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4-2010

Working Report #6: Values in Child Welfare Work: Perspectives of Child Welfare Service Providers in Central and Accessible Service Delivery Models

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Cameron, G., Hazineh, L. & Frensch, K. (2009). Working Report #6: Values in Child Welfare Work: Perspectives of Child Welfare Service Providers in Central and Accessible Service Delivery Models (pp. 1-49, Report). Waterloo, ON: Wilfrid Laurier University, Partnerships for Children and Families Project (Transforming Front-Line Child Welfare Practices: The Impacts Of Institutional Settings On Services, Employment Environments, Children And Families).

PROJECT:

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

WORKING REPORT 6:

Values in Child Welfare Work: Perspectives of Child Welfare Service Providers in Central and Accessible Service Delivery Models

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April, 2010

Executive Summary

This report examines the values of service providers from both accessible and central sites of child welfare agencies in Ontario directly involved with families and children. The discussion that emerged was heavily influenced by the Transformation Agenda and was organized into three broad topic areas. These broad topic areas and the emerging values of staff working at central and accessible sites can be summarized by the following table:

	Central Service Delivery Model	Accessible Service Delivery Model
Work with families and children	Underpinned by child safety Expressed preference for voluntary engagements with families More discussion about reliance on legal measures such as court orders or child placement to address child safety concerns	Underpinned by child safety Explicitly stated commitments to creating service provider-parent partnerships More discussion about reliance on service provider-parent partnerships to address child safety concerns More discussion about the interconnectedness of children and parents within their community context More discussion about legal measures as a last resort
Professional Partnerships	Intentions to collaborate with allied professionals	Frequent discussion of reliance on allied professionals Child protection viewed as a community responsibility More emphasis on community capacity building
Professional Identities	Team player Protector of children Protection from clients, legal liability, public criticism,	Community Insider/Neighbour

	Ministry scrutiny.	

Service providers who had an opportunity to connect their personal and professional values with their practice and to make discretionary decisions about that practice, expressed more consistent values within and across sites. The tone of the focus groups suggested a more positive view overall of the work they do, and less negative feelings about families.

Although the Transformation Agenda promotes the idea of customized responses, the extent to which these are possible inside a bureaucracy that rigidly schedules service provider relationships with children and families is in question.

Values in Child Welfare Work: Perspectives of Child Welfare Service Providers in Central and Accessible Service Delivery Models

Introduction

Systems of child welfare reflect and uphold values about the quality of care that children should receive within the context of their families. These systems endorse parental behaviours that are viewed as contributing positively to the care and protection of children. They rely on child welfare law to induce the compliance of parents who deviate from acceptable standards. At a broad level child welfare systems reinforce societal values about what constitutes acceptable parenting.

However, systems of child welfare do not mirror all of society's values about children and families. There are many, often competing pressures that influence the values that inform child welfare practices. In Ontario, Canada, the recent history of child welfare services provides a pointed example. In 2000, the Ontario Risk Assessment Model (ORAM) was developed in part due to public concern about the purported failure of Ontario's systems to protect children. ORAM shifted away from family well-being by focusing on the value of child safety; child welfare practice, in turn, was focused on structured decision-making processes and risk reduction (Risk Assessment Model for Child Protection in Ontario, 2000). The unsustainability of this service delivery approach and its related funding framework soon became a central concern. In 2007, the Transformation Agenda (TA) was instituted across Ontario's system of child welfare, reflecting a shift in emphasis toward the healthy development of children within families and processes that rely on differential response, alternatives to court, and permanency placements among others (Ministry of Children and Youth Services, 2005). In less than a decade, Ontario's child welfare system underwent two dramatic philosophical shifts, each with distinct values that inevitably influence child welfare practice.

In matters of child protection, values are important and seemingly ubiquitous. We know that there is a range of opinion about what child welfare service providers are doing and should

be doing, and also that practices vary from location to location, despite the uniformity of the law and of Ministry protocols. The purpose of this report is to identify what child welfare service providers in accessible and central service delivery models say about the values that inform the work that they do.

Conceptualizing values

It is useful for this analysis to distinguish between ultimate values and instrumental values. As defined in the work of Argandona (2002), ultimate values are higher order values that are widely embraced. They may be understood as goals or ends. In matters of child protection, family preservation, child safety, or permanency placements can be classified as ultimate values. Ultimate values are often expressed as moral imperatives.

Instrumental values enable the achievement of ultimate values. Often they pertain to decision-making and may be understood as means. In this study, instrumental values are defined as the beliefs held by service providers about how child welfare work ought to be conducted. These values may be expressed as preferences, dislikes or intentions. Belief in the use of legal authority such as child placement or court order, in community development or in professional partnerships are examples of instrumental values that to varying degrees might inform child welfare intervention. Instrumental values are being espoused when service providers describe approaches to their work that they consider to be fair, just, right, or the opposite of these.

Why is it important to examine values? Values help to shape what people want and the means they will use to achieve what they want. Values are enduring beliefs (Rokeach, 1973). They are generally contrasted with facts (Stempsey, 2000), usually linked to behaviour, and so have a significant impact in the context of child welfare. Values affect how workers may interpret the provincial government's overall mandate for agencies to protect vulnerable children (OACAS 2002).Values inform the questions that are asked and the information that is privileged or omitted in constructing the lives of people receiving services. They affect how

workers apply practice protocols such as Risk Assessment and the Transformation Agenda in their interactions with families and children.

This study and the discussion resulting from it assume that workers know what values are, can identify relevant values and understand how values inform their work. It is difficult to know the extent to which these assumptions are accurate. Some service providers were articulate in describing their values; at other times, the values that informed their work were inferred based on workers' descriptions of their day-to-day involvement with families and children.

In considering the relationships between values and behaviour, it is important to distinguish between values that are espoused and those that are engaged. Although workers may wish to respond to families and children in particular ways, there may be systemic barriers that prevent that response. For instance, child welfare work has extensive and time consuming record-keeping requirements. Service providers may want close working relationships with families and children and espouse this as an important value, but in the context of their everyday work reality they may be unable to enact this value. In addition, there may be strong inducement to express certain values publicly, whether or not they are actively informing behaviour.

Values are mediated by personal experience as well (Meglino & Ravlin, 1998). It cannot be assumed that all members of a particular service delivery team, given their varied life experiences, will endorse the same values or exhibit the same value-based behaviors. While socialization processes within organizations influence values (Meglino & Ravlin, 1998), and supervisors play a major role in socializing direct service providers, we can make no assumptions that supervisors as a group will share the same values or engage in similar socializing behaviors. Additionally, it takes time to internalize values and to align behaviours with them. With the substantial philosophical shifts of the past decade, agreement about values within and across child welfare organizations is unlikely.

Sample and Methods

This report is based on thematic analysis of selected passages from data generated in 16 focus groups and 15 interviews. Participants were asked, 'What beliefs and values underpin the work that you do?' The data for this analysis consists of passages where participants responded directly to this question and also consists of any other passages from the transcripts where values were described.

The focus groups and interviews were conducted at both accessible and central sites within four child welfare organizations. A fifth organization, categorized as a central site, is an integrated multi-service agency that in addition to child protection services houses children's mental health services, developmental and prevention services, and police services.

Each of the 16 focus groups consisted of a team of service providers who work together and share the same supervisor. Approximately 130 service providers directly involved with families and children participated in these focus groups. The data also include eight individual interviews and one joint interview with supervisors of the teams. Six interviews were conducted with senior managers.

The analysis is primarily concerned with the views of service providers who intervene in the daily lives of families and children. Senior managers tend not to be directly involved in these day-to-day relations; however, they did provide context about the organization's mission and values. In certain settings, the values of senior managers were distinct from those of the workers providing direct service to families and children.

Discussion Overview

At the outset of this analysis the task was to compare the values of direct service providers from central and accessible service delivery models. It readily became apparent that these sites themselves were not homogeneous entities, although there appeared to be a relatively high level of agreement within them about child safety as an ultimate value.

