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A Study of Three Community and School-Based Models of Child Welfare Service Delivery in Ontario: An Exploration Of Parents', Service Providers', and Community Experiences

Karen Frensch

Wilfrid Laurier University, kfrensch@wlu.ca

Gary Cameron

Wilfrid Laurier University, camerongary@wlu.ca

Lirondel Hazineh

Wilfrid Laurier University

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**A Study of Three Community and School-Based Models of
Child Welfare Service Delivery in Ontario**

An Exploration of Parents', Service Providers', and Community Experiences

**Authors:
Karen Frensch
Gary Cameron
Lirondel Hazineh**

**Partnerships for Children and Families Project
Wilfrid Laurier University**

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Introduction

The purpose of this study was to gain an understanding of the impact that alternative service delivery models have on families', service providers', and communities' experiences of child welfare involvement. An important facet of this research was to provide not only the agencies involved, but other child welfare agencies in Ontario and beyond, with richer descriptions of programming innovations that are possible within the current child welfare context and what makes them successful in the eyes of families, front-line child protection service providers, and the communities in which they operate.

Our previous research within the Partnerships for Children and Families Project spurred us to seek out three local Children's Aid Societies that were all attempting to modify front-line child protection practices by bringing services to where families and children lived and attended school. This study endeavoured to understand the nature of these alternative programs. How do families experience these alternative programs? Do they make concrete differences in families' perceptions of child welfare? How do service providers working within these alternative programs describe and understand their employment experiences? Do their experiences differ from the experiences of service providers employed within the more traditional models of child welfare service delivery? This study allowed us to look at what innovations are possible in front-line child protection within the current constraints of child welfare in Ontario.

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

health services in Southwestern Ontario, Canada. One of the purposes of the Partnerships Project is to foster improvements in existing child welfare and children's mental health policies, delivery systems, administration, and programming/interventions.

This document serves as an integrated overview of the findings from the three child welfare agencies that participated in the research. Included in this report is a summary of previous research in child welfare by the Partnerships Project to act as a comparison point for the current findings. We also provide summaries of study results from each of the community-based child protection programs' research reports. We conclude the present report with a discussion of the potential benefits to families evident in community-based programs in child welfare. By necessity this report contains less detail than any of the individual program reports, as such it is meant to provide the reader with a general impression of how these programs are experienced by parents, service providers, and communities.

Overview of Key Findings from Our Previous Research in Child Welfare

Previous research by the Partnerships for Children and Families Project in child welfare affords us the opportunity to enrich our understanding of the alternative programs under study by comparing this current data to the more than 400 child welfare service provider surveys and approximately 140 parent interviews conducted by the Project in 2001. Previous research¹ includes:

- A study of the life stories of 18 women involved with child welfare services

¹Please visit the Partnership Project's web site (www.partnerships-for-children-and-families-project.com) for access to our research reports.

- A study of 6 stories each co-authored by a parent, the matched service provider, and researchers about the experience of sharing a positive helping relationship in child welfare
- A study of the experiences of 31 mothers who had a child placed in care outside of the home (either voluntary or involuntary)
- A study of 8 families' experiences with child welfare services
- A study of the daily living realities and service experiences of 61 parents involved with child welfare
- A comparative study of 26 matched pairs of parents and their child welfare service provider
- A study of 29 families' experiences of receiving children's mental health residential treatment services
- An in-depth exploration of the experiences of 12 families involved with an intensive child and family services program for children with complex mental health problems
- A survey of over 400 employees working in child welfare and focus groups with front-line service providers, supervisors, and managers

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

Daily Living Realities

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

- Of the approximately 140 interviews conducted with parents involved with child welfare services only a handful of families could be described as other than “working poor” or “low income families.”
- Many families described financial and living circumstances which left them vulnerable to disruptions. From our life stories study, all women at some point had been single mothers and typically this coincided with a substantial drop in their income. Most had been on social assistance at one time.
- Parents confronted issues of unstable living arrangements, poverty, abuse, substance abuse, problems with physical health, mental health problems, poor neighbourhoods, isolation, unemployment, and disability.
- Stories of hardships that included incidents of childhood abuse as well as incidents of abuse in adult relationships were mentioned by many mothers who had a child placed outside of the home. Some spoke of their personal struggles with addiction and depression.
- Long term relationships with partners were not discussed often. More common were a series of relationships with different partners over time. From the life stories, most of the children in these stories were not living with their biological fathers and many had minimal contact with them.
- Despite many of the challenges facing families, almost two-thirds of parents describe taking part in leisure and recreational activities in our study of 61 parents involved with child welfare. Common activities included low-cost family activities such as camping, walking, swimming, going to the park, and family trips. Less than one-quarter of parents mentioned sending their children to organized community activities or sports, most likely because the costs made this prohibitive.

Challenging Children

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

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

Strengths of Families

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

- In many of the stories, becoming and being a mother was central in these women’s lives. Many talked fondly about “who their children are” and endeavoured to maintain a family and a home for themselves and their children, under sometimes very difficult circumstances.
- Relationships with extended family, especially with mothers, and other family members played a central role for about half of these women and their families. This was often true even in stories of abusive childhoods. Families were around for many of these women long after social services had gone away.
- We heard stories of survival and resiliency. Many women overcame significant life obstacles such as childhood abuse and violent partners and talked about future hopes for themselves and their families.
- The mandated job of child welfare service providers is to protect children by assessing and minimizing “risk.” The accompanying documentation emphasizes families’ problems and deficits. We observed little meaningful or useful identification of parents’ or

families' strengths, such as familial supports, links to community resources, stable housing, or steady employment in child welfare assessments.

