

12-2009

Working Report #2: Client and Community Relations (Service Provider Perspectives)

Lirondel Hazineh
Wilfrid Laurier University

Gary Cameron
Wilfrid Laurier University, camerongary@wlu.ca

Follow this and additional works at: <http://scholars.wlu.ca/pcf>

 Part of the [Family, Life Course, and Society Commons](#), and the [Social Work Commons](#)

Recommended Citation

Hazineh, L. & Cameron, G. (2010). Working Report #2: Client and Community Relations (Service Provider Perspectives) (pp. 1–59, 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).

This Transforming Front-Line Child Welfare Practices (2010) is brought to you for free and open access by the Reports and Papers at Scholars Commons @ Laurier. It has been accepted for inclusion in Partnerships for Children and Families Project by an authorized administrator of Scholars Commons @ Laurier. For more information, please contact scholarscommons@wlu.ca.

PROJECT:

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

WORKING REPORT 2:

**Client and Community Relations
(Service Provider Perspectives)**

AUTHORS:

Lirondel Hazineh

Gary Cameron

Partnerships for Children and Families Project

Faculty of Social Work

Wilfrid Laurier University

December 2009

*Funding for this research was provided by the
Ministry of Children and Youth Services (2006-2009)*

PREFACE

This report serves as a working document to inform the main *synthesis report* which summarizes overall research results from the **Transforming Front Line Child Welfare Practice Project**. The focus of this and other working reports is on the inclusion of all information relevant to the specific topic of investigation. The intent of working reports is to inform the synthesis report and include more information than what appears in the synthesis report. Less emphasis, however, is placed in the working reports on style and efficiency of presentation than on inclusion of information. The main *synthesis report* and other working reports are available through the Partnerships for Children & Families Project web site (www.wlu.ca/pcfproject).

Executive Summary

This report addresses two important questions: how much emphasis is placed on building positive relationships with families and communities across agency based, integrated service, and community and school based models of service delivery? And, how successful is each model at building relationships, minimizing stigma for families, and improving the image of child welfare in the community? The following table summarizes four key elements to understanding the nature of client and community relations across service delivery models.

Nature of Client and Community Relations

	Agency Based Models	Integrated Services Model	Community Based Models	School Based Models
Stigma (and fear)	Stigma of child welfare services is a context workers must contend with. Working within ORAM has heightened families' fears	Stigma of child welfare services is a context workers must contend with. Working within ORAM has heightened families' fears	Stigma can be successfully overcome. Believe the community based approach helps decrease families' fears	Stigma can be successfully overcome. Believe being in schools helps to decrease families' fears.
Education	Educating clients about CAS is seen as important but needs to be addressed primarily by larger system	Educating clients about CAS is seen as important but needs to be addressed primarily by larger system	Educating clients is seen as an outcome of community interactions	Educating clients about CAS is seen as quite central to the role of the worker
Relationship Orientation	Emphasis on the client, investigation and assessment, good case management and good communication	Emphasis on the client, good case management and good communication	Emphasis on building relationships with families and communities	Emphasis on building relationships with children, parents, school communities and local communities
Safety of the Worker	Workers' personal safety was an expressed concern at several sites	Front-line staff work quite closely with police on difficult calls	Workers' personal safety was an expressed concern at only one site	Workers' personal safety concerns were not part of the dialogue

Educating clients and the community about child welfare services was identified as an important role for workers in some sites and not in others. While families' fears of child protection services were a concern, some workers also expressed a fear of their clients and feared for their own personal safety in their work. Service providers within each model seemed to be oriented to different aspects of relationship building and also had different advantages and disadvantages. For example, community based and school based models provided unique forums for engaging with clients and other service providers. Heightened awareness and concern about stigma in many agency based settings was noted; while, in community based and school based settings workers saw themselves on the front-line of improving the agency's image and building relationships with the community.

Introduction to the Transforming Front-Line Child Welfare Practice Project

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

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

Earlier exploratory research through the Partnerships for Children and Families program

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

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

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

- An assessment of the impacts of accessible and central service delivery models on family functioning indicators and child protection system indicators (e.g. formal court applications, out-of-home placements of children, etc.).
- An exploration of how these different child welfare service delivery settings affected front-line child protection service providers' satisfaction with their work with children and families.
- An exploration of how these different child welfare service delivery settings affected parents' satisfaction with their child welfare service involvements.
- An examination of how these different child welfare service delivery settings influenced the services and supports available to families.
- An assessment of the impacts of accessible and central service delivery settings on front- line helping relationships in child welfare.
- An exploration of how accessible and central service delivery settings affected employment satisfaction and sustainability.

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

Study Design

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

- 261 parents were surveyed using a set of standardized outcome measures to assess parent, child, and family functioning at the time their case was opened to ongoing services
- 188 parents participated in a follow up interview occurring approximately 8-10 months after the initial survey
- 73 parents participated in a semi-structured qualitative interview about their service experiences and satisfaction with either accessible or central service delivery settings
- 115 front-line service providers completed a survey of employee experiences in child welfare including job satisfaction and burnout
- 18 focus groups involving approximately 150 participants were conducted with teams of front-line service providers about their experiences as employees in either accessible or central service delivery settings
- 17 individual interviews were completed with child welfare supervisors and administrators about their experiences of differing service delivery settings
- 201 agency files were reviewed to gather data on selected system indicators including frequency of child placement and use of legal authority

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

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

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

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

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

Research Sites

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

Children's Aid Society of Brant

Central Site

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

Accessible Community Sites

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

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

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

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

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

Accessible School Sites

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

Family and Children's Services of Guelph and Wellington

Central Site

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

Accessible Community Sites

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

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

Children's Aid Society of Halton

Central Site

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

Accessible School Sites

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

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

The Children's Aid Society of Hamilton

Central Site

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

Catholic Children's Aid Society of Hamilton

Accessible School Site

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

Chatham-Kent Integrated Services

Central Integrated Site

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

Research Products and Reports

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

Client and Community Relations (Service Provider Perspectives)

Becoming involved with a child welfare agency can trigger many fears in parents: fears of being judged by the agency or by the community, or even of losing their children. The stigma that can accompany being a client of Child Welfare Services is an ongoing concern in the field of child welfare. Service providers in this study refer to a historical legacy of stigma, fear, and client resistance around child welfare involvement and identify some of the current factors that may continue to perpetuate these concerns. This stigma can extend to the way that other service providers and community groups perceive child welfare agencies as well.

Few would argue with the importance of establishing good working relationships with child welfare involved families to providing good service. However, good relationships have not always been typical in child welfare and there can be many obstacles to engaging with families including little time to spend in direct contact with families. In this report, we examine how service providers working in each program model approach the issue of building positive client and community relationships. Two important questions emerge:

- Within each service model, how much emphasis is placed on building positive relationships with families and communities?
- How successful is each model at building relationships, minimizing stigma for families, and improving the image of child welfare in the community?

The purpose of this analysis was to address these questions by identifying themes and trends central to understanding the nature of client and community relations within each service model. It also may provide some insights into practices that are effective at managing what, at times, are very difficult dynamics between the child welfare system, its clients, and the community. Before a pattern was considered to represent a difference between service delivery models, two conditions had to be satisfied: (1) The pattern had to be substantially more prevalent in service providers' discussions of their work within particular models than

others; and, (2) When more than one service delivery model was present at a child welfare agency (e.g. community as well as agency based approaches), the differential pattern had to be evident across the service delivery models at that agency. These conditions ensured that the differences were robust and represented the service delivery model rather than agency differences. Finally, in presenting these results, care is taken to clarify whether the patterns were shared across all or some of the sites representing particular service delivery approaches.

Unique to this report, data pertaining to client and community relations gathered from the integrated service model setting appeared to be very similar to that from agency based settings and therefore the data is integrated with agency based settings. The analysis of client and community relations that follows is divided into two general sections, one that examines agency based experiences and one that examines community and school based experiences. Table 1 summarizes the general trends noted in service providers' discussions of client and community relations across service delivery models. Each model had somewhat different ways of engaging with clients and community and, according to service provider perceptions, had the potential to produce different results.

In general, adversity and conflict in relationships between service providers and families was recognized by service providers as fairly common in the field of child welfare. However, the degree to which service providers emphasized relationship building in their own work and the ways in which they talked about stigma and fear varied across models. There seemed to be a heightened awareness and concern about stigma in many agency based settings while in community based and school based settings workers saw themselves on the front-line of improving the agency's image and building relationships with the community. Service providers within each model seemed to be oriented to different aspects of relationship building and also had different advantages and disadvantages. For example, community and school based models provided different forums for engaging with clients and other service providers than did the agency based settings. Education of clients and community was identified as a role of the worker in some sites and not in others. While families' fears of child protection services were a concern, some workers also expressed a fear of their clients and a fear for their own personal safety in their work. Issues of worker safety also raise the question of whether there is a

relationship between client fears and negative perceptions of the agency and workers fears and safety concerns.