Instrumental values about how child welfare practice should be conducted often diverged, not so much within individual teams or within the talk of individuals (although this was sometimes the case) but often between senior managers and direct service providers and among different child welfare organizations. As anticipated, some workers discussed the values that informed their practices in relation to the written mission of their agency. Others spoke about values in relation to their personal experience. Overall, values within and across accessible service delivery models tended toward more homogeneity than values within and across central service delivery models.

All central and accessible locations were influenced by the recent unveiling of the Transformation Agenda and its value-laden prescriptions for the future of child welfare work. Some were adjusting to incorporating these directives into their day-to-day work; others were continuing to develop approaches conceptualized prior to TA but consistent with it.

The discussion that follows is organized into three broad topic areas:

1. Although systems of child welfare are large bureaucracies, at the heart of this work is the interaction between service providers and families and children. Values inform how service providers interpret the needs of families and make decisions about types of interventions. In the first section, I present service providers' descriptions of the values that inform their work with families and children. The discussion then shifts to instrumental values, the means for accomplishing child safety, and the values that service providers and supervisors say inform service provider relationships with families and children.

2. The accessible service delivery models are distinguished primarily by their physical location and a philosophy that closeness to families and familiarity with their communities is important in the delivery of child welfare services. In the second major section of this report, I explore the values represented in discussion with

service providers about professional partnerships, the role of the community and community capacity-building and the ways these are operating in both central and accessible child welfare service delivery models.

3. Child welfare service providers do work that is both value laden and emotionally exhausting (Stalker et al., 2007). In order to interpret and re-interpret themselves they construct professional identities. Professional identities reflect values; they have to do with how service providers make sense of themselves and their work experiences. In this final major section, I explore service providers' professional identities in the day-to-day delivery of child welfare services.

The following chart provides an overview of the key areas of comparison between central service delivery models and accessible service delivery models that constitute the following discussion:

	Central Service Delivery Model	Accessible Service Delivery Model
Work with families and children	Underpinned by child safety Expressed preference for voluntary engagements with families More discussion about reliance on legal measures such as court orders or child placement to address child safety concerns	Underpinned by child safety Explicitly stated commitments to creating service provider-parent partnerships More discussion about reliance on service provider-parent partnerships to address child safety concerns More discussion about the interconnectedness of children and parents within their

| | | community context

More discussion about legal measures as a last resort |
|---|---|---|
| Professional Partnerships | Intentions to collaborate with allied professionals | Frequent discussion of reliance on allied professionals

Child protection viewed as a community responsibility

More emphasis on community capacity building |
| Professional Identities | Team player

Protector of children

Protection from clients, legal liability, public criticism, Ministry scrutiny. | Community Insider/Neighbour |

Values in Child Welfare Work with Families and Children in Central Service Delivery Models

When ORAM became official in 2000, risk assessment training reinforced child safety as the primary concern for child welfare service providers. During focus group discussions with service providers in this study, child safety continued to be identified at both central and accessible sites as an ultimate value or, put another way, the core mission of child protection work. The following excerpts from the five central sites underscore perceptions about the primacy of child:

—for our agency…our community partners are essential resources… our approach is that we will all work to keep all of the children safe.

[Central site 1: senior manager]

…the main principle that has always been driven home to staff is no matter what the form is you fill out on any given day, or the directive given, the main thing is the safety of the child or children in that home and that's one of the main … values that they know…and then everything falls out from that.

[Central site 2: supervisor]

...safety is always first. I mean, that's our mandate and I haven't said that maybe enough to you…we'll make sure kids are safe.

[Central site 3: senior manager]

I very much see the role of family service workers as people who will engage with these families in ensuring that the protection issues are something which are addressed up front with the family, and they develop a plan to keep those children safe within the family. That's the primary goal. …

[Central site 4: supervisor]

… the kids' safety is paramount, but it's so hard to juggle that, I find, because you want to be supportive of the parents and do all the 'social worky' stuff, and I struggle with that so much.

[Central site 5: direct service provider]

In central settings, talk about child safety was ubiquitous, a seemingly taken-for-granted, mutually shared guiding principle for the work. Child safety was viewed as having priority over other values:

We try to make it as user friendly as we can, but keeping in mind child safety is paramount and trying to maintain the integrity of the family system as best we can with the work that we need to do. So, I mean we have our agency values around excellence and … least intrusive and… timely response and … open access and non-discriminatory practices and all the basic social work principles, but the bottom line is children need to be safe and what do we need to do to enhance families' abilities to keep children safe, to improve the family functioning…

 [Central site 2: supervisor]

In circumstances where risks to child safety were perceived to exist, other values were understood to be secondary.

Although child safety was identified as an ultimate value, how it is conceptualized and operationalized in day-to-day child welfare practice varied substantially:

> So safe from our perspective is if a child is feeling vulnerable physically, emotionally, intellectually; there's a deficit there, something is happening to stop the child's growth in all those areas, that's a kind of a sense of that child being unsafe.
>
> [Central site 4: supervisor]

> I think children need to be safe from physical harm – I mean, all of those things that are in the Act, right? Emotional harm, sexual harm, neglect, abuse, all of that stuff. They need to be safe in their community, they need to be safe in their school, they need to be safe in their home – so what do they need to be safe from? They need to be safe from being maltreated by anybody.
>
> [Central site 2: supervisor]

One challenge that confronts direct service workers is determining the relative safety of a child, i.e. "how safe is safe enough?":

> You have your tools to help you look at the different variables … but you're still down to that question, how safe is safe enough? And it's hard to describe, it's hard to articulate. Some situations it's pretty obvious to you, your stomach tells you this far and no further and … other situations it's not so clear…There's the mentality in the agency…you need to think dirty. You still need to think about worst case scenario and somehow you have to almost have the wisdom of Solomon and the patience of Job … how safe is safe enough is what people really struggle with.
>
> [Central site 2: supervisor]

While child safety as a value was widely endorsed, ensuring safety was seen to require considerable judgment. Sometimes service providers described resorting to intuition ("your stomach") in making decisions about child safety. "Thinking dirty" is a colloquialism for viewing parents with suspicion. Despite risk assessment tools, considerations used to assess child safety were noted as "hard to describe"; determining the relative safety of a child was not seen as a straightforward process by service providers.

Frequent reference to child safety by service providers in these central service delivery models invariably led to talk about how best to ensure child safety. There was general agreement across all central sites that in some circumstances the use of legal authority, such as court orders or child apprehension, was necessary. There was also agreement across these sites that supporting families in parenting their children was preferable to placement in out-of-home care, but not always possible.

The greatest disparity in values appeared among direct service providers, supervisors and senior managers in and across central service locations in how to ensure child safety. Some service providers reported reliance on forensic investigative processes while others placed higher priority on relationship building with families. Some senior managers described an emphasis on relationship building, while supervisors and direct service providers in the same organization focused on other values. Three of the five child welfare organizations represented in these data were discussing plans to shift away from reliance on coercive measures; activities associated with these intentions were described as being in various stages of implementation. Several service providers from these organizations spoke about methods of least intrusion and developing cooperative working relationships.[1] The following section contains quotations that illustrate reliance on coercion and on relationship building as instrumental values.

For some service providers in central delivery models the use of formal authority was appreciated as a valuable motivator:

> … sometimes I think we look at court as a motivator to start making changes and start moving forward for families who are maybe taking their time or not moving forward as quickly as we would hope. I think sometimes that does happen, it can be a very big motivator…
>
> [Central site 4: direct service provider]
>
> We've found that sometimes going to the legal process can move things along in identifying concerns. … though it's adversarial – families unfortunately at times

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[1] Arguably, these strategies (i.e. using coercion and building supportive relationships) could be prioritized, but given the adversarial nature of court involvements, direct service providers described coercion and supportive relationship building as incompatible.

listen to judges and those in higher authority ... to follow through with getting more motivated ... with some of the goals that we want to achieve, not all of the time, but it does happen at times.

