When I wanted anger management for my son, they got that for him. That's pretty much it. Everything else I had to try and do on my own. Find on my own.

P: I didn't really want to ask them for a lot either. Because the simple fact is, I thought the more I ask, the more I would use that against me too.

[Accessible Site 3 - 383]

P: Everything goes through [agency], so Children's Aid really does nothing. Everything goes through [agency], which, I don't have a lot of good things about either.

I: What is [agency]?

P: It's like a central hub for [city] and any services that you want with them, [city], has to be referred through [agency]. So somebody from [agency] has to come to your home to do an intake so they know what's going on, what the family, figure out what services you need, then the intern makes the referrals, puts you on the waiting list and then you wait and wait and wait and wait and wait.

[Accessible Site 4- 447]

I: Okay. So do you think your family was able to get help you otherwise wouldn't have received because of your involvement with the agency?

P: I would say no

I: Yeah.

P: I could have – like for healthy babies I could have done that on my own.

[Accessible Site 4 465]

P: I probably would have got it without them, just, I can go to those places myself. They just told me the names, but I already knew of it.

[Accessible Site 4 -448]

It is important to note, however, that these sites were exceptions and other accessible sites did not illustrate the same patterns. The fact that these accessible sites with poor service feedback are relatively new or emerging suggests that the accessible sites that are rich in service

connections have required time to develop their capacities.

Waiting Lists and Access

Waiting lists for many professional services are common and can be a barrier to getting timely service. However, there was not a great deal of criticism of child welfare for this reality in either model. On the contrary, parents from both types of models expressed appreciation that child welfare was able to help them access services sooner than otherwise. In addition, families from both types of models reported that they were able to get help they wouldn't have otherwise received at all through the fact that they became involved with child welfare. Child welfare can be very good at helping families get professional services much faster than if they were self-referred. In fact, this positive aspect of involvement was more frequently cited than the frustration of waiting lists. Descriptions of this benefit came from both types of sites. Here, some families made reference to being "bumped up" waiting lists due to their involvement with the agency:

P: Yeah, like some of the… like the ROCK, we would have been able to have got…. get it, but we would have had to wait. It would have been like anything from around six month waiting list, got jumped down to one month because the CAS called and said it's urgent, that this child needs it.

[Centralized Site 2- 220]

P: I think so…just going to the [Youth Center] now and listening to some of the other parents and what they've had to go through and when they've approached different services being put on waiting lists…I feel that without their involvement that I wouldn't have got into the ROCK as soon as I did. We wouldn't have been able to see one of the psychologists there for quick assessment…as soon as we did and I think that helped facilitate a lot of the things that we did seek to do for our family.

[Accessible Site 2 - 284]

P: I believe that they've been able to get it done faster. These services I was aware of, trauma assessment- I was going to do that, but since I asked them to refer me so that we could maybe get in a bit faster(…)

[Accessible Site 2- 277]

—waiting list for occupational therapy and speech therapy. I was able to get bumped up on waiting lists.

[Accessible Site 6 - 180]

Like I probably wouldn't had the help that I got if I… if it didn't happen. I think it would have taken much longer I think… 'cause I go see a counsellor and whatnot so I think it would have took a lot longer to get somebody in my house.

[Centralized Site 3 - 323]

As we can see, these families were very cognizant of the power of child welfare in terms of getting them connected with professional services more efficiently than they could themselves. Along the same lines, some families recognized that they may never have gotten the services, either because they would not have known about them or known how to access them had they not been involved with the child welfare agency. For example, the following families may not have accessed any support had CAS not referred them:

… if it weren't for CAS stepping in, then I would not have been able to be accepted for assistance.

[Accessible Site 2 - 273]

P: And was your family able to get…help you otherwise wouldn't have received because of the CAS?

I: I don't think I actually received anything that I wouldn't 've …I don't if I would have gone out for anything else in any other circumstances. I did go to the women's group…and it was helpful in respects but…I don't know if I would have sought it out myself. So…maybe it was helpful that I get something that I wouldn't have gotten. So I'll say yes.

[Centralized Site 2- 221]

They helped us reconnect with [Community Mental Health]. And they helped us open our file back up there and get Sam some help and get [son] some help, which I was getting nowhere on my own, without the agency's help.

[Accessible Site 6 -187]

She met lots of people and met lots of friends and you know she was away from both of her sisters and she got to experience something that you know she might not have been able to experience if I have not been involved with Children's Aid because I would not been able to afford it. I would be pulling my hair out. I did not even realize summer was here and where I am going.

[Accessible Site 6 - 181]

P: Oh yeah, I would say so. If it wasn't for CAS, I don't know exactly what would've happened with her. I'm not exactly sure what would've… like you know, what would've exactly happened with her had they not came to help. Because I was really at the end of my rope, I was about

ready to lose it. She had me so… she had the whole house so stressed out that none of us were functioning properly.

[Centralized Site 5 - 529]

I: Did you think your-your family was able to get help that you might not have gotten had you not called?

P: Yes

[Centralized Site 5 - 511]

P: Yes. I don't think we would have gotten into the counselling if it wasn't for the agency

[Centralized Site 5 - 514]

P: Oh yeah, I would say so. If it wasn't for CAS, I don't know exactly what would've happened with her. I'm not exactly sure what would've… like you know, what would've exactly happened with her had they not came to help. Because I was really at the end of my rope, I was about ready to lose it. She had me so… she had the whole house so stressed out that none of us were functioning properly.

[Centralized Site 5 - 529]

Many families from both centralized and accessible sites expressed appreciation for CAS being able to get them involved with services. General satisfaction with the quality of services and supports connections and referrals is comparable across models. However, there was somewhat more criticism for a lack of services in the centralized settings and a higher level of enthusiasm for the extent of support within the accessible models.

Conclusion

       Overall, the accessible settings appeared to offer a broader and more holistic approach to serving families. This is evidenced in the fact that there were a greater number and variety of services in accessible settings. In accessible settings there were also more examples of advocacy and of extensive efforts to connect families to services in their communities. Both kinds of models were praised by participants for connecting families with quality professional services that they may not have been able to access on their own.   However, even though centralized models may have been good at connecting families with some useful professional services, accessible settings seemed to offer the added benefit of variety and more extensive service support. As a result, parent enthusiasm and praise for the supports they received appeared to be somewhat greater at accessible sites.

Appendix A: Research Reports from the Transforming Front Line

Child Welfare Practice Project

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

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