Table 1: Nature of Client and Community Relations

	Agency-Based Models	Integrated Service Model	Community Based Models	School Based Models
Stigma (and fear)	Stigma of child welfare services is a context workers must contend with. Working within ORAM has heightened families' fears	Stigma of child welfare services is a context workers must contend with. Working within ORAM has heightened families' fears	Stigma can be successfully overcome. Believe the community based approach helps decrease families' fears	Stigma can be successfully overcome. Believe being in schools helps to decrease families' fears.
Education	Educating clients about CAS is seen as important but needs to be addressed primarily by larger system	Educating clients about CAS is seen as important but needs to be addressed primarily by larger system	Educating clients is seen as an outcome of community interactions	Educating clients about CAS is seen as quite central to the role of the worker
Relationship Orientation	Emphasis on the client, investigation and assessment, good case management and good communication	Emphasis on the client, good case management and good communication	Emphasis on building relationships with families and communities	Emphasis on building relationships with children, parents, school communities and local communities
Safety of the Worker	Workers' personal safety was an expressed concern at several sites	Front-line staff work quite closely with police on difficult calls	Workers' personal safety was an expressed concern at only one site	Workers' personal safety concerns were not part of the dialogue

Agency Based Settings

Role of Stigma

There is agreement across agency based interviews that child welfare agencies are generally badly perceived by many families and very few families welcome child welfare into their lives. The agency based programs unanimously identified the stigma of child protection services as a major concern for clients and one that presented many barriers for workers trying to deliver services to families. Stigma was seen as the cause of many fears, misconceptions, and anger from families and the community in general. The following is an assortment of quotes from different agency sites to illustrate these concerns:

The bigger community? Well, the reality is that we're not viewed in a positive light. We're not seen as a helping profession, we're seen as the agency that goes out there and takes people's children away by a lot of not only our formal community partners, but by the community as a whole. That's an ongoing struggle that my staff have to deal with on a regular basis.

[Agency based site 1: supervisor]

I think we're still seen as very authoritarian, like it's not like we're just because we always service the same area it doesn't mean that people like us any more, we're still the big bad CAS and here we come and I think it's almost worse when they recognize the same worker's car over and over.

[Agency based site 1: front-line worker]

I think the negative connotation is that the CAS is just taking away children; so not – they don't see CAS as maintaining a family, supporting a family or as a support resource or positive kind of resource, they tend to see us in a negative kind of a way...

Well, the biggest limitation is then that the reputation that precedes us just goes directly against all of that and this is what they've lived with, learned, you know, totally internalized for all of their lives sometimes – I mean, sometimes third generations of families that are going through this and now all of a sudden we're

saying 'trust me', an organization that they could never trust before...

[Agency based site 2: front-line workers]

...she's apparently being told that it's bad to call the CAS because automatically you're perceived as a bad parent, whereas we encourage people to call if they need support so it doesn't get to the point where, you know, they can't manage anymore. ... I: I: So most people are ...P2: I think they're very afraid, very intimidated, very scared. ...

I had one of the child abuse/sexual assault detectives, just joking around said, 'you know what, they even hate you guys more than they hate us.' And I have clients who say 'I'd much rather have police and just about anybody else knock on my door except for you.'

[Agency based site 3: front-line workers]

These quotes clearly illustrate that there are some significant negative image and trust issues for child welfare with many of the families and communities served.

Fear and stigma for new Canadians was identified as a special concern in several sites. These service providers talked about fear of child protection services among new Canadians being particularly heightened.

...I think to many in the community who are new to this community the fear is greater than the normal Canadian household because they know the system and they've – maybe their parents experienced child, you know, what child protection means, but for many it's just the police coming to your door, you know, overpowering you and taking away your children, so it's twice the pressure so their experience would be twice as negative than the rest, you know, I'm just new but I'm (inaudible) for 20 years, where some people who just came here they don't even know – I've been here for 18 years, but you know, I never know what child protection means when I come to Canada, so yeah, if people come we fear, because there's a lot of fear from authority so it's twice, you know, that feeling vulnerable, so that is – even though the setting is being not intrusive, no matter what you do, it's still double the impact, the negative impact.

[Agency based site 4: front-line workers]

Well, generally aren't happy when we're at their doorstep, for sure. ...Now we have significant population in (C1) that are diverse, from diverse backgrounds, so we have our multi-cultural coordinator and she's done a lot of outreach with some of the supervisors helping her out ... And some of these people come from cultures where people in positions of authority where it can be pretty scary to deal with.

[Agency based site 2: Manager]

Some agencies have put in place strategies to work with special populations. The degrees to which these are successful in minimizing stigma are unknown from these interview sources.

At a couple of agency based sites, service providers talked about negative media coverage and the internet making the issue of stigma and negativity worse in recent times:

Especially with things like when stories get out in the news, and I have, at least in the past little while, spent time talking to families about what they've heard about CAS in the news...

[Agency based site 3: supervisor]

Our clients see us, not all, but a lot, very negatively. The media doesn't help with that. The Internet does not help with that, because there are websites by client groups that have information on there that's not correct and the workers have to deal with that on a regular basis.

... but I find that attitude in the years, especially in the last three years and I've noticed that clients have a more negative and disrespectful attitude right from the get go, generally, in the view of the CAS.

[Agency based site 1: supervisors]

...The prevailing perception that we're baby snatchers and take kids off the street is still very valid even in this age where information's shared, partly because of confidentiality, we can't speak about cases and when they get into the press you only get one side, so you do look like incompetent, evil people, like I mean ...

[Agency based site 3: front-line worker]

There was the suggestion here among these agency based service providers that negative stigma may have become worse in recent years.

Negative media was seen by some service providers as one reason for things becoming worse. Another suggestion was that that the model they had been using in recent years, the Ontario Risk Assessment Model (ORAM), may have contributed to an increased fear and negative perception of CAS:

When I first started working here, I didn't perceive that people were as afraid of us as they became after risk assessment. That's when you would get kids saying, y'know, you're going to take me away or my mom told me not to talk to you, because you often times get parents going into schools saying I don't want CAS talking to my kid and you'll hear that from the teacher or the principal, they'll let you know that the parent was in saying, y'know, don't you're not allowed to talk to Johnny, so yeah... so I think they're more fearful now and there's been a lot of attention called to CAS in the province, y'know, there's protest groups that are active in many communities, this being one of them, but in other communities too, that sort of stir it up.

We couldn't have carried on working in the old model, it was too prescriptive, it was very deficit based and so on, and I think we were alienating a lot of our clients. ... they won't understand what that means, if they suddenly find that the worker's being nice to them or whatever, or workers from Children's Aid are generally very engaging, they may initially question 'what is that about?'. The word out there, generally, I think, not just with clients but with community groups ...

[Agency based site 1: front-line workers]

These quotes suggested that the risk focused child welfare service delivery model that workers used in recent years may have contributed to an increase in fear and the negative perception of child welfare.

Service providers also talked about how the overall negativity toward child welfare services made relationship building and service delivery much more difficult:

...so it's involuntary and so when you look at child welfare in this type of setting

people typically don't want to be involved with us, so you have the added thing of having to do your work, having to deliver services to people who don't necessarily want it. ...

[Agency based site 1: front-line worker]

I think from an agency base where CAS is viewed, in a sense by families, in a very negative way first of all – so, when families are being transferred or opened to us as an agency base and we get involved with them we have to actually begin to go through those barriers, all those negative connotations of CAS first of all, before we begin working with families...

[Agency based site 2: front-line worker]

That stigma is something that you're faced with, like P2 said, off the hop, you've got to find a way in and find a way to make it so people are going to listen and you're going to get through what you need to get through, but that's half the battle, just sort of defending our agency off the hop.

[Agency based site 4: front-line worker]

Workers in many agency based sites communicated that the negative stigma they had to deal with was very difficult to overcome. Some workers saw the stigma as valid and understandable, and suggested that trying to overcoming the stigma was a somewhat foreboding task:

And what the situation is, what type of intervention you've had to do and what they're experiences in the past were with CAS involvement and how they perceive I mean, everybody's heard the horror stories about CAS's and make no bones about not wanting to be involved, and you know, I don't blame them ...P5: I wouldn't want to be involved with CAS if I didn't have to be, you know what I mean?

[Agency based site 1: front-line worker]

I think a lot of it is intrusive and, you know, we – obviously at some points we need to be and I think that's just the message that goes around the community.