Level and Range of Assistance

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

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

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

- Parents described receiving a fairly standardized range of interventions: individual and group counselling of various types, anger management and parenting courses, and alcohol and drug testing and treatment were most common.
- This “one size fits all” model may limit the ways in which parents and service providers interact, as well as restrict the conceptualization of service plans that are perceived to be individualized, creative, or negotiated.
- Mothers and mothering received much of the attention in child welfare interventions. Mothers were frequently held responsible and accountable for making improvements in family functioning. More often than not, our research showed that even when there was a long time partner in the home, the male partner only became a focus of the child welfare investigation if he was a perpetrator of child or partner abuse.
- Mothers were repeatedly the focus of interventions, with particular emphasis being placed on addressing mothers' unresolved personal issues, such as childhood trauma, alcoholism, or abusive relationships. Interventions were generally parent-focused with little support provided directly to children.

First Contacts

In our previous research, descriptions of first contacts between parents and service providers were mixed. Many parents expressed fear around the first time child welfare became involved with

their families. Parents appreciated service providers who acknowledged their fears and clearly explained what was going to happen.

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

Relationships with Service Providers

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

- Parents most often appreciated having someone who would listen to them and who believed that they were doing their best. Service providers were also appreciated for offering useful advice and finding helpful resources.
- Traits of a "good" service provider in child welfare identified by parents included being informal, down-to-earth, friendly, genuine, respectful, empathic, supportive, encouraging, and hopeful.
- Parents appreciated service providers who "went the extra mile" by sharing feelings, doing things that were perceived to be outside of their jobs (such as driving a parent to an appointment), and being realistic and flexible with parents. Service providers themselves noted that these "extras" were the more enjoyable aspects of their child welfare work.
- Obstacles such as little time available to help families, formal timelines, and recording requirements presented challenges to building relationships between families and service providers.

- Many parents identified infrequent contact with their service provider and the difficulty in getting service providers to return their calls.
- Having more than one service provider while their case was open was commonly mentioned by parents. Parents expressed frustration around “telling their story” over and over with each new service provider. For service providers, the frequent transferring of cases was associated with feelings of not ever really getting to know a family in the little time that they work together.
- Some mothers talked about being made to feel guilty until they proved themselves innocent. This sense of being criminalized by the system could be intensified or ameliorated by different service providers.

Child Placement

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

- Frequently the voluntary placement of children was experienced by mothers as a welcomed intervention. This was particularly true for families struggling with a child who has an emotional or behavioural disorder. Mothers described a natural sense of loss, but also expressed feelings of relief. They believed they coped as well as could be expected under difficult circumstances.
- Situations of apprehension (involuntary placement) were associated with intensely negative feelings including grief, fear, and shame. Some mothers were confused about why the apprehension occurred and felt accused of being a “bad” mother.
- In situations of apprehension, service plans were primarily focussed on changing mothers’ behaviour and mothers felt that they were left with little choice but to comply. Legal processes often reinforced this helplessness.
- Collaboration with service providers and foster parents was important to creating a positive placement experience.

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

Service Provider Experiences

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

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

A Description of the Three Participating School and Community-Based Program Models

1. The Shelldale Centre—A Village of Support (Family & Children's Services of Guelph and Wellington County)

The Shelldale Centre is a multi-service centre that is a partnership among 16 social, health, and other agencies, community organizations, and neighbourhood residents committed to the well being of children, youth, and families in the Onward Willow community (the

surrounding neighbourhood) in particular, as well as the west-end of Guelph. Family and Children's Services' prior sponsoring of the Better Beginnings, Better Futures prevention project in the Onward Willow neighbourhood, and its working relationships with local residents, led directly to the creation of the Shelldale Centre. At the time of this study, there were two groups of child welfare service providers, an intake team and an ongoing child protection team, situated in a suite of offices within the Shelldale building.

The intended objectives of locating child welfare services at the Shelldale Centre include enhancing the accessibility of Family and Children's Services to families in the neighbourhood; facilitating cooperation among service providers from Family and Children's Services and other agencies; and promoting a community environment where the safety and well being of children are held as shared responsibilities.

2. Community-Based Child Protection (The Children's Aid Society of Brant)

Brant CAS's community-based child protection teams deliver child welfare services in places where families live and children go to school. At the time of our data collection phase, service providers were located in eight sites throughout Brantford and surrounding area. We selected four sites to include in our study: a 50-unit geared-to-income townhouse complex; a women's shelter with accommodations for 22 women and their children; a 150 unit geared-to-income apartment complex that also houses a part-time nurse practitioner and the agency's supervised access centre; and, an elementary school located in an adjacent rural community in Brant county. Community-based service providers are responsible for both initial investigations and ongoing family service in their local setting.

Brant CAS's intended purposes of locating child protection teams within the community are to increase the accessibility of child welfare services for the community; to increase

community awareness of child protection concerns; and, to provide earlier intervention and prevention of child abuse and neglect. Central to the program model is the development of improved relationships with the community.

3. School-Based Family Services Program (Halton Children's Aid Society)

At the time of this study, there were eleven schools, from the public and separate school boards hosting School-Based Family Services employees from Halton Children's Aid Society. Service providers engage half time in child protection and half time performing school social services such as academic and social skill building, counselling, and other duties.

Priorities of the program entail partnering with community services, improving the agency's community image, and providing prevention services. Anticipated benefits include: increased community visibility and acceptance; increased prevention and early intervention; increased reciprocal understanding between school and child welfare personnel; and improved cooperation and service planning.