[Central site 4: supervisor]

Statements about the value of protecting children within their families were often coupled with the observation that sometimes this cannot be done:

It's tiring, it's exhausting and we do try to keep families together, as much as it looks like we don't; we work really hard to do that but we can only do what we can do and sometimes it's just not possible. But it seems like the common misconception is that we're just trying to tear families apart, but we work extremely hard to try to do the opposite, but sometimes it can't be done.

[Central site 5: direct service provider]

In the central service delivery models with an overall emphasis on forensic investigation and risk assessment, service providers and others frequently identified their role as providing protection services:

If a family is getting the services and the support within their family, community, friendship network, they're going to be better able to manage their family situation and keep their kids safe and less in need of our services and supports – meaning protection services. You know, it may mean referrals to other services within our agency, but once those services are in place then maybe there's no need for protection services any longer. We also look at how connected is this family in their community. Is this an isolated incident or are there other folks within the community that could be providing support?

[Central site 2: supervisor]

Service providers who described themselves as providing protection services also viewed success with a family as moving toward file closure, the implication being that receiving ongoing protection services was undesirable:

... my goal is to help you get services involved so we don't have to be involved, so if we can work together to reach that goal then I'm closing that file.

[Central site 1: direct service provider]

One service provider described how closing the file in a timely fashion was a way of helping families to end the unpleasantness of child protection involvement:

> And it depends on when you come into it – maybe they've already gotten through the angry stage of being in court and you're there as sort of the person that's going to help them finish it up … … because most people really aren't too thrilled to work with the CAS whether it's voluntary or involuntary – always just try to frame it like, 'how am I going to help you to get us out of your life? If that's your goal I'm fine with that – I just want to make sure that everybody's safe.'

> [Central site 2: direct service provider]

For some service providers there was a sense that supportive relationships with child welfare workers may not be possible or desirable.

Conversely, some service providers spoke in favour of building supportive relationships as a primary strategy for engaging families. More often these service providers spoke about least intrusion and cooperative working relationships:

> We see it very much as a working relationship with families and community as opposed to an intrusion on the basis only of safety. We see ourselves as … dealing with safety, but in a supportive manner. … apprehension is the last resort in this agency, very much a belief in this agency is the last resort, compared to some of our sister agencies.

> [Central site 3: supervisor]

> It should be that we are not going in there to be the authority figure towards everybody, that we are going to do our best to be respectful of their family and their traditions, all the while focusing on the safety of the children.

> [Central site 5: direct service provider]

> I think that as an agency we have a number of guiding principles that we try to integrate into our team, one of them being…reduce the number of children in care…and where that's not possible looking first at community…. I think that we also strive to work voluntarily with families wherever possible…so keeping the child as the focus but trying to work with families in coming up with really original and creative ways to address child protection concerns so that you can achieve all of those.

> [Central site 1: supervisor]

Supports to maintain children in their families were described in multiple forms from a variety of sources. One senior manager spoke about prevention as an instrumental value enabling support to families:

> The philosophy of this agency has always been, since I've been around, it always had a big focus on prevention. And so when I started, there was whole teams or departments that […] did nothing but prevention. They did group work, they did individual work, they didn't carry caseloads… they simply offered support programming for children and their parents and that has continued and that continued even under risk assessment.
>
> [Central site 5: manager]
>
> What you're looking at is a system where families are supported before problems become so large that children are at risk and more intrusive measures need to be taken and that's certainly something that everyone here takes very seriously […] to really push the agenda around primary prevention and early intervention, because we'll be doing it very much at a front-line level and that's the vision for this.
>
> [Central site 1: manager]

Across all central sites, service providers reacted to the instrumental value inherent in TA that preferred interventions maintaining family unity by building on existing family strengths:

> Okay, well, I think for my own principles and belief systems, which I try to work with my frontline workers, just around the whole idea that families do have a lot of strengths, that starting where the client is, that type of strength-based approach, that's always the way that I've worked and that's always been my philosophy as a social worker…
>
> [Central site 5: supervisor]

Some service providers expressed concern that emphasis on family strengths could potentially compromise safety and diminish the availability of necessary evidence:[2]

> I think for me, the biggest challenge will be in court. … when you're looking at risk assessment, you're drawing out the negatives, building the case for a reason why

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[2] This may be a consequence of ORAM, which paired identification of risk factors with achieving child safety.

children need to remain in care; but now with all the paperwork being so strengths-based, is the proper picture going to be portrayed to the court if you're presenting everything in a positive light …

[Central site 4: direct service worker]

So, you talk about … let's be strengths-based and … the reality is, if something happens, the … things that we knew that would identify some potential risk are going to outweigh, in the public's mind, the things that we may find as strengths.

 [Central site 4: senior manager]

In summary, the ultimate value of child safety in child welfare service was widely endorsed across central sites. Across the five sites, there was also rather widespread support for the idea that voluntary engagement with families is preferable to coercion. There was a broad range of ideas about the values that should be invoked in accomplishing child safety. The talk at two central sites emphasized reliance on coercion and acknowledged the impossibility of voluntary engagement with some families. These values appeared to be shared by both managers and direct service providers. In the other three central sites, service providers tended to talk about investigation while supervisors and managers appeared to focus more on values consistent with relationship building. To some extent, this may be evidence of an organizational transformation that has yet to be realized across all levels.

Values in Child Welfare Work with Families and Children at Accessible Sites

The discussion that follows focuses on the description and analysis of values about families and children espoused by direct service providers from accessible sites. These service providers viewed their approach to child welfare service delivery as unique and as different from the work of their colleagues in central settings. Many of the workers who participated in these interviews had, at some point in their careers, been positioned in central delivery service models. Sometimes they made comparisons between the two models. Consistent with their colleagues at central sites, they showed little enthusiasm for Ministry protocol and procedure

and expressed concern that regulation hampered rather than enhanced their work with families.

As noted above, child safety was frequently highlighted in the focus groups and interviews conducted in central service models. In contrast, the discussion of child welfare providers in accessible service models emphasized relationship building, suggesting that child welfare service delivery at these sites may reflect "gentler" values. The following comment underscores this worker's change in approach when she became a service provider at an accessible site:

> I came over here from [a centrally based team] and I'd always been an ongoing family protection worker and I wanted always to be out in community and I finally got the opportunity … I was really taken aback by people just walking in and files that may have been opened – I might have opened, I wouldn't open here because they're just clients that come in and talk to you and they're just needing some assistance, some support, some information. And I found it really different and I found it really nice and I like how we work out in the community. But at the same time, I really had this 'yeah, but I'd open her as a protection, like why does she need so many vouchers or why is she coming down for this?' And then I realized that she doesn't need to be open for protection, she needs an open door to support her, to ask her if she needs anything, for her to be able to come and ask us for things so that we don't have to open as a file and that I have really found helpful.

> [Accessible site 4: supervisor]

This supervisor perceived that the needs expressed by parents are interpreted differently in the accessible service delivery model. The metaphor of an 'open door' rather than an 'open [file] for protection' underlines the importance of relationship building. The supervisor placed value on families knowing that they have some place to go and someone to speak to about their needs.

Across the interviews, managers and direct service providers spoke of the importance of shared values:

> … it's almost something that you can't put your finger on because it's really a philosophy that comes from your heart, that you believe the best type of work that you can do is if you're actually working with the families where they're at.

And I'm really fortunate that … that philosophy wasn't a big shift for [my team] …to be out here and doing that work with families. And I think you just really have to believe that this… is the kind of work that you want to do. And if you believe that, whether you're in the school or you're in this area, you're more connected, you're connected to a community. You're part of a bigger team than just the CAS. And your community partners and your families make that connection with you and I think … it really does change the shape of the kind of the work that you can do, both in your school community and this community and then directly with their families…

[Accessible site 2: supervisor]

The philosophy of working with families "where they're at" can be interpreted, in part, as appreciating parents' perspectives and social position. One service provider talked about the framework of values at work in her response to the needs of families:

When we become involved in the lives of families, we try and do that in as respectful a way as possible, but we always want to try and make sure that we go in, in a way where we can provide some support and some concrete assistance to families that are struggling in some way. One of the values that all of the workers have here is that everybody struggles from time to time and that's okay. And that if there's a way for us to provide a supportive role with families to help them get over a difficult patch or do some advocacy where they're able to access resources and supports that will help them in their job of parenting, that's what we want to do.