[Agency based site 5: front-line worker]

In accordance with this narrative, several service providers at this site expressed the belief that it would be an embarrassing thing for the child welfare agency to be involved in a family's life:

A lot of families don't see themselves as being not protective of their children. When we come in and say, perhaps you're not protecting your children, or that there are safety risks, they find that very offensive. I personally, would be mortified, it would be my worst absolute nightmare if Children's Aid showed up at my door and said perhaps my kids weren't safe or this information was passed on.

I just think it's one of those embarrassing things – I think that's, you know, okay, don't park in my driveway because I don't want people to associate and things like that, and don't like going to people's door with my big briefcase in my hand, because you know they don't want their neighbours to know what's going on and things like that. Even though sometimes it could be really mild things and we're just there basically as a support system to them, they don't see it that way – and a lot of people think we're just out to snatch babies all the time.

[Agency based site 5: front-line workers]

One service provider even framed her goal with families as “how am I going to help you get us out of your life?” She described her process of engaging with families as:

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, make it voluntary and then get out of their lives hopefully, you know, and I always just – whether it's voluntary or involuntary, 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.'

[Agency based site 5: front-line workers]

There seemed to be multiple reasons suggested as to why the agency may have received such a poor reputation. Here a supervisor suggested that some workers who abused their authority gave the whole agency a bad image. She also suggested that the CAS in general had not done a

good job of overcoming a negative legacy of stigma:

I think it's more negative than it was, not only from clients but other service providers too and I don't know exactly why. Is it because we behave poorly and sometimes we have feedback that's come back where a worker has perhaps been a little bit more arrogant than was absolutely needed there was no need for that attitude or superiority or intrusiveness, 'I'm here with a big stick' kind of attitude. There have been some of those and that's bad PR so other workers have to work hard at spelling out that that's not the norm. There are a variety of things. I don't think we have done enough to promote our image either generally, not just specific to this agency, but in general, we're too shy.

[Agency based site 1: Supervisor]

While there did not seem to be a clear picture given of why the CAS reputation continued to be so negative, consensus among workers generally seemed to be that there was some legitimacy or grounds to the fears or concerns that families had regarding child welfare involvement.

Experiences were certainly not the same for all agency based service providers. While there was a strong theme of being defeated by negative stigma in many agency based sites, there were also some workers in some agencies in particular who saw themselves as successful at overcoming stigma and building good relationships where previously there was fear:

... make use of us as a support, make use of us as a source of assistance and try to view it in that sense. Some families are able to do that and do benefit from that help, but not all families can because the stigma attached to being involved with CAS. I mean, I've had people I work with, their phone rings and they're 'I'm here with my CAS worker' and no problem, 'I gotta call you back, I'm with my CAS worker' because they're so used to us being there and it supports them and they view it differently;...a lot of clients see us as abusers in a sense that we take laws and you know, over-abuse our power, but I think some of my clients have been able to come now to understand that it's more of a supportive role, and helping them to achieve their goals.

[Agency based site 2: front-line worker]

Just from an intake perspective, like I mentioned before, I have had good experiences and I have had several clients tell me how helpful I've been and how

they never realized the Children's Aid was a service that can assist them rather than a service that destroy them ...

[Agency based site 3: front-line worker]

While it is not a purpose of this study to compare different agency based sites, it should be noted that there were some differences by agency in terms of perspectives on dealing with negative stigma.

Educating the Client, Educating the Public

Agency based workers at some sites saw a larger role for themselves in trying to educate clients about CAS and improve the image of CAS. These workers saw CAS as poorly understood and believed that educating clients and other service providers about the positive role of CAS needed to be part of their role:

Ontario as a whole and child protection as a whole, is poorly understood in society. You know, there are countries that don't even have child protection, that it doesn't exist as a concept – the concept of people coming into your home that don't know your children and interviewing your children is freaky, whereas here, that's something that we have to do, that we don't, as social workers or as the OACAS or wherever that needs to land, educate our society about what that means.

I find in my experience with all my clients has always been reassuring them that we do more than just apprehend, so it's 'hey, we also do this role' and I find that with almost every family, even across the board, you're educating about our role. That stigma is something that you're faced with, like P6 said, off the hop, you've got to find a way in and find a way to make it so people are going to listen and you're going to get through what you need to get through, but that's half the battle, just sort of defending our agency off the hop.

[Agency bases site 4: front-line workers]

... but there are a lot of community people out there, whether it be just teachers or whomever, that really have a lack of understanding of Children's Aid and what

we do and are not supportive when talking to parents or families that we're working with around our work and in particular, I mean, I had an incident with a professional counsellor/therapist for a substance abuse counsellor who shared information with my client about how she felt about the Children's Aid, which that's inappropriate in itself, but I think that it speaks to community services and their views around CAS and child protection ...

[Agency based site 3: front-line worker]

...We don't always get good public media attention and so on, so trying to fight that resistance or that – and fight's not the right word – but to try to help people see us as helpers instead of policing, primarily. Policing is part of what we have to do, under our mandate of keeping children safe, but there's lots of other things that we do too and the perception in the public, I think, is that if the Children's Aid comes knocking on your door, look out, they're going to take your kids and that's certainly the last resort, the last measure after trying all kinds of other things to keep kids safe, so it's – when I say user friendly I guess what I'm trying to say is, trying to break down misperceptions, start where your client is, help them understand what your role and mandate is – so all of those initial things you do through social work and just trying to help them know what the resources are, how to access the resources, helping them see what they can do differently that might be more helpful.

[Agency based site 5: front-line worker]

In the following quote a front-line service provider described educating clients, community and collaterals as a big part of her job:

It's huge, I mean, nine times out of 10 that's the majority of your first conversation is the education component on what do we do, you know, why are we here, what is our role, I mean, education is a big, big, big piece of our job – educating not only our clients but our community and our collaterals and – I mean, that's a huge part of our job. It's so misunderstood out there; so many people have had negative experiences that they have an image in their head of this is the way it works and it works this way all the time, right, because people talk about the bad news, misery loves company, right, so when you're in a community the people who've had bad experiences talk about the bad experiences, the people who've had positive experiences are less likely to share that, so you spend a great deal of time, I find, educating people and that really becomes my in – 'okay, let's put the authority part on the table, let's talk about those – let's talk about that fear and get it out of the way so that we can move on

to why I'm really here today'.

[Agency based 4: front-line worker]

However, many workers also saw themselves as conflicted, not having the time or mandate to focus on educating clients. These workers saw themselves as often on the “defensive” as they clearly communicated that overcoming negative stigma is a daunting and time consuming task. Here a worker suggested that educating the public needed to be better addressed by the larger system as well as by the front-line:

But this whole time, though, as I said to you, go back to time – you know, in our capacity we don't have time to educate, you don't even have your one hour [...] in a big picture educating our community what we do about child protection, like you know, we take it as not only on an individual level but on a community level, but I don't know who's going to do that, but do a bigger picture, a bigger education in the community – this is what child protection looks like. We do that in mental health, we do that in immigration when people are coming to Canada, there is a lot of information but not child protection, nobody knows what child protection is.

[Agency based site 4: front-line worker]

While many workers clearly saw educating clients and the community as very important, the fact that educating clients was time consuming and not within their mandate was a dilemma for them. There was a frustration with the child welfare system for not doing more, expressed in a number of the preceding quotes.

Overall, there was not a lot of hope expressed by front-line workers in this setting in regard to successfully educating the community and ultimately changing the image of child welfare.

Relationship Orientation

Relationship building generally took on an individual focus in the agency based settings. Building relationships with children and parents was seen as important to good investigation,

assessment and service delivery. Good case management, good communication and timely closing of cases were also emphasized.

Investigation and Assessment

In agency based settings, a forensic or investigative focus often seemed forefront on workers minds when it came to engaging with families. Information gathering for the purpose of investigation and assessment was a primary focus when establishing relationships with clients. Relationship building was often seen as a means to better assessment of risks and needs.

Workers from this agency based site talked about investigation and assessment as primary purposes when it came to engaging with clients. Cooperative relationships were seen as helpful and valuable to the process of assessment. The following quotes from an agency based site illustrate relationship building as it relates to engagement and assessment:

I just did. I mean, it's a process, right? I mean, whether it starts at intake and moves to ongoing it's something we're always evaluating and, you know, it's such a wide variety of characteristics that you're looking at, though they've given us tools in which to they would like us to evaluate in higher risk areas - which are certainly very appropriate, but there are other things that aren't hit in those tools that can be equally valuable to our assessment of how that family functions, how they deal with things, ... it's always challenging because you never know what you're going to get, every family is different, everyone has a different set of variables within a family system and so it's, you know, the little observations that we see and all those things, the nuances also speak volumes. The other reality is that our gut is a huge indicator sometimes of what isn't in front of you and sometimes there's no check mark on this Risk Assessment for gut feelings and nor should it, but it's a tangible quality that, you know what, nine times out of 10 you're right on.