Methodology

Data Collection

For our data collection, we spoke to *parents* who had received school or community-based services, front-line and supervisory child protection *service providers*, *community members*, and individuals representing *collateral organizations* that worked closely with the school or community-based programs under study. Our primary methods of data collection included: individual interviews with parents, service providers and collateral representatives; focus group discussions with service providers and community members; a survey of community and school-based service providers; and, the collection of general agency statistics.

Parents

Across the three participating agencies, 56 parents engaged in an individual interview with researchers to explore dimensions of their everyday lives and reflect on their service experiences within the community or school-based program model. Using a list of all parents who were currently involved with the program or had been involved with the program between January 2002 and January 2004, an agency representative contacted parents to inquire about their interest in having a researcher contact them to take part in an interview. Interviews were approximately two hours in length and usually took place in participants' homes. The one time interview was typically with a family's primary care giver (usually the mother) and followed a semi-structured interview schedule. Parents were given a gift of \$25.00 for participating in the study. Following the interview, parents were sent a copy of their interview to keep.

Service Providers

In total, 18 front-line child protection service providers and 7 managers/supervisors engaged in dialogue with researchers to explore their experiences and views of the implementation and operation of the community and school-based program models. Service providers took part in either an individual interview or a focus group discussion. The semi-structured individual interviews were approximately one and a half hours in length and focus group discussions were approximately two hours. Both took place at service providers' place of employment.

Community and school-based front-line child protection service providers were also administered a questionnaire measuring levels of emotional exhaustion, depersonalizing feelings towards service recipients, personal accomplishment, and overall job satisfaction. There were 41 front-line employees that were sent a survey, an information letter, and a postage-paid return

envelope. A draw ticket for a prize of a spa treatment was also included in the package. Employees did not have to complete the survey in order to be eligible for the draw. Completed surveys were returned directly to researchers. Survey procedures were designed to ensure the confidentiality of individual responses. All survey responses are reported in aggregate form. Twenty-one front-line service providers across the three participating programs completed and returned their surveys for an overall response rate of 51%.

Community Members

Four focus group discussions were held with community members from the neighbourhoods in which the community and school-based programs are located. Community members were asked to share their opinions about what it is like to have child welfare services located in their communities. Focus group discussions were approximately two hours in length and were held in local community centres.

Representatives of Collateral Organizations

Within each setting, we interviewed four representatives from collateral social service organizations that work closely with the community or school-based program. Collateral informants included representatives from education, public health, housing, and women's services. Collateral informants engaged in one-on-one dialogue with researchers to discuss their views of the benefits and challenges of the community-based child welfare program. Interviews were approximately one hour in length and took place at the workplace of the collateral representative.

Data Analysis

A separate analysis was completed for each of the three participating school and community-based programs.³ Using multiple sources of information, researchers formulated an overall analysis of how the program was perceived by parents, service providers, community members, and collateral organizations.

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

For each community or school-based program, summaries of parent interviews were read multiple times by the research team (3 individuals). Researchers then engaged in a group consultation process to discuss common themes found in the data. After a number of iterations, a series of central themes emerged. These themes were then described through the writing process and, where appropriate, direct quotations were used to highlight themes and sub-themes.

Information from service providers, collateral informants, and focus group discussions came directly from the full length transcript. The same process of consultation and refining of

³ Site-specific school and community-based program reports can be found at www.wlu.ca/pcfproject.

common themes occurred for this data. Survey responses were analyzed using a statistical software package (SPSS 10.0).

Program-Specific Results

This section presents a discussion of each of the community and school-based models of child welfare service delivery from the perspectives of parents, service providers, and collateral sources. For each program, we begin with a brief description of the daily living realities of parents involved with the school and community-based services. This is followed by an overview of the most compelling themes identified in our interviews about the experience of receiving and delivering child welfare services in a community-based setting. We include excerpts from participant interviews where appropriate to provide illustrations of themes.

1. The Shelldale Centre—A Village of Support (Family & Children’s Services of Guelph and Wellington County)

Information about community-based child welfare services located in the Shelldale Centre was compiled from interviews with 21 parents involved with these services, 12 community-based service providers, and 4 representatives of collateral organizations that work closely with the program including public health, mental health, and community lead organizations. Also included is information from a focus group discussion with community members from the neighbourhoods in which the Shelldale Centre is located. While each group provided a somewhat different perspective, there are many common themes captured by the information that is shared. These common themes stress some of the strengths as well as some of the challenges of the model and may have some implications for the future of the model.

Families' Daily Living Realities

An overview of families' hopes, struggles, and histories revealed that these parents' lives illustrated some of the same issues found in our earlier research of families involved with child welfare cross Ontario. However, the Onward Willow neighbourhood was described as high density, socio-economically challenged, having a high number of single parent households, a high number of mental health concerns, and a high number of new Canadians.

Lack of economic resources was a foremost issue for virtually all of the families in this neighbourhood. Parents expressed concern with meeting the basic needs of their families including food, adequate affordable housing, and transportation. A single mother who was working and had two children reported:

I'd say rent and bills to run the house is a probably –a third of my income. You know, groceries are the rest of it basically. You know I make about twelve hundred a month, baby bonus included. You know, which is not very many things.

In addition to a lack of economic resources, many parents discussed histories of social isolation and lack of support, poor mental health, and family violence. Struggles with physical health were also identified for several of the families. Many families were raising children with special challenges, including behavioural, emotional, and school/social difficulties and parents mention needing support on these issues:

It was just awful, it was horrible, and nobody would help me with this kid. I had appointments every day with somebody never mind going down to the school, meeting with teachers and principals and this kinda stuff. So it was very, very stressful for everybody...