[Accessible site 5: direct service provider]

The instrumental value inherent in statements like "everybody struggles from time to time" may help foster an understanding of parents as needing periodic support to do the job of parenting, an idea that might resonate with most parents. This value may also help to diminish the power differential between service providers and families. In general, service providers at accessible sites emphasized the importance of being careful with how power is used in their relationships with families and children:

P3:…we need to work towards changing that perception to be…user friendly or just more supportive…I think, compared to what traditional child welfare was – it is more working with the families, not as being … prescriptive and telling the families, 'this is what you have to do'.

[Accessible site 3: direct service provider]

Being where "families are at" was related as well to physical proximity. In order to build supportive relationships with families, service providers in accessible models placed a high value on being close to families. This supervisor described a relationship between how the work with families is done and the worker's location:

> …all of the key principles of working with families can be really achieved effectively when we're seeing our families more often and working with them more thoroughly and actually a part of their environment. …. So I think that you can have these principles about how to work with families, but it really helps if the model is there too so if you're actually out in the community and working with those people, as opposed to in a more centralized location where you're not so accessible to them.

[Accessible site 4: supervisor]

Many school-based workers described the importance of being able to see children at school on a daily basis, where they could notice patterns of behavior and identify concerns as they emerge, rather than at the point of crisis. A manager described how important it is to be where the families are:

> … we're the opposite of 'build it and they will come'; we are 'go out there, we want to be where you are'. So we want our children and families to get service right in their own community.

[Accessible site 1: manager]

An outcome of this approach appeared to be a natural accountability to families that unfolded in the context of their routine encounters. One worker said "you can't blow in and say this is what you got to do and blow out again and then you don't see them for a while". These workers reported that to carry out their work efficiently it was important to have a good reputation among community members. They were sensitive to the idea that word about them travels fast, and in a community where accessibility and visibility are valued, workers could potentially see children and families every day.

Service providers at accessible sites interpreted the value placed on interventions that identify and build on existing family strengths as consistent with the values they already enact in their day-to-day work with families and children:

> I think that we're a really strength-based approach team, which we should be all, across the board. But I think that we really tend to put more focus on the strengths [i.e. more than service providers in central service delivery models]
>
> [Accessible site 1: supervisor]
>
> Strengths-based is such the big catch-all phrase right now and I'm not sure that it's so radically different from the work that we've been doing.
>
> [Accessible site 2: supervisor]
>
> …looking within the family for what they already have as opposed to making judgments or assuming that families have no innate strengths. I think it's really looking at the strengths within families, building on what they already have, identifying what they have and not making assumptions that … if it's a family that's involved in child welfare, well they don't have supports, or their supports are not useful . . .
>
> [Accessible site 6: direct service provider]

This service provider highlighted the importance of interventions from a strengths perspective and cautioned against making judgments based on the assumption of inadequacy. A supervisor described a method of practice that minimizes unfair judgment or inaccurate assumptions through a conscious awareness of one's own social location and the values and beliefs it engenders:

> I have a team of workers and I think that we're all congruent in how we present ourselves with all of our clients and all of our service providers … first and foremost we cannot bring our judgments and our expectations in. I really try to emphasize, you start where our clients are and you don't put anything on to anyone that is your own expectations and just your own values and your own beliefs – it's going to come into it, but we have to be really aware of what ours are and how that might not be realistic to bring into our clients. Because they've come from very different places often and we have to start where they are and find out where they are and why they're there and go from there.

[Accessible site 4: supervisor]

Although the extent to which these workers consider differences in social location in their relationships is not clear, the data from accessible sites do contain frequent references to service providers exercising care in not emphasizing differences in financial status, for example by wearing casual clothing. One service provider said, "we're working with the poor, we're here for the poor to help out- …less privileged families" [Accessible site 2: direct service provider]. Workers' descriptions of the poverty of families were particularly striking in some accounts:

> I see the families living in poverty. Some of the houses that they live in, I mean… are worse than third-world. … and to live in those conditions and not be depressed and not turn to alcohol or drugs to help you cope… … I don't know how anyone could live in that kind of environment in that sort of, no-way-out situation, without either being depressed or turning to alcohol or drugs to manage day-to-day. …I honestly don't believe any family could live in, in any healthy way.

> [Accessible site 6: direct service provider]

Supervisors acknowledged the importance of interventions that eased the strains caused by poverty and made connections between poverty and risks to child safety:

> I truly believe there's a big piece missing here and the big piece is the preventative stuff and looking at the family—the population we serve. And not skirting around the issue of poverty, because I see poverty as a huge, huge piece of what's impacting the families that we work with.

> [Accessible site 6: supervisor]

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

> [Accessible site 5: supervisor]

In placing value on alleviating the effects of poverty and appreciating the relationship between poverty and child safety, these workers tended to be oriented toward support that is concrete and practical.

While direct service providers and supervisors from accessible sites are subject to the same Ministry protocols as providers in central service delivery models, there was a marked absence of conversation about child safety among the service providers at accessible sites. When the discussion facilitator asked about child safety in accessible service delivery models, service providers said:

> P3: We see more and hear more…
>
> P2: … to think that the children are more protected because we're here would be arrogant. I think to be able to work, to be able to connect with the families on an ongoing basis and be able to do ongoing check-ins, give them hints here and there, that would maybe provide more of a safety net and in the schools, I mean, we're only there – they go home at the end of the day and they're with their parents so we can only really – really, it's the school that protects during the day.
>
> [Accessible site 1: direct service providers]

Although the value of child safety appeared in the talk of workers from accessible sites, this happened far less often than at the central sites. Service providers in accessible locations were much more insistent that coercion should be considered a highly undesirable last resort.

> I had a worker who came to the other team when I was there … and he was just so, so determined to get the dirt, get the dirt and see if we can make a case and we talked one day and I said, 'So what if you tried for a year to get the dirt and you never got the dirt enough to go to court or whatever?' I said, 'So you've just wasted a year, what have you done for that family to, you know, help them see that yes they can parent better, and yes they can do this on their own, and yes they do have strengths.'
>
> [Accessible site 5: supervisor]

On numerous occasions these service providers noted the importance in their work of actively charting a course away from using legal authority to leverage change within a family system.

Instead, they emphasized forming partnerships with parents as the primary strategy in

responding to the needs of families and children:

> With community based I think maybe it sounds more like we're coming alongside
> with families, rather than coming at them.

> [Accessible site 1: direct service provider]

There was conversation about greater possibilities within the context of a service provider-

parent partnership when difficult issues arose. Service providers talked about relying on their

relationships when confronting families and negotiating change. This was seen as beneficial for

both families and service providers:

> If you've got the partnership -- if you've broken down that authority piece, the
> stigma… it's easier, then, to address those other issues that come up.

> [Accessible site 2: supervisor]

> And so that trust, that balance of authority … suddenly something happens and
> this family you've had a great relationship with, now you've got to confront them
> … it's easier, then, to address those other issues that come up…

> [Accessible site1: supervisor]

> P1: I think it's beneficial for the client, I truly do…from a client perspective, I think

> it's much better.

> P2: I do, too.

> P1: I think it's less threatening. They know you. With that, I think it's better for
> the workers, because if the clients aren't threatened by you, you're going to have
> a much easier time.

> P2: You don't have to be more intrusive.

> [Accessible site 1: direct service providers?]

The intent of these workers in accessible service delivery models was expressed as relying on the strength of their partnerships with families rather than on legal authority to induce changes within families.