Well, the objectivity; to me, that's my way of looking at it and being objective. You get a referral to the agency of a concern, the balance between the compassionate and the jaded is that you might find that there is a problem or there isn't a problem. You have to ask certain questions and with the answers you have to always look at 'do the answers fit with what I'm able to observe', so to me it's not a big struggle. How do I do it? You just do it. You don't over think

it.

At the end of the day we have to do that investigation, use our assessment skills and make sure that those children are safe.

[Agency based site 3: front-line workers]

Within the Ontario Risk Assessment Model (ORAM), there was a strong focus on risks and deficits and a limited view to families' strengths. Here a supervisor talked about this lack of attention to families strengths as a shortcoming;

I really believe that we underestimate families and often times we either identify more of the concerns than seeing what the strengths are within families. Again, there has been part of our philosophy, so to speak, you know, we identify the concerns and that's about it.

[Agency based site 2: Supervisor]

Now within the Transformation Agenda, there is a move to identifying families' strengths both in assessing and working with families. Service providers in agency based settings expressed a variety of views toward the strength based approach ranging from enthusiasm to a sense of futility. The overall feeling appeared to be that a strength based approach would be a difficult but positive adjustment for the agency based setting. Supervisors from an agency based setting expressed hope for a changing model in the agency setting, one that focused more on families' strengths rather than risks.

We couldn't have carried on working in the old model, it was too prescriptive, it was very deficit based and so on, and I think we were alienating a lot of our clients. ... they won't understand what that means, if they suddenly find that the worker's being nice to them or whatever, or workers from Children's Aid are generally very engaging, they may initially question 'what is that about?'. The word out there, generally, I think, not just with clients but with community groups ...

I really believe that we underestimate families and often times we either identify more of the concerns than seeing what the strengths are within families. Again, there has been part of our philosophy, so to speak, you know, we identify the

concerns and that's about it.

[Agency based site 2: supervisors]

While the supervisors' perspectives toward a more strength based approach were optimistic, in another example, workers from different agency based setting talked with skepticism about a more strength based approach. In their view, child welfare work was by nature risk based so a strength based approach had limited value:

The whole strength based thing isn't going to change very much and people are going to have the same opinion of us whether it's strengths or you focus on their deficits. We're still involved and they don't want us there because ultimately it's the protection of their kids we're worried about so that can only be so strength based.

P3: I'd like to say refocus on strengths. All that kind of 'social work stuff'. I'd like to say that but I'm not sure if we do. I try to ...P2: It's hard to ...

P3: ... it's hard to, yeah. P2: ... because we're, you can focus on strengths all you want but we're protecting these children and yes, these parents may have some strengths but they're harming their children those strengths don't really matter because those children are being harmed ...

[Agency based site 1: front-line workers]

Therefore, there is the point made by several supervisors that investigation and assessment as it was laid out by ORAM tended to be deficit focused. Several front-line staff expressed skepticism about whether this focus would or should change. In general, it was acknowledged by a number of supervisors and front-line staff that the child welfare work tended to be risk focused and was limited when it came to seeing families' strengths.

Formal Relationships and Case Management

In agency based settings, the notion of good case management was often voiced. Along with good case management came closing cases in a timely and efficient way. Thus,

relationships in agency based settings were generally seen as time limited. The goal of any involvement was ultimately to close the file. There was an expectation that closing the file was naturally the families' primary focus as well as the workers. A family being able to meet their needs independently of CAS help was seen as important. The potential for fostering dependency in families was voiced as a concern at several sites:

...and so during the transfer process which is kind of like the important stage where the intake worker is taking the family service worker to meet with the family, that meeting is really important to identify for the family service worker what the family understands about our involvement. ... I think situations where clients are very clear about why we're involved and what we plan to do to bring their protective factors into the equation, to bring safety, they will generally tend to know what they need to do, and have a very clear goal in the service plan about what they need to do in order to then be able to terminate involvement...

[Agency based site 2: supervisor]

So it starts right from that – the very first step – in terms of the family service worker attempting to engage that family in a productive relationship with us so that they can move forward towards reaching those goals that we no longer have to be involved any longer.

[Agency based site 5: supervisor]

I think because some families have so much, so many different circumstances and so many different layers, I guess of different issues or barriers in their lives, that you can, your involvement with them can be quite timely because there is mental health and then there is substance abuse to cope with that mental health, because before they didn't have any coping skills, and they didn't know what was wrong with them... And then, lack of financial income, is another one, so there's so many different layers to a family, and to their involvement...

[Agency based site 2: front-line worker]

Well, one thing I always try to explain with my clients is, we're in here to help you, but we're in here to help you help yourself. Once we leave, one we pull out you can't be so dependent on us that you can't function without us. You need to – yes, I can help out this time, but can you look into other resources that can help

you in the future? Can you do this planning?

[Agency based site 5: front-line worker]

On the flipside, this agency based front-line worker talked about her frustration with the limiting effect of a focus on closing files:

... want to close off and get the other ones open and I've actually had several cases whereby the family has requested that we stay involved, that they wanted the support, you know, appreciate that we've connected them, but please keep a file open. I feel I never want to turn a client away that's actually saying, 'help' because usually we get the door slammed more than anything and we've had to say, 'no, we can't stay involved because there's a community service provider and just call back again', so it's like, here we're supposed to be the helper ... And this is the name that we're trying to get out there more, that we are a support, we can be a voluntary service, but yet when we have the clients that ask for it we're not giving it to them, so it's very contradictory with the message we're trying to send to the community.

[Agency based site 3: front-line worker]

The idea of assessing families, identifying needs and then moving them on to other resources, does not seem to suggest a strong investment in building relationships between CAS workers and families. Once again, the child welfare mandate, as it is interpreted in many agency based settings, does not seem to allow for a longer term investment in worker-family relationships.

In one agency based model, management described at length how they hoped to strengthen relationships between child protection workers and families with better systems and structures. Good case management was still seen as highly important, however, moving to a generic model of case management meant a longer, more continuous relationship between a CAS worker and a family and this was seen as a major step toward improving relationships. Such "structural" changes were not seen as the only thing needed but similarly to how proximity was seen as key from community based work, case management structure was seen in this case as the first step to improving service:

—a very, very, very controversial decision. Um, we moved from having an intake,

an ongoing family services setup, which is the traditional child welfare setup to do investigations, sometimes within that intake, departments will have rapid response and then so we can call out investigations and investigation and then you have ongoing staff and we.. two very different approaches and so what it meant for any family that you ... it meant that after having gone through this very intrusive procedure with them, you then had to [involve] somebody else and so we just said that, um, we weren't going to do this...first contact the worker had to do an investigation....

[Agency based site 4: manager]

Another supervisor from the same setting talked about how normally the child welfare structure encouraged a quick resolution to cases as opposed to the development of longer term relationships. She suggested as a remedy that through supervision, workers could be supported to focus more on relationships:

... workers who specifically have had a social work education should be coming in with a set of principles and values that are based in that profession and I think quite often they do and then child welfare has a way of taking those and pushing them in the direction of mandate litigation, thou shalt, thou shalt, instead of the old beginning places of start where the client is, listen to the client, what does the client need, what do they want, versus what we want, which is quite often based on high case loads and other things, a quick resolution, i.e. 'why don't they just listen to me, I'm the professional' and so when your supervising about those community partnerships and what not, it's – and how you supervise, for me, and where this place might be a little different than the other experiences I've had in other child welfare organizations is there's a desire here to operate from those kind of social values and principles and keep them alive around start where the client is, what does the client need, listen to the client, it's – you know, social work is an art form and it's a science, it's a skill and I think when I supervise about how the community operates it's about providing assistance to meet the needs of the family as they've identified them and if we can identify those needs with the family, work around those with the family, work with the community, with the resources that exist in the community then perhaps we can strengthen that working relationship with the family and move on. Their needs may not be the bottom line child welfare issues we have, but if we're meeting their needs as we see them and they're ethical and we can do that without placing a child at risk, then you can stabilize and sometimes move in, so it's really very much in this agency, I think, going back to not only does every child, it's more than just does every child deserve to be in a family home, it's taking workers back to that place of the social work versus the litigation versus the mandate. It's there, it exists,

but it's about the relationship.