Despite multiple challenges in their daily lives, parents also communicated resilience through their perseverance and efforts to improve their lives and their children's lives. About a third of those interviewed also spoke about being involved in their community and identified this

as a source of positive connection. One parent said “the Shelldale workers, volunteers, mostly are all very great. A few I know, they make me feel wanted and needed for the community.”

Parents’ Experiences with Community-Based Child Welfare Services

Families talked about a variety of services they had been able to access through their involvement with the agency. Most often mentioned were support services for children (child care, the “Friends” program, camps, and after-school programs) and tangible supports (transportation, food vouchers, and household needs). Some other highlighted services included referral to groups and counselling for parents and housing advocacy.

Parents also perceived the approach of the local agency as somewhat unique and different than what they expected. Many talked about a more supportive, less intrusive approach to agency interventions. Parents identified relationships with service providers as highly important to having a positive experience with the agency. Accessibility of workers to the parents and to the community seemed to be one of the unique qualities of this local model. Most parents had positive things to say about their ability to “call up” or “drop-in” on their worker and receive support. Some parents also identified that they liked seeing their worker informally around the centre or in the community:

And you get to see the workers on a different basis, like even if it’s your worker—when you see them at the centre; it’s not your worker. They’re not in their worker role. Like of course they have their oath, they have everything else; like they hear anything they have to report it. [...] So like no, it’s-it’s fun. Especially seeing them like in, um, they’re not in their job mode. Like when they’re doing barbeques and stuff in the summer for carnival...

Some parents described a sense of “connection” in knowing the service providers are based in their community as opposed to a more distant location. One mother explained, “...the fact that they work in this neighbourhood, helps me feel a little more connected to them, rather

than, oh they're way across town, and, what do they know?" Some of the comments by participants suggested that there was a sense of "shared responsibility" developing between these families, the community, and the agency. The word "friend" was used by five different parents to describe a service provider and the word "partner" or "partners" was used by two.

Parents shared both positive and negative experiences that they had with child welfare; however, families' perceptions of the agency were substantially favourable and generally shifted toward more positive opinions with increased contact. Approximately eleven of the families reported very positive experiences with the Family and Children's Services office at Shelldale; six reported mixed but mostly positive experiences; and, only three were predominantly critical of the agency. Also promising was the fact that a number of participants commented on some very concrete positive changes that had occurred in their families through their F&CS involvement. In summary, parents had many constructive things to say relating to access to a wide range of services, a "less formal" approach to child welfare, positive relationships with primary service providers, service accessibility, shared community-agency responsibility and changing perceptions of Family and Children's Services.

Service Providers' Experiences of Working in Community-Based Child Welfare

Service providers talked about the benefits they saw in the community-based model, as well as the challenges in the work. Service providers appreciated the less formal approach to doing child welfare, the visibility and accessibility of families at the Shelldale Centre, and the increased opportunities to network with other service providers and entertain more creative solutions for families in need. One service provider remarked:

...like for me it's being-being creative and being less intrusive and being able to just go and have a coffee with your client and sit there and-and spend that time, I think that's neat here. It's more relaxed.

Service providers, similar to parents, identified the quality of relationships, both with service participants and collateral service providers, as key to success. Relationships were seen as a significant strength of the community-based model. Many of the service providers also communicated a connection to and empathy for the families and community they worked with which they thought was enhanced through their immersion in the community. This connection, along with seeing some of the successes of the model, are what they said motivated them in the work.

While service providers described an increase in benefits to families, with this came an increase in expectations for service providers within this model. The many roles and tasks of the community-based service provider were perceived to put greater time pressures on service providers. One service provider remarked, “It almost feels like having been in this community setting, we have to take on a second shift.” Another service provider explained:

...you have all these extra little things in the community, um, putting pressure on you to do- to talk to somebody, and then you still have all the other requirements that any other place would have to, or around recordings and-and doing that, right? So sometimes the system’s not very flexible.

Service providers talked about the experience of being in a “fishbowl” in relation to their increased visibility and accessibility in the community. This subsequently produced a challenge for service providers in setting boundaries and limits in their work. Employee survey results flagged concerns with increased levels of emotional exhaustion and depersonalization (an unfeeling or uncaring response toward service recipients), as well as slightly lower levels of

overall job satisfaction and personal accomplishment in one's work in comparison to average levels among non-community-based service providers in Ontario.⁴

Community Partners' Experiences with Community-Based Child Welfare Services

A variety of other service providers, both at the Shelldale Centre and elsewhere were interviewed regarding their perceptions of the Guelph Family and Children's Services community-based model. These "collateral" service providers reinforced the idea that the "relationship building" aspect of the model has great potential. They also saw benefits arising out of the "demystification" of child welfare and child welfare service providers. Several perceived greater trust and less fear of Family and Children's Services among community members. Committees were seen as important to building relationships, particularly between F&CS and the other service providers in the community.