Service providers in central locations reported using coercion in situations where risks to child safety were high and/or parents were perceived to be uncooperative. I was curious to know if service providers in accessible settings were comfortable that service provider-parent partnerships would protect children and were confident that children were being protected. There were some reoccurring themes in this data that offer some clues. First, service providers spoke about an active valuing of the interconnectedness of children and parents and of a belief in the capacity of parents to keep children safe:

> We know that we can't do what's best for kids without… having their families be an integral part of that, so the best way that we can ensure that children get what they need and that their well-being is enhanced and that their safety comes first is by engaging with their parents. … Our best way to provide positive outcomes and to be a part of that is to engage with the families.
>
> [Accessible site 2: supervisor]
>
> . . . really having a strong belief in families and their ability to keep their children safe – and believing that families can identify what their own solutions are, and they can identify how they need to keep their children safe.
>
> [Accessible site 1: supervisor]

Sometimes participants used the word holistic to describe the interconnectedness of children and parents.

Second, service providers in accessible models may be comfortable with minimal reliance on coercion because they have access to a range of information to support their decisions about the safety of children. Some of this information is gathered through regular assessment processes and some is learned from informal sources:

> I think you get a view through a centre like this, in terms of a practice where the safety of children and best interests of children are paramount, but part of that is

supporting their family to be able to meet the needs of that child; so when you're in a centre and visible all the time you get to see their siblings, you get to see the parents more, see what kinds of supports they're getting, needing, as they're reaching out. So I think you get a better assessment of the family … what all the other people in the family need because they're here attending to their own needs and their different programs and even some for adults, which are supported through here.

[accessible site 2: direct service provider]

Another thing that happens is that we get to hear pretty quickly what's going on in homes. I've worked in other places where you could spend weeks getting information to find out 'oh, so and so's struggling'. We've got some clients that if they have a bad weekend we know Monday morning exactly what happened, who had the party, who was at the party and who consumed what … at any time we can hear this – we respond to people quicker, I think, which makes kids safer…

[accessible site 2: supervisor]

Because we see things beforehand. It's not just sudden, unexpected… with the community everyone's been watching, everyone has a little story to tell you about that family and then you kind of make your assessment based on all of that information.

[Accessible site 1: direct service provider]

Service providers at accessible sites indicated that they may be in contact with several people who know the family. They may see the family on a routine basis, in multiple contexts, and over a lengthy period of time. Based on their access to a broad base of knowledge, these workers expressed increased confidence in their assessment of the family.

Third, service providers in accessible settings seemed to place a high value on understanding the realities of the communities where parents and children live. The workspaces of service providers were situated within these communities and workers encountered community members on a formal and informal basis in the course of their day. These workers reported developing a more grounded knowledge of these communities and the everyday reality of the people who live in them:

> … one of the big things that I've recognized is that being a part of any community really helps to be able to identify what the needs of a community are – and that means that you're also able to better identify the needs of families within the community.

> [Accessible site 1: supervisor]

The following service providers spoke about their familiarity with the building complexes in which their child welfare offices were located:

> Well, the longer that I'm here, the more that I realize how much drugs are huge in this community. The more you notice people walking down the streets stoned and the more you get comfortable with who is using drugs in the community and where people are getting it. You start to really become aware of how heavy drug use is in this community…

> [Accessible site 3: direct service provider]
> This building in particular has a nice mix, you've got some seniors. You've got some working families. You've got some single parent families. [There is] a grandpa who's got his grandkids here, so it's a mixed kettle of fish.

> [Accessible site 1: direct service provider]

Based on these data we cannot conclude that children receiving services from accessible sites are more or less protected than children receiving service within central service delivery models. We can say that the values on which the sites rely to support child safety vary and that differences in the comments of the central and accessible workers suggest that those from accessible sites rely more on service provider-parent partnerships to respond to the needs of children.

There was also an acknowledgement among the workers at the accessible sites that ensuring child safety could not always be accomplished in the context of collaborative relationships. Service providers acknowledged that sometimes coercion was necessary as a last resort and when, despite multiple efforts to build collaborative relationships, parents refused to address identified concerns. Supervisors from accessible sites repeatedly indicated that the

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proportion of cases that are court-involved was substantially less than those of service providers at central sites.

Professional Partnerships and Community Capacity Building in Central Models

Relationships with allied professionals and the broader community were a major theme in these data. The extent to which child welfare service providers rely on allied professionals in the work of keeping children safe reflects to some extent their understanding of the safety of children as a shared responsibility. In this section, quotations highlight the perception of these alliances as an instrumental value.

One of the central sites in this study co-located services under one roof in 1998. Workers in this integrated model emphasized professional, formal partnerships in the work of protecting children. Although each service has its own intake process, the provision of seamless services to families was emphasized as was a commitment to collaboration. This worker quoted some of the agency's mission statement:

> Well, our mission statement is to promote the well-being and safety of children, to strengthen our community and we base it off of five core values which is service excellence, responsiveness, innovation, collaboration and diversity [...] Definitely a collaborative service, just because we are integrated we have mental health in-house, we have developmental in-house, we have a police team here, so it just allows the service delivery to be a little more seamless maybe in comparison to some other agencies that it's not all in-house.
>
> [Integrated agency: direct service provider]
>
> I mean, when we amalgamated back in 1998 we had a lot of work to do in terms of building up those community relationships and at this point I'd say we have very positive feedback from our community partners, from our funders. We try to work in collaboration wherever possible. Because we hold a lot of the services for children and families within the community, those that are left, we're very careful to make sure that we include them, to make sure that we don't have any gaps that have been identified… Our executive director sits on a community committee that looks at where the gaps are in the community and which agency would be best to service those needs and so it's a very proactive approach.
>
> [Integrated agency manager]

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Generally the tenor of the conversations at the integrated site suggested that service providers appreciated the co-location of services and believed this model had a positive impact on community relationships.

At other non-integrated central locations, service providers talked about professional partnerships and community as important to the work of protecting children.

> We can't do our job without the collaboration so we need to know and respect each other, our expertise and how do we blend together as a service in order to help a parent and a child to progress and to keep a family together and intact. Service providers are crucial in that, we can't do it alone, there's just no way.
>
> [Central site 5: supervisor]
>
> I've worked at several different agencies, Children's Aid, and I feel that our agency is a little less intrusive than other agencies, so we tend to collaborate more with collaterals or with family members during our investigations. …
>
> [Central site 3: direct service provider]

At another site, one supervisor talked about child safety as a community responsibility where child welfare services played a leading role among a range of service providers. A supervisor from a different site espoused a similar idea:

> … although it's our mandate to be the leading part of that investigation and the identification of child welfare issues, that it really takes the community to ensure that children are safe and that families receive what they required.
>
> [Central site 1: supervisor]

In the event that children could not remain with their families, some service providers attempted to find placement for children within family and community networks. Across central sites there are intentions to do child welfare work in collaboration with others, as reflected in the data above. Still, based on the amount of discussion devoted to descriptions of this value in their work, these workers' reliance on professional partnerships seemed, at best, modest. Beyond the identification of community needs, there was scant attention to community capacity building.

Professional Partnerships and Community Capacity Building in Accessible Settings

In comparison, the talk of service providers from the accessible service delivery model suggested a much stronger emphasis on professional partnerships in working with families and children to accomplish child safety:

> We believe strongly in working with partners and community in a collaborative and community-based approach to child welfare…we have a lot of people who really know a lot more about certain areas than I do and so I think we're pretty good at drawing upon their experience and their expertise to help us figure out what we're doing.
>
> [Accessible site 3: supervisor].