[Agency based site 4: supervisor]

Here another supervisor from the same agency based setting talked about promoting creativity and flexibility with her staff, and helping workers to step out of a limited mandate:

I want to just go back to the one question, I was going to add that I think also when I used the word creative in this and then does how that service model strengthen our relationships with our clients, often times the creative solutions – much of the time, are the family's solutions and so the minister example that I gave, it wasn't that the worker went out and had this brainwave that was the best solution to fix this family's problem, in – I think that along with creativity comes flexibility, so that you're flexible to take different ideas to push the envelope to give different options. So, I think as a supervisor, we – I encourage staff to be flexible, to think outside the box like [fellow participant] said, to – sometimes we're quick to say, 'if the family's not cooperative then we need to go to court' and it's – we, I mean, in child welfare, we can do that, but I think as supervisors we need to say, 'what are our other options other than going to court, what else could we do to better the working relationship with the family?

[Agency based site 4: supervisor]

It should be noted that these expressed views on the benefits of changing case management structures and on supervision come primarily from management and data on front-line support for these ideas is not clear.

At another agency based site, an individual worker talked about members of her team stepping outside the limits of the formal job description to have more involved relationships with clients:

... And we'll even go the extra mile and we will take our clients to see the counselor and that's not something we generally have time to do, but we will take them to the shelter, we will take them to their counseling appointment or just to explore other community services and we do that for our clients.

[Agency based site 2: front-line worker]

While this example may be an exception to the norm, it is important to note that

individual workers within the agency based model may deviate from the prescribed role and limited mandate.

Formal rules and regulations can certainly be a hindrance when it comes to genuine relationship building. In the following example, workers talked about accountability procedures as a barrier to trust building with families.

P3: I mean, when we talk about increased documentation, we'll think, you know, like giving a food voucher to a client and them being so thankful and then going 'oh, by the way, can you sign this saying that you received it', it kind of takes something away from that.

P2: I had to do it last night and it went fine, she was okay with it. I just wanted to this was my way of getting engaged with this family from the beginning because they were difficult and I knew she was going to be very appreciative, but to say, 'sign the forms' ...

P5: And in some cases, for them to actually break down get to the point where they ask, you know, that's a big step and then for us to say, 'oh, we just need proof ...'

[Agency based site 3: front-line workers]

Here a worker talks about the dangers of stepping outside the formal mandate and limited role:

You have to be careful what you commit to, I think, because if you committed to doing something that was a little bit more counseling than what our role is – just because we're waiting for a service or something – you're often going to have to reprioritize and cancel or post pone something, so that can be frustrating, even from the view of wanting to kind of help them maintain while they're waiting for a service and stuff.

[Agency based site 5: front-line worker]

Formal rules and mandate appeared to be a hindrance to building strong relationships in child welfare work. However, some examples suggest that not all agency sites are exactly the same and that there is varied success with working under a limiting mandate and system. Some

workers or agencies saw both value and success in investing in stronger and more creative relationships with families.

Safety and Security

Concerns about safety and security were expressed at a number of agency based sites and these concerns were sometimes related to negative feelings and fear that clients had toward child welfare. Here service providers talked about some of their own feelings of fear or threats coming from clients:

I think the nature of our job, and I think that's what, that's the problem because people want they don't want to kill us, but we're not well liked, so there's that security and safety for us to work with.

You're dealing with their kids, I mean, police get recognized for the risk to their personal safety but man, we're walking through the doors of places where they don't have a clue and we're armed with a pen...

I think it's gotten more complicated with the mental health issues that are coming up, the addiction issues, the use of weapons, the fact that people are well-versed in their rights, they have the technology available to them, they're constantly threatening people with legal action, blah, blah, blah. You know, it used to be very straightforward, you'd go to somebody's house, knock on the door and they'd say, 'I hate you being here' or whatever, argue a little while, but eventually get on with the business of dealing with it.

[Agency based site 1: front-line workers]

We're expected to be mental health professionals, police, doctors, social workers, we wear many different hats. Police go out in pairs, we go out on our own; you do not know what's behind that door sometimes, you just do not know and we can be attacked. I've been chased by a crazy person with a frying pan. I've been threatened. My life has been threatened. Police had to put a watch on my home. So there's a lot of liability, from a lot of different areas.

[Agency based site 3: front-line workers]

... 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...

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.

[Agency based site 4: front-line workers]

These front-line workers saw their personal safety at risk in their jobs on a daily basis. This risk was perceived to be exacerbated by clients' negative feelings and anger toward child welfare.

Overall, the pervasive stigma of child welfare appeared to be a noteworthy concern in agency based settings. It was perceived to inhibit positive relationships with families, as a barrier to effectively and efficiently provide services, and as a factor in exacerbating perceived safety and risk concerns for workers. The child welfare system as a whole was faulted for both historic mistakes and more recent practices such as the risk management model and service providers believed that the child welfare system needed to do more to rectify its' negative image. Some service providers also took it upon themselves to work toward educating clients and improving practices, thereby strengthening their relationships with families and improving the image of child welfare in the community.

Community and School Based Settings

Stigma and Improving the Image of Child Welfare

While negative stigma was recognized as a problem in child welfare, there was less discussion about negative stigma in community and school based sites. Changing the image of traditional child welfare was one of the intentions of many community and school based sites. The following front-line worker talked about this intention as part of the purpose of her program, to improve the image of child welfare in the community:

... part of our role in the community I think is to reduce the stigma associated with the CAS in making us more approachable to clients or to families in the community so they look at us more as a helpful resource as opposed to a scary monster that only takes kids.

[School based site 1: front-line worker]

Stigma was generally recognized as an element in child welfare work. Service providers in this community based program talked about successes in breaking down stigma, fear and the negative image of child welfare:

People get to know, over time, that if they're treated respectfully that they get to hear that, right, from other people. I mean, I even hear them here when you'll have somebody talking about something, 'well, they're just going to do this' and you'll hear somebody in the community say, 'no, no, no, I know that – that's not what's going to happen, it'll only happen because of this', with some of our people and I've heard that out here in the community – almost defending what we do and how we do it.

[Community based site 2: supervisor]

... – baby snatchers' it was pretty much every time somebody met me, 'oh, you're here as a baby snatcher' and in here it's not that, I don't get that as much, I get, 'if you know of a resource I can access that would be great and anything in our area'

...Oh, I'm sure that they'll still have some of that belief, but I just find that they don't feel as intimidated by us in an area where we're trying to be more collaborative with all the resources and with them as well.

[Community based site 2: front-line worker]

These service providers in community and school based settings saw their interventions as successful in reducing stigma and thereby improving access to services for families:

So I think that's kind of an illustration of, kind of maybe, where gains are being made in the community is when you're able to break down or get to those people...I don't like that word "those people". When you're able to maybe make a difference in someone who always had this really poor perception of the Society and is now willing to come and visit or wants to come and visit and sees you as a somewhat of a support.

[Community based site 1: front-line worker]

Um, the community I work in has... has had a stigma, because part of the community is a low income... there's a low income group and unfortunately their experiences with CAS have not been that positive. And not to say that we didn't have good cause to go in to the homes, it's just that this is the way they see it. It's slowly changing because... also I work out of the hub in [school] so part of my job, and any of us that works in the hub, part of our job... and we're trying to make sure we incorporate that fully into the role, is to do community development. And what that entails is me going into community meetings with partners in the community, be it agencies like for example the city counselors at these meetings, and it is to really, you know, sort of dispel that stigma and it's amazing how it gets around... how the hub is very open and positive and CAS wants to be part of the community not just to be intrusive so that, the hub situation makes a huge difference. Because the community members also come into the hub and I'm there so they see us in a much more positive light.

[School based site 1: front-line worker]

... and I find that the parents are not resistant to accepting CAS support and the, you know, the baby snatcher type theory is really reduced when you're in the school and they see you as a human being, as someone there really to help.

[School based site 3: front-line worker]

Data from these school based programs suggested a very significant positive impact over time in how the child welfare service is perceived in the community:

I think by having a presence in the community, we're less of a threat. Whereas a person that works out of (C1) or the person who works out of the school and ... or, some of these children may go visit me or (N5) in school, because of something that's not even...protection-related... but because they can go to—and there's people to talk to, they can talk about bullying and the mean person on the playground and they go home and tell mom and dad about it and we aren't as threatening.

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

[School based site 2: front-line workers]

Because if you've got a worker coming from the outside it's intimidating as well um, so I think for the clients it's just generally understanding where they are, seeing they're part of the school... they're not as scary when they're actually in the school, usually, unless the person really hates school but that... the understanding would... they're coming from. So it just promotes better relations all-round. Um there's only been I think two or three times, I would say, period, that we've had people react to being in the schools and thinking that was a bad thing and that's over six years.