In addition to collateral service providers, a group of local community members were interviewed. Several complementary themes came from this group. They identified that they have discovered through their process with Guelph F&CS, that "it is possible to have a good relationship with child welfare." The group talked about the actions of several Family and Children's Service staff who "went out of their way to help" as having had a huge impact on their perceptions and they generally saw the agency as "responsive" when they had a specific request. The community members believed that they had played a significant role and taken some initiative in the process with F&CS. The group identified that there were still some barriers and they expressed hope that F&CS can do more. Areas of improvement that were identified included community outreach and "advertising" services available to families. On a

⁴ Harvey, C., Stalker, C., Mandell, D., & Frensch, K. (2003). *A workplace study of four Children's Aid Societies in Southern Ontario*. Waterloo, ON: Partnerships for Children and Families Project.

positive note, the community group saw potential for long term gains with this model that might even effect future generations and their ability to access help.

2. Community-Based Child Protection (The Children’s Aid Society of Brant)

Information about the community-based child protection program of The Children’s Aid Society of Brant was compiled from interviews with 20 parents involved with the program, 7 community-based service providers, and 4 representatives of collateral organizations that work closely with the program including public health, housing, and women’s services. Also included is information from 3 focus group discussions with community members from the neighbourhoods in which community-based services are located.

Families’ Daily Living Realities

Families involved with Brant CAS’s community-based program talked about many of the same challenges facing families involved with other Children’s Aid Societies and families involved with the Partnerships Project’s previous research in child welfare. For example, parents reported having limited financial resources:

I was working two jobs, two part-time jobs the equivalent to about 60 hours a week so a little more than a full-time job. [...] ...I'd work for so many hours, be off for a couple hours, and then I was back to work with, with that. And it was- that was really hard on- on [my son]. Because I was literally picking him up from one sitter, taking him out for supper to McDonald’s and then taking him to the next sitter because that was all I could do.

Unstable employment situations, limited education, and non-payment of child support contributed to their financial hardships.

Two-thirds of parents described one or more abusive relationships in their lives. Most common was domestic abuse by a current or past partner. Many children were witness to this abuse. Almost half of all families described themselves as reconstituted families and just as

many were entangled in acrimonious access arrangements. Parents said this was a significant source of stress for themselves and their children. Both parents and children faced challenges in their personal functioning. Depression was the most common personal mental health challenge mentioned by parents while children were reported to struggle with emotional and behavioural difficulties. Almost half of all children in these families exhibited difficulties in school and peer interactions. For example, one mother described her daughter's difficulties in school:

My daughter kept getting suspended from school, for, with listening. She has um, a problem they called ODD, and she's not afraid of anyone, you can't make her move if she doesn't want to do something. She's very stubborn.

A significant strength of these families is the frequency with which parents discuss their connections to supportive informal networks. Half of families receive support (such as used clothing, furniture, and transportation) from extended family members and almost half receive emotional support from a close friend or network of friends.

Our look at families' economic realities, relationships, personal struggles, and social connections suggests that this group of parents most likely resembles a typical sample of families involved with child welfare. While we cannot know for sure if they are statistically different groups or not, it appears that this community-based program is not serving families different from those served by traditional models.

The next sections present key themes used to organize comments about Brant's community-based program model from parents, service providers, and collateral informants.

Visibility and Accessibility

Both service providers and parents articulated an appreciation and understanding of the importance of service providers being visible in the community and accessible to parents. By participating in community building activities such as barbeques, yard clean-up, and breakfast

programs, service providers said they are known and recognized in the community. Collaterals also acknowledged "...they're [service providers] accessible and...most of the staff at CAS are very approachable." This familiarity was described by service providers as a way to help reduce parents' fear and improve first contacts when parents become involved with the CAS.

Some parents, however, identified a stigma associated with locating a child welfare office in their community and the fear and stress it can evoke in parents. One parent explained "when you have CAS right there in the building, it's just adding...that little bit of stress that little bit of pressure." Service providers also identified some of their own challenges associated with working in the community saying "...you can't shut your door in the community. [...] ...the office is always open really."

Getting to Know Each Other

The increased visibility and accessibility of service providers creates many opportunities for parents and service providers to get to know each other. Parents talked about getting to know service providers and reported that their personal experiences with individual service providers helped to dispel some of their fear and negative perceptions of Brant CAS. One parent stated, "I used to think they were...just out there to ruin, ruin your life, not help you at anything. Um, but they, they've helped us a lot."

Seeing parents daily brings a "wealth of information" for service providers: service providers described being "plugged into" the community and having an intimate knowledge of community resources and supports that are available to families. Service providers believe they know families' strengths and challenges more than in non-community-based settings:

If you're enmeshed in the community, you know what's going on, you hear it through the grapevine, you know, you know who's in, who's out, who's doing what. Which really, gossip helps sometimes with us.

Both parents and service providers acknowledged, however, that many families remain reluctant to engage with services and attend neighbourhood functions that share ties to child welfare or more generally do not have a sense of the supports and services that can be accessed through the agency and its resource centres. One parent explains: "...I don't really know what other...services and stuff they offer and I wouldn't have any idea what that would be."

Changing the Way the Work is Done

Parents talked about the "down to earth" approach of some of the community-based service providers and appreciated the more informal style of working with parents. One parent described her first meeting with a service provider saying "she just came on a level, you know, like, and she seemed very, honest and very, just I don't know, very casual. Genuine." Service providers also described their way of working as more informal than the traditional ways of delivering service in child welfare. Service providers reported that they spent much of their time in face-to-face contact with families and engaged in community development and prevention tasks frequently.

Because service providers believe they know a lot about the families in the community, they described greater comfort in trying creative and alternative ways of working with families:

I kinda like the fact that we can work other ways and we can do other things. And it's, I guess it's the alternative pieces that are available that I like, like closing the file. And keeping it, keeping an eye on it and supporting them. 'Cause it's an alternative way of dealing with it. Rather than you know, court or whatever. And I like, I like the trying to find alternative if we can, and being creative.