> Partnerships are big and working with families, with community partners and meeting the needs of families…being more geographically based so that we can be responsive to specific community issues, delivering service and be closer to where our clients, our foster parents, our resources are.
>
> [Accessible site 1: manager]

> I also believe that it's the right thing to do to work in partnership – even though that can be very difficult and it can be very annoying…I would choose this because I believe it's the right way to do it, I mean, there's just no question in my mind that it's the right way and part of that is, I think, a real source of pain for child welfare workers and for everyone in this field, is the isolation. The feeling that you can't do anything right, you know, you're not doing enough in that family, you're doing too much in that family, you're being too intrusive, you're not being intrusive enough. You can never get it right and I think that the respect that is due child welfare workers is not forthcoming from other professionals in the community and that's very isolating and so in order to reduce that the only – I think the right way to do that is to put us in the community centre, to have us right in the middle of the mess, you know, be more accessible, be more transparent and slog through it because ultimately kids will be safer, ultimately community will have ownership and ultimately we have healthier society.
>
> [Accessible site 5: supervisor]

Two accessible sites in this sample placed a high value on service integration. "I mean, it states clearly …access to integrated and community-based services, right, so it's one of our strategic directives." [Accessible site 1: manager]. School Hubs are a good example of collaboration and service integration and also one-stop shopping for clients:

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First of all, it's around partnerships with our community, service providers. …Our Kids Hubs are, in theory, designed so that all different service partners will offer services through this common intake person who could be any member of one of our organizations who will deal with whatever questions they have, whether it's a walk-in or a phone call or a question from the school and be able to resource that person in need quickly and within their own community. So, for example, if they're a new immigrant…and requiring information on housing and income support and our children's aid worker might be the intake worker that day. His family comes in, they're able to say, here's the forms that you need to fill out, the housing worker can be accessed through that hub.

[Accessible site 1: manager]

Service providers in these accessible settings appear to place high value on professional partnerships and often organize their services so that collaboration with other professionals is inevitable. For example, professionals at the Hub share the responsibility for intake; service providers positioned in schools work with educators. These workers report that their geographical proximity to communities aids in the development of collaboration. We did not see any multidisciplinary teams across these settings, although in one accessible location a domestic violence worker employed by another agency attended the focus group.

There could be deeper values operating here that influence accessible workers' engagements with allied professionals. Frequently they described child protection as a community responsibility rather than a child welfare responsibility or an individual family responsibility:

… it's not just our obligation to make sure kids are safe. Schools want their kids to be safe, the police wants kids to be safe, doctors and hospitals want the kids to be safe and so um, there's no one person or one agency owning that…

[Accessible site 3: supervisor]

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

[Accessible site 5: supervisor]

If child safety is conceptualized as the responsibility of the broad community, placing an emphasis on community capacity building makes sense. The idea of strengthening neighbourhoods was also woven into the discussion:

> I think the core of community development for someone coming from family and children's services would be to develop resources and supports. Either formally or informally in the neighbourhood so when people do need things like clothes and food or they do need some safety or they do need some information. …and support in difficult times particularly, that there is that network there to be able to lessen the impact of negative situations…
>
> [Accessible site 7: direct service provider]

One organization in this sample employed two social workers to do community development work. The supervisor of this program stressed the importance of building informal social support networks to mitigate risks to children:

> It's good to have supportive structures in place for people to access formal supports. But what apparently has a bigger impact on people, and it's really a no-brainer, is that you do better with your informal supports so family, friends, neighbours, community… those are the people that you go to for support when you're in crisis or when you need help. …and people that don't have those kinds of supports are under more stress so, so families that have more stresses such as poverty and domestic violence …would be categorized in higher risk… those supports are even more important and would have bigger impact on preventing risk to children and healthy families are obviously… create healthy children. So … we do activities that support building strong communities, building social capital, building… building leadership potential in neighbours…getting neighbours to take the lead in things like safety committees.
>
> And so when we talk about informal supports it's really … building networks of friends and neighbours that can support each other ,,, when they're really having a hard time they go to their neighbour. So if we can build that you know sort of people helping people. That's what we're trying to do.
>
> [Accessible site 7: supervisor]

In this program, where community capacity building was highly valued, workers spoke of the importance of strengthening connections among neighbours and friends so that informal

support during periods of crisis could be maximized. The front-line workers described the impact of community development initiatives on the everyday reality of families:

> I think that having community development in neighbourhoods strengthens neighbourhoods. And when I say that I mean there are more resources in the community. There are more formal and informal supports and links made in the community. And when people know each other and support each other … the communities have the resources and supports they need to do what they want to be doing …there are more eyes and ears on …what's happening in the neighbourhood. And that increases the likelihood of a family getting the support they need or …a child being protected from someone who drives by the school every day.

> [Accessible site 7: direct service provider]

At the heart of this community development emphasis was a strong belief in the quality created between people, or on social capital as opposed to individual ability. For these workers, identifying opportunities and coordinating people to develop the opportunities had the potential to decrease barriers and increase the support available to families.

Workplace Professional Identities in Central Settings

When keeping children safe is the ultimate value of a system, the work is necessarily emotionally demanding. What professional identities are constructed by direct service providers to manage their emotions and fulfill the child protection role? For this portion of the discussion, I distinguish between professional 'role' and professional 'identity'. By role, I mean the socially constructed, commonly understood expectations of the service provider's professional self; in this analysis 'protection worker' would be an example. By identity, I refer to how direct service providers reflexively mediate their own subjectivity in the process of realizing the ultimate value of child safety. Identity development involves the processes of participating in practices, or in this case doing child welfare work; it also involves reification. The practices noticed by others reify participation and together these processes construct identity (Wenger, 1998). In central service delivery models, service providers spoke with

affectivity about the professional identities of team player and protector and the ways in which these are constructed in their day-to-day work.

Team Player

Consistently, direct service providers from central settings discussed the importance of belonging to a team and being a team player in order to cope with their jobs. The emphasis associated with the team was not directed toward completion of tasks or sharing cases, although sometimes this was mentioned, particularly in the context of providing coverage during absences. More often, they spoke about the unique nature of their role, the difficulty that outsiders might have in understanding the jobs they do, and the importance of the team for generating a sense of support and belonging:

> P1: I think we have a fantastic team. I think we work really well together; I don't know, I can only speak for myself but I really like my team and I really like my supervisor, which can make or break your experience. ...it gets you through the day.
>
> [Central site 3: direct service provider]
>
> ... Because they all come from that same value base and have those principles, they work really well as a team, for the most part. They're very supportive of one another and of their clients and of me [shared laughter], they really are. They're smart; they're sensitive; they have great compassion and for the most part most of them have a very strong work ethic.
>
> [Central site 5: supervisor]
>
> Then we talked about internally what's important to us and people who have worked here for a while and interestingly, people who've left and came back said that they felt that a real strength of the agency was the relationship building between people-staff ... in terms of vision, mission, values, statement that professionalism and good working relationships and communication among staff was really important....
>
> [Central site 4: manager]

At another central site, a direct service provider talked about returning to a central site after working in an accessible location for the express purpose of recovering the sense of being supported by a team.

In addition to being a supportive team player, a "good" team leader was highly valued especially when navigating adversarial relationships with families:

> I think the common theme for me in doing this job is that support. If you're not well supported, it's the difference between staying and leaving. I mean, if you have a good supervisor, it's doable. If you don't have a good supervisor you might as well, it's just not worth it, it just isn't and the supports go all the way up the line. I mean, for me, that's the bottom line for social work if you don't have support then it's not worth it because it's like you're fighting on both sides.
>
> [Central site 4: direct service provider]

One of the unintended outcomes associated with the emphasis on the team player identity is the potential to become insular. This manager expressed a caution that the valuing of a strong team player identity can exclude others who may be helpful in providing child welfare services:

> I think we're in the phase of … yes we want to be a team, yes we think we should work together, everybody plays an important role. We need to constantly remind our staff … there's other people involved here, we need to pull them in, bring them in, meet with them …
>
> [Central site 4: manager]

Child welfare organizations are large bureaucracies that have a particular language, established ways of viewing the world and acronyms and short-form expressions for a multitude of processes. Over time teams adopt idiosyncratic norms in their communication that exclude others when, in fact, relationship building with allied professionals and the broader community may also be important.