[School based site 1: front-line worker]

The following quotes illustrate the potential for greatly reduced fear in children in school based settings:

I think the one piece that I really felt was just how accepting this community is of our positions in the school or in the building, y'know, when I was working down at the main office, or some of the other offices and you'd be at school and y'know, the kids you were picking up, they'd come with you, but there wouldn't

be any big introductions and you were just someone picking them up. Here, all the kids, y'know, ask you, is that your dad? He's my CAS worker.

[School based site 2: front-line worker]

It's different but I think a lot of it is that the kids trust you more because they're coming to their school and they're able to see you and tell you things they don't like about their foster home, and that they do like and what's working and they know you're accessible and they have... you have more of a familiar face to them...

[School based site 3: front-line worker]

However, in some less established school based settings stigma was still a concern:

I find in my school there might be a slightly different, I think there still is a little bit of fear, because I remember the beginning of the school year, I went to an information night we had at the school, so I put up a CAS board and all our information and everything and I had a survey for families to fill out as they walked by and I could see that as soon as they saw the CAS billboard when they turned the corner, it was just like, y'know, they either avoided it or they tried to walk past it really quickly or I tried to approach them with a survey, some of the families that know me, they'll fill out the survey, but some people who aren't involved with CAS or—as soon as they see that, they're just like—they don't want to have anything to do with it or don't want to talk or don't want to give out anything, so I think there's still some type of fear of, oh my goodness, CAS, oh my god, they're in the school now and ... anything, you know what I mean? So there is that there, I sense that in my school, so even people are open, there are still some people that look at CAS and say, they're going to take my kids away and a lot of them have said that to me, that's what they think CAS is, that we still, that's what we're about, y'know, taking kids out of their home, so...

Yeah, and my principal at my school too, has talked a lot ab—because we've had Children's Aid in my school for 3 years, 2 or 3 years. Has it been 3 years?P: Yeah, like, 4 years, and so my principal had said in the beginning that people didn't come into the office at all and now people are just coming in all the time so he's noticed kind of a gradual, once people get used to it, then they start getting more comfortable and...

[School based site 2: front-line workers]

This data suggests that it takes time for a community or school based program to have an impact on reducing stigma; but over time, these programs can be very successful in reducing fear and altering the image of CAS in the community.

Making child welfare sponsored services open to the community as a whole, rather than to just those families with open files was seen as one way of destigmatizing services. The added benefit of this approach was that by inviting potentially at-risk families to attend the service, workers may not have to open cases or keep cases open as often:

Well the other part too, and you're kind of breaking down the stigmatism associated with us, is we could have maybe parenting programs and having clients continue to maybe come to the programs or various um activities that we might have here but yet, not have them as an open file. I mean at times recommend that they have say a parenting course and we kind of run that or attend certain things and if we're able to offer that...We still somehow kind of have them attend to the office but not maybe as an open file and see if they're doing ABC, be able to maintain contact and kinda see how...

[Community based site 1: front-line worker]

The type of services offered through community and school based child welfare services may help to reduce stigma and change the image of the program as well.

I think they really do. I know I went to a family's home that were, you know, we're talking to the principle about, you know, the issues they were having with their teenage boys and they were beside themselves and their marriage was in the... you know, having huge problems. So the principle referred to CAS and then we have a program, that's attached to our agency called [Youth and Family Program] so you know, here you go, and they're like wow! You guys are a lot different than we thought. You know? We thought oh no, should we hide the kids under the table, you know, all that stuff right? So they said it was a nice um, surprise and that you know, they thought that was pretty cool and they have no issues now when they, you know, when they see CAS. They have a different outlook to sort of what we do.

[School based site 1: front-line worker]

Community sites often tried to keep a low-key presence in the community. Service providers appeared to recognize that the stigma of child welfare was a reality and in a sense

they may have tried to distance themselves from the traditional CAS label:

The other thing though too is that we do not advertise outside that we are here. We don't have a sign out there saying "Children's Aid Society". P: Yes. Yes it was. When we came to the community we decided not to have one outside and the only identification we have is when you get to the suite, and there's an emblem there. But that's the only...So people coming in don't feel like they're coming in to the Children's Aid Society. So they're more apt to come and request assistance than they would in the Main. Because in the Main you have the great big billboard that says, you know "Children's Aid Society". It's more intimidating I think.

I think though, being out in the community, it lessens that stigma of CAS, because when you think of Children's Aid, and you work in the main office, it just seems so real, but when you're out in a smaller community, a smaller team, there's no big signs out that say, Children's Aid Society or ...

[Community based site 1: front-line workers]

In one community model, community development (CD) workers may be used as a means of changing the image and traditional role of the agency and also as a bridge to the child protection worker. The following example illustrates how a front-line worker could be flexible in her approach to families by using the CD worker as a support.

...they believe that we can be intrusive so I'm trying just to use the CD worker as a leverage so that at least if I'm not there they can do some work and then I'll be connecting with them ...

[Community based site 2: front-line worker]

Transparency and community education were seen as important in this model. Community development workers were upfront about the fact that they worked for CAS. According to these CD workers, the negative image that some people had of child welfare had an initial impact but was generally overcome:

I would say most people that I work with do know. And I often get the question who do I work with as well. And I'll always tell them I'm working for the neighbourhood group with Family and Children's services as my employer.

...because I mean I'm still building relationships, there are maybe people that don't come to me because they know I was a protection worker first. But I'm always pretty up front about that's what I did do. But I'm not going to share information without getting consents so that they'll accept (inaudible) trust then. Um, often enough that it would be a protection issue, at which time I've said I'll talk to you about it. I'm not going to make a secret calls behind your back you know. I tend to try and make the calls with the family, so that they have that knowledge up front, it's been really transparent so...yah.

Some of the time I'll have some people stand off a little bit because they know the Family Children Services title is there. Um, and because of that experience there's a perception they may have. Um, they may back off a little bit until they know exactly what my role is. And so um, sometimes for me it's a bit of a slower process I've found. Um, but by word of mouth within the community friends talking with friends or a new person comes into the community and says this person really helped me out. She does work for Family and Children's services but you know what, she's there to help. Um, has been a really good stepping stone. So even the community and building the trust within the community that way. Um, yah but there is a bit of a shock to it because they've never heard of something like that before.

[Community based site 3: community development workers]

Along with the challenge of overcoming child welfare stigma came an opportunity to educate the community about child welfare:

Well, I think the issue comes up when a community member will say "so who do you really work for? Like, who do you work for?" And that opens the door to discuss um the fact that I am a Family and Children's service's employee. And then when they are surprised, that's when I am able to um give more information about the differences between our Family and Children's service agency and agencies that they may have heard about or the history of our Family and Children's service agency. So explaining that there is more of a focus on prevention there is more of a focus of keeping families with um children with families. There's more of a focus on ah providing the resources people need to support their families. Um I think every time I explain that, the perception of the Family and Children's services changes a little bit. Because they get it, they see it. Because if that wasn't true I wouldn't be there.

[Community based site 3: community development worker]

The service model was perceived by school based workers to positively impact the amount of trust families had in child welfare and also influence the long term impact on how CAS was viewed in the community:

P6: I think it makes them feel a little more comfortable with the whole concept of CAS.

P5: Trust. They trust you.... I'm hoping that as they grow older that generation will begin to trust us more um, and not you know have this big stigma.

[School based site 1:front-line worker]

Overall responses from school and community based service providers indicated that these workers felt they could overcome stigma and have a positive impact on how child welfare was viewed in the community.

Relationship Orientation

Relationship building was a central theme in descriptions of front-line service delivery in the community based models. These models generally placed a strong emphasis on building good working relationships between service providers and families. Community based settings appeared to give workers an opportunity to get to know families on a different level than agency based settings allowed.

Immersion in the Community

Relationships were viewed as important groundwork to the community and school based models. It was suggested at this site that good relationships with the community at large reduced the probability that families would become open protection cases:

I found that we have little relationships going on with people that potentially could be clients but aren't and I think that's because we have the relationship with them and they trust us, there's a trust that's happening and I see that more

and more as I'm out here; I see the community becomes more trusting.

[Community based site 1: front-line worker]

Child protection workers in community based models were immersed in their communities.

Immersion in the community was viewed as a primary venue for building rapport with families:

It's just, you're able to, you go, you meet with the families, you're better able to develop a relationship or a rapport with them. It seems like you've got more of a chance to do that out here. You run into a lot of people, it is a small area. When we started out over at the [previous community location] there's a children's group that's run there so we were involved with that, but you just, you start to meet a lot more people and you know, word spreads in the community about what we're like to work with.