Service providers say that doing child protection in this way requires a certain level of experience as well as a respect for community members.

Relationships and Cooperation

Over two-thirds of parents reported having a positive working relationship with at least one service provider. Parents who had good working relationships with their service providers talked about the opportunity to see service providers in the community daily and how this can foster closer relationships: "...you have a closer connection, they're there everyday" and "...they're human too...you see both sides."

Service providers described being able to build better working relationships with parents than in the traditional service delivery model. One service provider talked about a greater capacity for cooperation at family and community levels saying,

It is, I think it's a wildly different relationship actually. And not always, it doesn't always turn out as, as friendly as you would like it to, but I think most, overall it does seem more or less acrimonious or something. There's less, less hostility, less fear

Both service providers and collateral representatives agreed that relationships with collateral organizations in Brantford are already strong and this model serves to enhance the spirit of cooperation among all players. Service providers and collaterals reported being able to share information, pool resources, and sustain partnerships.

Awareness of Brant CAS as a Source of Help

More than half of parents described Brant CAS as a source of help for families and some parents reported voluntarily approaching the agency for help. Service providers also perceived that more parents approached the agency seeking help for themselves and their families. One parent talked about approaching the agency for help with her son:

Well I opened up my case voluntarily, and I only opened it up for about four months and after that, I've never ever used them. They've helped me get my, my oldest boy into doctors, help me get him into anger management, and all this other stuff.

The proportion of “self referrals” made by parents in this study was larger than in our previous research. In general parents, service providers, and collaterals said that many families are using the programs, supports, and services provided by Brant CAS in the community.

Some parents and collaterals say, however, that the community may not be aware that they can approach the agency for help. One parent explains “See a lot of people don’t know you can go them for help. You don’t have to have an open file to get help from them.”

Fear

Not unlike previous child welfare research, parents identified an initial fear of CAS and negative perception of what CAS does. Community rumours and a few visible apprehensions were thought by parents to fuel this fear. Some parents identified their own individual positive experiences with service providers and said that these personal experiences helped to dispel some of their fear.

In the community, the presence of CAS was thought to bring a heightened awareness of child maltreatment. Parents and collaterals perceived that locating a CAS office in the neighbourhood motivated people to stay “on the straight and narrow.” Collateral informants felt that the community behaved in a more responsible manner with CAS in close proximity: “...there’s a good percentage of folks that maybe cleaned up their act a little bit because the CAS is there...” and went on to say “as far as the increased care for kids, I think people are...less likely to misbehave because of the presence of CAS.” This language of fear was unique to the Brant CAS experience and was not found at any of the other sites.

Parents identified a stigma that comes with having CAS in their community such as the perception that families who live in the neighbourhood must be involved with child welfare.

Approximately one-third of parents said they are reluctant to engage with the CAS preventatively despite their acknowledgement of the agency's efforts to reach out to the wider community.

Satisfaction with Involvement

Overall assessments of the community-based program made by service providers and collaterals were largely positive. Service providers believe that the program is accomplishing what it set out to do and spoke favourably of their experience as an employee in the program. Collaterals expressed a sense of pride and say that the community-based program has contributed a lot to the community. Overall assessments made by parents appeared to be more mixed with over half of all parents' experience with the agency categorized as positive. This was a greater proportion of positive assessments made by parents than in our previous research in child welfare.

3. School-Based Family Services Program (Halton Children's Aid Society)

Information about School-Based Child Welfares provided by Halton Children's Aid Society was gathered from interviews with 15 parents involved with these services, 6 community-based service providers, and 4 representatives of collateral organizations that work closely with the program, specifically the schools in which services are located. While each group provided a somewhat different perspective, there are many common themes captured by the information that is shared. These common themes stress some of the strengths as well as some of the challenges of the model and may have some implications for the future of the model.

Families' Daily Living Realities

The profile that emerged was of a somewhat unique group of parents compared with family profiles in our previous research for two reasons. There were a high proportion of families in the Halton sample whose children exhibited significant behavioural and school problems, more so than in our previous research. Also while many of the families in this sample talked about socio-economic challenges, in general, the group of Halton families we spoke to seemed to have more opportunities and access to resources than in our research about mainstream child welfare services.

Almost all the parents interviewed were dealing with some level of behavioural difficulty with one or more of their children. The school-based setting may draw on a different pool of families than would be seen at most mainstream child protection settings. One obvious difference is the focus is on school aged children and their families. Another difference may be that the school setting might be more effective at identifying the needs of children who have special challenges, and their families.

Some children had medical diagnoses and had been involved with the medical/psychiatric system for some time; others exhibited behavioural issues that may have gotten them into trouble with the law; and, many had challenges that affected their school performance and/or relationships with peers. These issues were often one of the catalysts for child welfare involvement. One mother described her son saying,

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

While at least a quarter of families reported enjoying some financial security and access to a variety of resources, shortage of financial resources was an issue for the remainder of families, particularly when children's exceptional needs were taken into account. Eight of the families were single mother households and all of the families living on fixed incomes were headed by single mothers. A parent who appeared to be financially stable commented "My husband and I are very financially, uh, comfortable." Conversely, another parent struggling with finances stated "I'm paying the bills, I'm keeping a roof over our head, but we have no money to play with." A variety of profiles in terms of socio-economic status and access to resources were represented by the families we spoke to.