Protector

Although child protection is explicitly understood to be the primary role for these workers, the identity of protector extends beyond the protection of children. Throughout the

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data from central service delivery models, workers talked about protecting themselves from the risks posed by clients:

> P2: … we need police assistance and we're just out there risking our lives every day and we're knocking on doors unprotected, unaware of what's there and there's no one that can be there for us…

> P4: It affects our personal lives because we can't be known in the community in case our clients find us, you know, we can't tell anyone where we live, what our phone number is and we just have to remain completely private so it affects and those who have children, every day worry about maybe an angry client could find them and … there's just so many risks involved.

> [Central site 4: direct service providers]

Workers also expressed the importance of protecting themselves from civil or criminal liability:

> We have this thing in our heads about liability and accountability and what could go wrong with this picture and not wanting – of course you don't want a child to be harmed or to be seriously injured or killed, but there seems to be a focus of 'I don't want to be the one whose name is on that file if that's going to happen', so there's that self-protective thing.

> [Central site 2: supervisor]

> (P2)… in the last 10 years there has been a real intrusive … stress where everyone's terrified of liability and we better get in there and everyone was so consumed with and sort of operating in an element of fear, that we didn't perhaps rely as much on our clinical social work skills.

> (P3) I think our instinct is always to do best practice with clients. What falters is the admin and the 11th commandment of the government is 'cover thy ass' and that has gone through the roof, and so when that is exceeding time with clients that's where frustration is.

> [Central site 3: direct service providers]

The chief technology in the day-to-day of child welfare work for self protection was stringent record keeping:

> … it's mostly about the recording and that's because for the last 10 years, it's been hammered into our heads about, "it needs to be recorded, it needs to be

recorded". And so people are so anxious about the recording and about documentation and now we have an inquest, so again, and it goes back to, "How good was your recording? How good was your documentation?"

[Central site 5: manager]

Being a protector of the organization from Ministry scrutiny was also on their minds:

… what happened in the last three months we've been reviewing policies making sure we're compliant so compliance again takes a bit of a forefront, right, but basically, trying to move it forward.

[Central site 3: manager]

We have to have internal tracking systems and we have to do our own audits for every case and we have to do spot audits … just in preparation for when the Ministry comes in and does an audit right? And I was just told yesterday that yes, in fact, we will be having more audits again this year from the Ministry. Financial audits and service audits so… and of course, every year you have the mandatory Crown Ward review and foster care review…we've never heard of the word audit other than Crown Ward review, I'd never heard of that before risk assessment so… but you learned quickly when you do badly. We certainly did badly the first go-around in '99.

[Central site 5: supervisor]

Service providers construct a protector identity that is multidimensional. They protect children. They also protect themselves from clients, from legal liability and from public criticism. They protect the organizations that employ them from Ministry scrutiny. There were red flags about the extent to which the identity of protector is appropriately balanced in the day-to-day operations of these central agencies. Tracking systems, audits, extensive recording practices all suggest that the protection from liability and scrutiny is strongly reinforced within these systems.

Workplace Professional Identities in Accessible Settings

Community Insider/Neighbour

A primary identity emphasized by service providers in accessible settings was community insider/neighbour, emphasizing their connectedness to their communities. In the most established accessible service delivery models, service providers spoke about

understanding themselves as a member of the community where they do their work. They were 'insiders':

> …you're with the people in your community, you're not coming from another area of town and marching in, you're with people, you know them, they know you, there's a presence, you're sort of working together to build your community

> [Accessible site 4: supervisor]

Another service provider said:

> Connecting with people…You're a part of a community …you know things a lot more and relationships are better, as opposed to when you're not in that community – you're an outsider and communities don't like outsiders as much, so they're very guarded about things.

> [Accessible site 4: direct service provider]

Being part of the community was also described as creating humanizing connections with families and children:

> I think that what happens is that we – people will always be aware of the Children's Aid Society and be intimidated to a certain extent by what it represents to them in their mind, but having …the workers actually be working with the people and a part of the community, they become human beings …the workers become partners, they're not viewed as working for this CAS …these visions of an oppressive organization, they are people that really want to help. And so I think that they're reaching out for help more frequently and calling and really seeing us as helpful and not so much being concerned with who we work for.

> [Accessible site 4: supervisor]

Workers in accessible settings often described their situation as less connected to their broader child welfare organizations. This was particularly true of school-based workers, some of whom felt that their primary professional identification was with other professionals within the school. Sometimes workers appreciated this disconnection and at other times experienced it as isolating.

In some programs, worker relationships with community members were so strongly emphasized that workers spoke of themselves as neighbours to the families they serve:

> We have a job to do, but we're also neighbours and we can do things like neighbours do and …that's positive for many of them. …for a long time…we told our families, you want to get out of here…They raise their kids here and now their kids are raising their kids here. We were probably pretty stupid to …present it as the best way to go is to get out of here. …I think then they see that we're committed because we've also chosen to live here too.

> [Accessible site 2: supervisor]

When this worker began to understand herself as a member of the neighbourhood and her clients as her neighbours, she became invested in making this community a good place to live instead of a place to escape. One supervisor spoke with pride about an initiative she was leading in her townhouse community to join with residents to plant flowers and have a barbecue. She believed strongly that these types of good-will gestures were invaluable in mitigating risk to children. The following quotation illustrates a supervisor's belief in the subtle importance of these gestures:

> It's not tangible to put your finger on, when you walk by the door and say hello and say to the neighbour, god that's a great haircut, that looks fantastic! And what that does for your relationship in the long term, it's… those things that are building your foundation and making the work that much better…

> [Accessible site 2: supervisor]

Workers described how their neighbourliness was reciprocated. Clients were concerned about worker safety:

> Going along with that, I think that clients …put the word out there … that we're there. I find that they almost look out for you to a certain extent, I… which I really found interesting, because I've had clients before say, y'know, do you leave that in your car? Oh don't do that. Don't leave that in your car.

> They'll tell me …what you can do in this neighbourhood and what you can't. …don't stay here after dark …don't do this, don't do that, I've had a lot of clients really be clear about …personal safety.

> When I was at Stepping Stones, I found that …if they didn't see my car there for 2 days or something, they thought something was wrong or …if they saw my car

there and it was like 7 or 8 o'clock, why is my car still there? Is everything still okay? And actually come and make sure that I'm okay.
[Accessible site 4: direct service providers]

These workers valued neighbourliness and enjoyed the positive interactions that occurred as a result.

Discussion

Regardless of the service delivery model in which they practiced, these service providers expressed belief in the importance of their work and pride in their accomplishments. Their 'talk' reflected both the ultimate and instrumental values that informed their work with individuals, families and communities, their understanding of their child welfare role and their sense of professional identity.

Child safety is an ultimate value that is often difficult to define and operationalize in direct practice but nevertheless was accepted by service providers at both accessible and central sites. Its breadth and generality give rise to a number of different possibilities and emphases in intervening with families. Some fundamental differences were evident in the emphases given to particular instrumental values and in the experiences of these service providers in accessible and central service delivery models. These differences have implications for how child protection standards are interpreted, families and children are viewed and services are delivered.

In accessible settings, workers conveyed a sense that certain values were internalized and lived out in the context of their work. These workers talked about being the 'right' person for the job and about the importance of holding certain beliefs. They talked about a philosophy of the heart. Many of these workers chose to work in accessible settings because the values at

these sites are more consistent with their understanding of themselves as service providers. Many, though not all, reflected on central service delivery models as a poor personal fit.

In comparison, the values expressed by service providers across central sites appeared less congruent overall. At times, these workers created the impression that values were imposed on them:

> Our values – there's five of them and I hope I can remember all of them (laughter), but those are what we do in terms of collaboration, innovation, diversity, we really look to our values to guide us in the work that we do...so strengthening families through working with community is our goal…The mission statement is widely disseminated. It appears on your computer every morning when you turn it on. It's on all of our correspondence and I think we do a pretty good job in terms of communicating what that mission is…the expectation that we embrace those values comes from the top, so it's sort of an expectation that we work collaboratively with the community partners

> [Central site 2: direct service provider]

The imposition of values may have an impact on the degree to which direct service providers are prepared to embrace them.