Like people know (N8)'s the worker in (S3), so people... get to know you and know you more personally rather than just a CAS worker, but know you as like, maybe they're not involved yet and they're just someone who's coming to sound off and ask you your advice on something or someone that has a concern about a friend and because you're there so you're presence is more visible and acknowledged.

[Community based site 1: front-line workers]

... so when I think back that this is somebody who came from a very adversarial relationship with our agency, but over years of seeing us, getting to know we're real people and getting to know us, started to realize how we work and why and what it's about, to the point where they're seeking us out now and to let us know the significant events in their life.

[Community based site 2: supervisor]

It was suggested that families and communities have more intimate relationships with workers in these alternative settings and this is primarily how trust is promoted. The following quote from a supervisor described the importance of the "human connection" in child welfare practice:

I think for families getting to know child and family services here they see us

more connected – they get to see us for who we are as well as what position we have; like I might have - a client came in the other day and didn't have an appointment and I said, 'oh, I'll check to see where the worker is' and I came back and said, 'they're at lunch', 'oh, she's always back from lunch around 1 o'clock, I'll wait', so it was just interesting to me because most organizations you would know your worker but you wouldn't know some of their habits and I find that happens more often than not, you know, where they know the worker's routine, they know who we are but they also know that we're more than our position. You have to keep the boundaries, but they're respected and I think it's important, I think, when you're meeting families in crisis and there's a lot of shame involved in that, that there's a more human connection than the worker and I think that happens here.

[Community based site 2: supervisor]

A front-line worker from the community setting described a more “down to earth” nature of the worker-client relationship in this way:

It's nice when you run into clients that maybe you're not working with, or that you are working with, and you know, they just stop and say 'hello'. They're not intimidated to come up to you in public and speak with you; that it's more than just a relationship with an authoritative figure.

[Community based site 2: front-line worker]

Establishing close working relationships with families and communities was of primary importance to service providers working in these models. Community based workers were concerned with getting to know families and forging supportive, collaborative relationships with them.

Generic Worker Model

Most community and school based settings use a generic worker model (no separation between intake and ongoing child protection duties) and this was seen as crucial to promoting a strong relationship between front-line workers and clients:

What we've been hearing time and again and it's supported by the Partnerships

research that's been done is that one of the primary indicators for families viewing their relation—their involvement with us as positive is continuity of working relationship. And so we—there are a whole bunch of reasons why we can't control that. People leave the agency, people go on leave, people get sick, but this is an area where we can control and try and, wherever we can, develop some work—a higher level of worker continuity for families.

[Community based site 2: Manager]

Generic worker models have sometimes been criticized because they are perceived as more challenging for workers and the system; however, worker continuity is believed to be the preferred model for families. This school-based program went to a generic model based on the belief that it supported stronger relationships with families:

... especially with families that we're moving to an ongoing basis, we're with them throughout the entire process which my previous experience is just in ongoing so I would get files from an intake worker and an intake worker may have developed a relationship with the family and do the investigation and got things started. And there's usually... it's a rough transition then getting it to an ongoing worker. It's rough for the family because now they have to retell everything again to a new worker and the new worker has to, you know, go through everything to make sure what they're saying is in fact true and make sure we're following through with all the services whereas the work we do now is much easier, it's a constant flow. They don't have to have that fear, which some of them do, of who's going to be my next worker, who's going to be the next person? Am I going to get along with them and are their standards of what I'm supposed to be doing going to be different than what was originally established? So that... I mean in that way it's developing much better relationships with our clients and they... clients that I've had from start to finish really appreciate that and not having to deal with too many different people because a lot of them have tough stories to share and they don't want to have to share it with...

[School based site 1: front-line worker]

We have talked lots about could we have one worker carry the case all the way through and what we – in our community based, people that are actually located in the community, they do that, they carry both intake and ongoing. So if you were in a school, you carry intake and ongoing, right from the get go.

[School based site 1: manager]

Thus, community and school based models are typically structured to support continuity in relationships with families that may need ongoing support. There is less emphasis placed on efficient case management and specialization and more emphasis on being able to establish stronger, often longer term relationships with families.

Intensive Support

The community based models seemed to allow for more intensive support of families, thus establishing a closer working relationship with parents and children:

Some of the ways I've worked with, like if I've known that they've been with a worker and they are struggling to meet some of the guidelines or the tasks that they have on their To Do list with their worker. Um, if I know their having difficulties completing them or working towards them, I'll be there as a support person.

[Community based site 3: front-line worker]

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

[Community based site 2: front-line worker]

I think it is rewarding I think it's a different... you're working with your families on a different level. I think that even your communication style with them is a little more relaxed and I think that you're more apt to advocate, you're more apt to get in there... for [co-worker] to go and pick her [client's] kids up and take them, that's so rare, so I think that you do have that commitment to your family.

[School based site 3: front-line worker]

Workers in these examples demonstrated a strong commitment to the families they served.

According to descriptions by a variety of service providers, community based and school based

programs strongly supported relationship building through giving workers the opportunity to engage in longer term and more involved relationships with families in the community.

Broadening the Mandate

Community and school based programs seemed to allow for a broader interpretation of the child welfare mandate, thereby allowing front-line staff to do more for families with open files as well as do more prevention in the community at large:

Before people would call and we'd be like 'sorry we can't help you, this isn't a protection concern', whereas now when people are calling in we might be able to provide some support to the family still because they're reaching out to us for some support at that point in time, so we'll be able to fill that in more. That's probably more of a role that we could do too, being in [the Centre], is these families coming in knowing that we're there and coming to see us or chat with us or ask for us to get involved with an activity they're doing with their kids.

[Community based site 4: front-line worker]

... it's a fine line because technically we're mandated child protection. We're paid for a certain amount of cases yet we're trying to be community minded as well so it's sort of... it's really a tight-rope to be honest.

[School based site 1: supervisor]

Whether or not community based workers were going beyond their mandate was a question that was raised but it did not appear to be a major concern for managers or front-line staff within these alternative models. These service providers believed that a broader interpretation of their mandate was beneficial.

A Broader Understanding of Families Lives

Being immersed in the community seemed to lend itself to a more holistic picture of the client. Here a supervisor talked about how the community work allowed workers to be more objective and to see more sides of their clients, namely some of the strengths they might not otherwise see:

The other benefit that I think that it has is that because the work is isolating for workers, I believe, and because it's sometimes kind of lonely work, it's easy for workers to objectify clients, you know, and when you come in every day or many times a week and see your client volunteering at whatever or coming for things or, you know, arranging – you know, bringing them here to the Public Health and then introducing them to people and seeing them come in afterwards, it gives workers different views of people, so their clients then become more – there's a more holistic picture of their client – so they're not just their client with the addiction problem, they're their client with these issues who then gets involved with this, or who has made a real connection with somebody at one of the places or whose kids' teeth can get fixed at (service) over here, so that, you know, it makes – it lessens the tendency, I think, to objectify clients and hopefully, as [P4] was saying, it works the other way as well, that people in the community and co-colleagues in the community tend less to objectify us. That's the hope of it and I think that that actually happens, I don't think that's just some blind hope, I think it actually works. It's slow to work, but there's a lot more potential for it to be better in a setting like this than it is in an isolated setting.

[Community based site 2: supervisor]

This point suggests that the community based approach allows for a broader understanding of parents lives. The following quote from a front-line worker describes the advantages to being “an insider” to the community, namely that it builds trust with families:

You're a part of a community, which you get – then if you're a part of something 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, so I think it's – we're a part of it and that's a lot – helpful, if that makes sense.

[School based site 2: front-line worker]

It might similarly be argued that a school based worker can see and better appreciate the daily living context of the child as supported by this quote:

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

[School based site 2: front-line worker]

More involved relationships seemed to have a positive impact on workers' understanding of families' lives and empathy for parents:

Well and I think it helps you being based in the community, it helps you understand what the parents are going through as well because you get to see all the, yeah, all the culture in that community or the lack of it and you know what some of the... internal struggles are and just... you become I guess a part of that community as well.

Better working relationships, better... you can't help someone really well unless you can get a long with them and understand where they're coming from. You can't do it and if the people in the... like if a worker's in the community, they're seeing what goes on, they're having a better sense.

[School based site 1: front-line workers]

Many front-line workers in these settings appeared to be particularly invested in gaining a holistic understanding of families' lives.

Less Formal Relationships with Families

Overall there appeared to be less formality in some of the interactions described between front-line child protection workers and families within community settings. This example describes how a child protection worker was able to attend a group program with her own child:

We actually have one staff who... who has a child of her own and is really interested in being there on the weekends. It works better for her schedule, although she doesn't work weekends here, she sees this as an opportunity to do some of that weekend stuff and she's talked about, y'know, really wanting to involve her child in [Program X] and truly being a parent and showing families that, y'know, we all have struggles and we all have challenges, y'know, that hands-on, being there as a parent, but also being there as a support to parents. So that's really out of the realm of what we would normally do.