Parents' Experiences with School-Based Child Welfare Services

Parents talked about the nature of their contacts with child welfare, the assistance they and their children received, the relationships with primary service providers and their overall satisfaction with services. In general, satisfaction with services was high, with most families having positive experiences overall. First contacts were usually difficult though not highly adversarial. While first contacts were often focused on protection concerns involving parents' issues as well as children's behaviour, there was a common shift to child-focused services addressing children's unique needs. Overall, there was a strong focus on services for children ranging from counselling services to residential treatment and care arrangements.

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

Assistance for parents was a less significant focus but was present for a number of families. Out-of-home placements were relatively common in this sample and parents talked in positive terms about their experiences with these placements.

Children were described as often having daily contact with program service providers at school. Most parents talked about being able and willing to contact the program service provider for help. Appreciated and frequent contact with service providers was common for a large majority of parents interviewed. One parent explained:

The fact that she's [school-based service provider] in school is great for me and great for the kids 'cause they have support there anytime they need it, which my kids need, a lot. [...] [Daughter] loses it in class, she goes down to the caseworker's office, she can lose it in there. Caseworker doesn't mind, understands, knows what she's dealing with.

While many of the “challenging” children in these families spent time in out-of-home care, there were no examples of involuntary apprehensions of children or formal applications to court for supervision orders. Involvement with the children's mental health system, including in many instances residential care, was present in almost all of these families. Program service providers facilitated access to these mental health resources as well as transition of children back into schools, provided ongoing and crisis support to children at school, and supported parents. Many care givers told very similar stories about their families' involvement with the School-Based Program.

While there was often initial fear because of stories about Children's Aid or if the agency became involved because of a child maltreatment complaint, in the end, a large majority of parents were very positive about the respectfulness and the usefulness of their contacts with program service providers.

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

Most thought having the program in the school was a good idea and often provided needed immediate assistance to their children. They thought their family situations were understood. Almost all of these parents gave very positive and similar overall assessments of their engagements with the School-Based Program.

Service Providers' Experiences of Working in Community-Based Child Welfare

Service providers and program administrators made strong distinctions between the School-Based Program and “mainstream” child protection work. In particular, they emphasized a greater capacity to develop positive helping relationships with children, parents, and community professionals. They described the program as very child centered and believe they are much more accessible to children in the school setting. They stated that this accessibility provides them with better understanding of what is happening in children’s lives and allows them to intervene earlier than in “traditional” child protection services. One service provider noted:

...one of the things that I have found as an individual worker is when you're right in the school and you see the kids daily, um, I think the assessment piece, um, becomes more important in the sense that you get a better view of a child. Often in child welfare we only see the families either because of crisis, because of reaction, um, we do a lot of preventative stuff now. And we also have a chance to really see, um, the children in their own environment...

School-based service providers also saw themselves as more available to parents and families outside of the school. Greater information about families and stronger relationships with parents were described as instrumental to delivering better child protection as well as solidifying a broader approach to protection and promoting child and family welfare.

Overall, service providers were very positive about the program model. They described the work as both very personally rewarding and challenging; however, work was described as limitless and the shortage of “down time” in an accessible environment was a concern.

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

Managing child protection, school social work, and community education and development responsibilities was seen as a major, and sometimes difficult, undertaking. Front-line service providers in the School-Based Program had very high problem scores on standard measures of emotional exhaustion and depersonalization, even compared to “mainstream” front-line child protection service providers. School principals were unanimous in expressing strong support for the School-Based Program as a strong addition to their schools, despite some initial reservation.

Discussion

Comparisons with the Previous Research

The community and school-based models of child welfare delivery in this study differed in important ways from the patterns in mainstream child welfare services delivery described in the introduction to this report. The level and range of assistance, first contacts, and relationships between service participants and service providers in these models all seem to differ qualitatively from our previous research in child welfare. Service providers expressed some workplace challenges similar to those identified by non-community or school-based service providers but also clearly articulated some unique benefits and challenges. Parents experienced higher levels of overall satisfaction with services than what was seen in our previous studies.

The profiles of families in our study from each of the three participating agencies shared some similarities to each other and to mainstream service recipients. Many families struggled with limited resources, personal challenges such as mental health issues, and parenting difficulties. At the same time, families exhibited characteristics that defined their sample profile

as distinct from the other sites. For example, the Onward Willow community had a high number of new Canadians and was characterized as an “organized” community. The majority of Halton parents in our sample were coping with children with serious emotional and behavioural difficulties.

Our previous child protection research identified a relatively narrow range of services typically offered families in mainstream child protection settings and suggested that many interventions were not particularly congruent with the realities of families’ lives. In particular, child protection interventions substantially focused on parents, mothers in particular, with an emphasis on a standard package of legally mandated programming for mothers and fathers. The lack of direct assistance for children was identified as an important concern. In general, parents involved with the community and school-based programs under study were connected to a broader array of treatment and supportive services. In Halton, parents were happy with the supports in school for children and with assistance accessing community resources. In Guelph, parents spoke favourably about the availability of local services at the Shelldale Centre and the ease at which families in the neighbourhood could access these. In Brant, parents described the CAS as a place to go for help and accessing services that seemed to address their immediate needs such as subsidies, toy lending, and parenting groups.

Similar to the previous research, first contacts with child protection service providers were often difficult for families across all three programs. On the other hand there were some differences. There was less use of intrusive and coercive measures (such as police escorts). There were more instances of self referrals than seen previously in our research. In Halton and Brant for example, parents talked about significant positive shifts in their perceptions of the CAS following first contacts. As a result of service providers being more visible in the community, Brant parents thought that service providers were not “strangers” at first contacts. In Guelph,

parents described the program's efforts to minimize apprehensions (the most traumatic kind of first contacts); and, in situations where it was warranted, extra effort was invested in supporting parents.