Workers in accessible and central settings tended to speak differently about families and children. Much of the talk of workers in accessible settings centered on individuals in families within communities. They appeared to be confident that child welfare work involving the spectrum of individual, family and community support systems would yield outcomes that enhanced child safety. They expressed the conviction that communities could become allies in the responsibility to keep children and families safe. At the core of their work was the belief that families wanted the best for their children and that with appropriate resources and supports they were likely to provide the necessary protective care.

Direct service providers from central settings often articulated these same values, though with a difference in degree. At central sites, the workers' talk tended to focus on the individual within the family. Overall, these service providers seemed more skeptical of families and felt pressured to identify risks and prescribe remedies. The fear of being found liable in the

event of a tragedy perhaps coloured these workers' view of families. Although workers in accessible sites were not immune to these fears, their proximity to families and emphasis on relationship-building appeared to provide enhanced knowledge of families and their environment, which in turn appeared to increase the workers' decision-making confidence.

The instrumental value of relationship-building was described frequently by workers in accessible settings. These service providers talked about respectful relationships at the heart of their work and about their commitment to building supportive relationships with children, families and communities, often despite strongly-held negative opinions about child welfare. They expressed a belief that these relationships provided a forum where change could be negotiated and children could be protected when difficult situations arose.

The careful and diminished use of power in child welfare was another instrumental value that appeared frequently as a theme in accessible settings. At multiple locations and across all levels of service provider, the use of legal coercion as an undesirable last resort was understood as a cornerstone of the accessible service delivery model. While many service providers in central models expressed the desire to move away from a reliance on legal measures, there was not a good sense in these data that this hope was being realized. Frequently, central service workers talked about the necessary, albeit regrettable, use of authority, and of authority as a motivator for change.

Service providers in accessible settings tended to understand themselves as part of a larger community helping people in families to live well. They espoused a strong belief in making the best use of the resources available to them. In families, this might involve building interventions around existing strengths; in the broader community it might involve enlisting the help of a supportive neighbour. These workers appeared to appreciate the flexibility and creativity inherent in this approach to child welfare.

Across all sites, workers valued collegial relationships. Direct service providers in central models emphasized the importance of the support from their immediate team members and

supervisor. There was much less emphasis on relationships with allied professionals. In accessible settings the reverse seemed to be true: workers often participated as team members with allied professionals while having less, sometimes infrequent, contact with members of their child welfare team.

Many of the accessible sites in this study were established prior to the introduction of ORAM. These sites have managed to maintain values consistent with family and community relationship-building, service provider-parent partnerships, and community capacity building despite the broader child protection emphasis on structured decision-making processes. One of the keys to their success has been having champions at all levels of the organization.

While these values were also expressed at some central sites, they tended to be expressed in the context of child safety or as prevention work. Managers and supervisors at three of the central service sites described an emphasis on relationship-building that was not fully reflected in the direct service providers' values.

One emerging accessible site included in this research did not survive. It was associated with a large child welfare organization focused on keeping children safe by using forensic investigation and risk assessment protocols. Workers at this site were both physically and philosophically separated from the main organization while attempting to gain acceptance in a community suspicious of this new approach as a ploy to increase child welfare surveillance. Shortly after the manager went on leave, this accessible program ended. In contrast, as early as 1993, another organization had situated a worker in a school. At that time such a move was groundbreaking and experimental. At the time of this data-gathering, this organization was committed to moving toward an organization-wide accessible delivery model.

In these data, service providers who had an opportunity to connect their personal and professional values with their practice and to make discretionary decisions about that practice expressed more consistent values within and across sites. The tone of the focus groups

suggested a more positive view overall of the work they do, and less negative feelings about families.

At both central and accessible sites, Ministry protocols and procedures were seen as a barrier to service providers truly living out their values in their day-to-day work. At accessible sites, workers described trying to do the type of work they were committed to doing while coping with the pressure of accommodating bureaucratic expectations. In central locations, Ministry requirements were described as a barrier to performing the work of protecting children. Across all sites, direct service providers expressed hope that TA will result in bureaucratic processes that support the values that inform their day-to-day work with children, families and communities.

Implications

With the introduction of the Transformation Agenda in 2007 and the possibilities inherent in TA, this is an appropriate time for in-depth analysis of the values in child welfare: what they are, where they come from, and how they influence the day-to-day practice of child welfare and ultimately the lives of children and families. While TA appears to create space for customized interventions, the child welfare system is a large bureaucracy in which change can be difficult. . In Ontario, the types of services that should be delivered and their accompanying values are prescribed and reinforced by the Ministry of Children and Youth Services and filtered down to direct service providers and to families. Perhaps attention to the values enacted in daily interventions with families and children – the values that both workers and families would choose to guide their interactions – could help to integrate the intentions expressed in TA into service delivery models with positive outcomes for families and children.

Values, perceptions and behaviors are deeply interconnected. The values espoused in child welfare systems stem from multiple sources: broader society, laws and regulations,

Ministry protocols, service delivery models, communities, service providers, and families and children, among others. These values intersect and overlap in a multitude of ways, challenging and constraining attempts to standardize child welfare practice with families and children. A framework is required to facilitate closer examination of values in child welfare. How may these values be interrogated in light of their inherent complexity?

For example, while it is important to interpret the talk of service providers, it is equally important to consider the meaning of their silences. What does it mean when service providers in accessible settings readily accept the ultimate value of child safety but rarely reference this value when describing their work? Perhaps they view child safety as the consequence of good service provider-family relationships, and so emphasize the intervention itself, rather than the outcome. Perhaps there is dissonance between this ultimate value and the values these workers believe to be most important in their work with families and children. Perhaps it is worthwhile to consider the extent to which increasing 'safety' is a meaningful construct in working with families and children. Child welfare interventions need to make sense to parents and children (Freymond & Cameron, 2007); this congruence is vital regardless of the service delivery model.

The complex, protocol-driven and dynamic context for child welfare in Ontario has the unintended consequence of diminishing capacity for supportive relationships within which people can acknowledge limitations, ask for help, and expect a compassionate response. Burnout, exhaustion and turnover are well documented among child welfare workers. Perhaps there is incongruity between the values that service providers draw from inherently and the values that are prescribed and reinforced by Ministry protocols. Without careful balance among these factors, child welfare work can become undoable.

The data in this report raise questions about the extent to which Ministry standards for child welfare should prescribe instrumental values. Within each focus group and in each interview, service providers expressed their commitment to better lives for children and families. They expressed as well the multiple pressures that they experience in adhering to

regulations and procedures and the inordinate time they spend in accountability paperwork. Ministry-mandated, scripted procedures can render children and families vulnerable to mechanical relationships with service providers and to dehumanizing interventions. Although TA promotes the idea of customized responses, the extent to which these are possible inside a bureaucracy that rigidly schedules service provider relationships with children and families is in question.

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Appendix A: Research Reports from the Transforming Front Line

Child Welfare Practice Project

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

6	Values in Child Welfare Work: Perspectives of Child Welfare Service Providers in Central and Accessible Service Delivery Models (Service Provider Perspectives)
Freymond, N	This report identifies what service providers across institutional settings say about the values that guide the work that they do with families and children, as well as their perspectives on professional identities and roles in the day to day delivery of child welfare services.
7	Helping Relationships (Parent Perspectives)
Hazineh, L., Cameron, G., & Frensch, K. M.	This report examines the nature of first contacts in child welfare, the level of contact between families and service providers, and the quality of relationships over time across central, integrated, and accessible service delivery models.
8	Services and Supports (Parent Perspectives)
Hazineh, L., Cameron, G., & Frensch, K. M.	This report compares the types and diversity of services and supports offered to families, number of service connections, and parents' overall satisfaction with services across central, integrated, and accessible service models.
Retrospective technical Report	Overall Child Welfare Outcomes: Family Functioning, System Indicators, and Community Attitudes
Cameron, G., Hazineh, L., & 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
Cameron, G., Hazineh, L., & 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.