[Community based site 4: front-line worker]

This example illustrates one creative way to reduce the gap between workers' lives and the lives of child welfare involved families. In many cases, service providers in community based settings appeared to be known as community members, and service providers in school based settings appeared to be viewed as members of the school community. At the following community based site, service providers described the different nature of relationships when a worker is also seen as a community member:

– right, so this was a child I had as an open case,... comes up on his bike saying, 'oh hi, how ya doing?' and so got to have a conversation with him, 'I'm hearing some things going on – you're up to some drinking, some partying going on up there, I got some neighbours checking on you' but he was still very respectful in terms of 'oh, really, no, I'm trying and I'm doing well' and I said, 'I'm going to be driving around up there and' – now, I haven't had this file in two years, so – but again, because you're around and visible, you hear a lot, I think there is a difference in the relationship, it wasn't just a worker it was somebody around here and even the protective factor of that 'oh really, ya I'm gonna come up and see you one of these nights and I'd better not see a houseful of people there and a party going on', 'oh, okay, no, no' he said.

[Community based site 2: supervisor]

The other thing is, though, it's kind of like we're blended into the community so we don't stand above and on top of everybody else. It's kind of like we're here – we make efforts to be part of different functions every year so that we can have our faces seen and you know, we want to assist clients more and address the issues with them that have brought them to our attention and it kind of, I don't know, it almost, I see more participation from working in this environment compared to working in an environment where I was before.

[Community based site 2: front-line worker]

According to these examples, being known in the community made a significant difference in how parents and children related to child welfare workers.

Community based front-line workers talked differently about the families and children they worked with. Sometimes service providers described humour and mutual support in their

interactions with parents and “having fun” with the children they worked with:

I think I’m innately curious and social, so it just seems to be a fit. [...] – I’m very into where a client is in the stages of change and I sometimes think that it’s luck that you happen to be along for that ride...

Personally, I love the interaction with kids. I love that and I don’t know, I guess I’ve always felt pretty free to do that, but the new model, I think, is helpful and maybe it’s my whole, I’m trying to shift to put on those blue glasses and see the families’ strengths instead of the weaknesses, so I’m becoming a little more relaxed and I love the interaction with the kids and it’s helpful because then the kids see me as a positive person in their life and hopefully the parents then also start to see me as someone who is not meant to be threatening, but to be helpful. And then when we get to that point where they actually see me like that, that’s a real blessing.

[Community based site 2: front-line worker]

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

[Community based site 1: front-line worker]

There is a certain informality to these relationships that is not described in agency based settings. Thus broadening the child welfare mandate, allowing for more intensive and creative relationships with families, as well as allowing for more informal interaction through immersion in the community seem to result in a somewhat different type of relationship between service providers and families. Many service providers appreciated the benefits of this broader and less formal approach to the child welfare mandate.

Worker Safety

Worker fears about personal safety were rarely expressed in community based and school based sites. There was no mention of concerns for worker safety in any school based interviews. There was expressed concern about safety in one community based site:

Because you are in a building that isn't necessarily secure. Our offices are not always locked. And y'know, I had a conference meeting with a client where she became so escalated, I had to have another worker kind of in the room with me, just for my own personal safety, because the person could very well have cornered and there would be no one able to help me because I'm there and y'know, so the safety issue is a concern, where at the other buildings, y'know, you do have the locked doors, you do have that. So that's the disadvantage when you're working with very volatile clients is that your safety is a little bit more at risk.

[Community based site 1: front-line worker]

Other workers in the interview agreed that the lack of physical security in a community based site such as a housing complex could increase risk for workers if a volatile situation arose. This worker talked about how despite the fact that she may have good relationships with many community members, negative stigma with others could still put her at risk:

And I run groups in the community, I have a lot of the little kids I'm really good friends with in that community and I have clients that I work with within positive roles to enhance their skills they would definitely look out for me. But walking through a group of teens from all over the area, not from that community complex, they don't know who I am, and it takes one person to say, witch, blah, blah, blah, blah and who knows what's going to happen and spiral out of control, right?

[Community based site 1: front-line worker]

Nonetheless, personal safety fears were not talked about as a concern in most community based interviews. It is noteworthy that fear for personal safety was never mentioned as a concern in the school setting. It may be that the different settings offer different levels of structural safety and the example from the housing complex would be the most exposed that a

worker would be to negative actions from community members or clients. Community and school based workers also often talked about feeling secure in the fact that they know their community and know some of their clients even before they become open child welfare cases and this may be a factor in allaying some fears.

Conclusion

Community and school based programs appeared to deal with client and community relations differently than agency based programs. While community and school based programs had to contend with some of the same fears and historical stigma that agency based programs did, their descriptions of their work suggested that they were able to effectively minimize this fear and stigma at their sites. The nature of these service models and the approaches of the front-line workers appeared to have an impact on minimizing fear and stigma. Agency based programs were limited in their ability to build relationships, particularly with communities, and workers only talked about making positive changes and educating families on an individual or case-by-case basis. Immersion in the community, informal interactions, and everyday involvements with families were described by community and school based sites to make a significant difference in building stronger relationships with individuals, neighbourhoods and other community services. Being visible, providing more hands on practical assistance and working under different structures (ie. Generic case management models) and an overall broader interpretation of the child welfare mandate helped these workers form stronger connections with families and communities. There also seemed to be a difference between well established sites and developing sites in how far they had come in effectively decreasing community fears, and establishing strong community relationships, suggesting that relationship building takes time. In summary, it appeared that service providers in community and school based models were considerably more confident that their models could overcome stigma and fear and at the same time safety concerns for

both families and workers did not emerge as significant issues in the dialogue.

There was clearly a strong emphasis placed on relationship building with families and communities at school and community based sites. Relationship building appeared to be a central role of the worker and many service providers in these programs described success in establishing good relationships with families and communities. Community and school based service providers tended to describe a holistic understanding of families lives and talked about less formal and more intensive involvement with the families than their agency based counterparts. Also, there was simply more descriptions of relationships in these community and school based interviews. Even with these strong relationship building intentions it is important to keep in mind that front-line workers in the community and school based settings still had limited time within which to achieve these goals. Previous research has shown that direct service workers in child welfare reported spending less than 20% of their time in contact with children and families. Much of their time was spent on the documentation requirements of their job. Therefore, for workers in all models, what is ideal may be different from what is do-able when it comes to time spent with families and in the community. Nonetheless, there was clearly more emphasis on relationship building in community and school based programs when compared with agency based programs.

References

- Cameron, G., Freymond, N., & Roy, C. (2003). Avenues for positive innovations in Canadian child welfare: Lessons from the Partnerships for Children and Families Project and international jurisdictions. In N Trocome, D. Knoke & C. Roy (Eds.), *Community collaboration and differential response: Canadian and international research and emerging models of practice* (pp. 14-31). Ottawa: Child Welfare League of Canada.
- Frensch, K. M., Cameron, G. & Hazineh, L. (2005). A study of three community and school-based models of child welfare service delivery in Ontario: An exploration of parents', service providers', and community experiences. Waterloo, ON: Wilfrid Laurier University, Partnerships for Children and Families Project.
- Schene, P. (2001). Meeting each family's needs: Using differential response in reports of child abuse and neglect. In *Best Practice, Next Practice*. Spring 2001, 1-14. National Child Welfare Resource Center for Family-Centered Practice. Retrieved April 4, 2009 from <http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/newsletter/BNPNSpring01>
- Schene, P. (2005). The emergence of differential response. In *Differential Response in Child Welfare*. *Protecting Children*, 20(2&3). Retrieved April 4, 2009 from http://www.americanhumane.org/assets/docs/protecting-children/PC-pc-20_2-20_3.pdf

**Appendix A: Research Reports from the Transforming Front Line
Child Welfare Practice Project**

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

7	Helping Relationships (Parent Perspectives)
	This report examines the nature of first contacts in child welfare, the level of contact between families and service providers, and the quality of relationships over time across central, integrated, and accessible service delivery models.
8	Services and Supports (Parent Perspectives)
	This report compares the types and diversity of services and supports offered to families, number of service connections, and parents' overall satisfaction with services across central, integrated, and accessible service models.
9	Overall Child Welfare Outcomes: Family Functioning, System Indicators, and Community Attitudes
	Outcomes of accessible and central service models are assessed in this report using three criteria: (1) impacts on parent, child and family functioning; (2) impacts on system functioning (e.g. child placements, court involvements); and (3) impacts on parent and community attitudes towards child protection organizations.