Our previous studies underscore the value of cooperative relationships between parents and service providers, although these positive relationships were not as common as both parents and service providers would have liked. In this study, there was a different level of satisfaction with helping relationships and all stakeholder groups across the three programs talked about the importance of establishing "good" relationships. In Guelph, almost all of the parents we spoke to described at least one positive relationship with a Shelldale service provider. In Brant, two-thirds of parents shared at least one good relationship with a community-based service provider. And in Halton, almost all parents described cooperative relationships between themselves and their school-based service provider. Traits of service providers that parents appreciated included informal, friendly, genuine, respectful, and empathic. In Brant and Guelph, some challenges identified by parents in our previous research still lingered for these programs such as the dissatisfaction with multiple service providers over time.

Service providers in this study showed similar levels of high emotional exhaustion and depersonalization as service providers from our previous survey of non-community-based child welfare employees. Service providers identified several issues unique to the experience of working in a school or community-based setting. For example, higher levels of accessibility and additional community service expectations were seen as distinctive challenges. While service providers from all three programs talked about aspects of their jobs they found rewarding, there was only slight variance in measured levels of overall job satisfaction and personal accomplishment. Service providers working in Brant's community-based model seemed to fare

the best on satisfaction indicators; however, the small number of school and community-based employees that responded to the survey really prohibited drawing any conclusions comparatively across programs. Overall, from service providers' qualitative feedback, the job of a school or community-based service provider does not appear to be any more "sustainable" than traditional child welfare work and staff burnout and turnover continue to be significant concerns.

The Potential of Community and School-Based Models

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

Feedback from key stakeholder groups including parents, service providers and community organizations suggested that these alternative service delivery models are meeting many of their objectives and illustrating elements of a more "positive" and appreciated child welfare paradigm. In particular, there was evidence that, when service providers are nearby and familiar to people in a community, the assistance provided by child welfare personnel can be less adversarial and more congruent with daily living realities than in most mainstream child protection settings. Furthermore, it appeared that the informal contacts with parents and the community occurring within this model enhanced service providers' knowledge of families and augmented their capacity to respond in meaningful ways. In many instances, parents and service providers were able to forge positive helping relationships and this in turn offered more satisfaction with child welfare involvements for parents and service providers.

From our perspective, in addition to regular child protection services, the school-based model potentially fills an important service “niche” in child welfare, responding to families coping with children with serious behavioural and emotional challenges. This population represents a large sub-grouping of families coming to the attention of child protection agencies. Our earlier research suggested Children’s Aid Societies have difficulty recognizing and responding appropriately to these families. A particular strength of the school-based model was providing useful assistance directly to children and supporting their success at school, a vital area of performance for their long term well being.

An important product of the Shelldale Centre collaboration was the growth of a perceived “shared responsibility” for the protection and well being of children. Many parents talked about engaging voluntarily with services and helping other community members to seek assistance. The community also participated in sharing the responsibility for child protection by providing helpful information about families experiencing difficulties and offering less formal supportive services. The community was described as an “empowered” community with a great deal of potential to support families and the ability to work equally with Family and Children’s Services. The existence of the Shelldale Centre worked to facilitate this collaboration. It also enabled other service providers to be more active in carrying out the child protection mandate.

All of these models allowed service providers to participate in community activities and be available to families in ways they are not in most child welfare settings. The increased visibility and accessibility of service providers created many opportunities for parents and service providers to get to know each other. In the Brant community-based model, for example, positive relationships between parents and service providers were integral to creating inroads into the community and challenging negative perceptions of child welfare services. Increased

accessibility, however, was also seen as source of additional stress for service providers, particularly in terms of adding responsibilities to an already arduous workload.

Concerns with the pressures and sustainability of child welfare front-line employment do not appear to be alleviated within this model. In fact, the level of demands on service providers may be higher than in mainstream child protection settings. Solving these employment challenges, whether by providing higher levels of support or by modifying the requirements of the job, seems integral to the long-term viability of community and school-based approaches. Incongruities between the philosophy and methods of these models and Provincial expectations and procedures for child welfare also are evident.

All three programs were making positive changes in how front-line child welfare services are delivered. However, situating a CAS office in a neighbourhood school or a community resource centre or a geared-to-income housing complex are all very different strategies for bringing services into the community. Each strategy has its own unique set of development challenges and defining strengths. We suggest that the location of services can be vital to their acceptance within a community. For example, locating a CAS office in a housing complex seemed innately more intrusive than offering child protection and preventative services in a nearby community centre or school. Indeed, parents in the housing complex talked more about the stigma and fear of having child welfare services in their community than parents in other settings. Understanding how close is close enough for a particular community is an important program development consideration.

Our conclusion is that school and community-based models of service delivery illustrate that, even within existing fiscal and legislative constraints in Ontario, it is possible to create a more constructive and welcomed approach to child welfare without compromising the protection

of children. Within these models, service providers have greater access to information about families and are more aware of community resources and strengths. In turn, families receive assistance that is more immediate and relevant to their needs. Indeed, with the level of school, community, and service engagements with these families, it is reasonable to surmise that children are more protected while families receive more assistance. In our opinion, these programs are worthy of being better known and more carefully documented. It is important that these approaches be more broadly understood so that others can learn from and emulate these experiences. We hope this research will aid in that enterprise.

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

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

To access these and other full length reports, please visit our web site at www.wlu.ca/pcfproject.