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Working Report #7: Helping Relationships in Child Welfare (Parent Perspectives)

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

WORKING REPORT 7:

Helping Relationships in Child Welfare
(Parent Perspectives)

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PREFACE

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

Executive Summary

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.

I. First Contacts Clarity, consultation, use of power, and positive shifts in perception were central issues identified by parents when discussing their experiences of first contacts with child welfare. More parents in accessible sites had experiences with workers who were clear and provided a sense that they would be supported. Within the accessible sites a strong philosophy of collaboration emerged between worker and participant. Participants appreciated consultation and being included in making decisions. Centralized sites had more accounts of child welfare workers who were perceived as authoritarian and misusing power. Present in both types of models was the trend for negative first contacts and early impressions to shift to positive feelings towards child welfare workers over time. This was slightly more prevalent in the accessible sites and parents from these sites described a more dramatic shift versus those from centralized sites.

II. Level of Contact Between Families and Service Providers Unique to accessible sites were numerous descriptions of multiple ways to contact workers including walking down to the worker's office. Significant time investment with families was also described more frequently in accessible sites. All of these factors were appreciated by parents and appeared to strengthen relationships. Overall, participants from accessible sites reported more frequent, positive contact with their workers than those from centralized sites.

III. Quality of Relationships Over Time Twice as many parents from accessible settings described more positive relationships over time with their worker than parents served in central settings. These relationships were characterized by good communication and trust between parents and workers, as well as workers possessing a good understanding of family issues and the knowledge about how to help families.

Overall there was more discussion of positive relationships between participants and their workers at accessible sites. Although many of the interpersonal approaches workers used in relationships with families were effective regardless of service model type, it appears that accessible sites offer an advantage over central settings to building relationships over time.

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.

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[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.

Earlier exploratory research through the Partnerships for Children and Families program 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 approximately150 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.

<center>**Research Sites**</center>

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 south-western 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

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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.

<u>Accessible Community Sites</u>

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 13social 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

<u>Central Site</u>

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.

<u>Accessible School Sites</u>

At the time of data collection, there were 9 established s*chool 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 paediatric/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

<u>Central Integrated Site</u>

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 Moravian town. 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.

Helping Relationships in Child Welfare: Parent Perspectives

This working report compares parents' perspectives of their relationships with child protection service providers at both central and accessible settings. Previous research by the Partnerships for Children and Families Project explored the nature of first contacts between families and front line child protection service providers and described them as stressful and difficult for many parents and children (De Boer & Cody, 2007; Frensch, Hazineh, Cameron 2003). Parents often expressed fear of children being apprehended and stigma around being investigated by child protection authorities during times when families were already facing challenges. This section on first contacts examines parents' perspectives on the nature of first contact between parents and service providers.

Figure 1: Dimensions of First Contacts

Dimensions	Central Settings	Accessible Settings
Clarity	A larger number of families reported that service providers were clear about what was going to happen and what the follow-up would be.	Somewhat fewer families reported that service providers were clear about plans and next steps.
Consultation	Families did not describe consultative or collaborative approaches as an element of their experience.	Parents often used language that suggested the inclusion of their perspectives and the idea that the service providers were working "with them".
Use of Power	Somewhat more criticisms of service providers being authoritarian and using/misusing power.	Fewer criticisms of service providers being authoritarian in first contacts.
Positive Shift in Perception	Some examples of experiences and perception shifting from negative towards more positive during the first contact.	More examples of experiences and perceptions shifting from negative towards more positive during the first contact.

Families in both settings appreciated service providers who were clear and respectful in their communication and who left them with a sense that they would be supported or helped in

some way. There were many examples in the central settings of parents expressing appreciation for clarity from service providers in the initial phase of contact:

> P: Yes, so they had called me beforehand. They let me know what the concerns were. They…when they came out, outlined everything. [Central Site 2 - 221]

> P: Um, it…it was okay. I…I was a lot calmer afterwards, after they left, because I knew exactly what was going to happen. She told me exactly what she was going to do. [Central Site 2 - 224]

> P: They - they were very thorough. They discussed everything with me as to what was going on spoke to my daughter and then made an action plan to what they could do to help. [Central Site 5 - 511]

Having a service plan outlined with families early helped families believe that they would get some support through their involvement with child welfare:

> P: After the first visit, I felt better. I did feel like things that they were going to do were going to be helpful and I wasn't nervous as much as I was before they showed up. Yeah, it was… it was better afterwards. [Central Site 4 - 425]

> P: And they said, "well, we gotta to do something." And I said, "yes, something's got to be done." And then I was really happy something, you know, was done at that time [Central Site 5 - 536]

> P: I felt confident that the situation was going to be… looked into and that it wouldn't happen again. And I was also… very eager to have the parenting… coach come in here and… just explain better ways to deal with… just every day issues that come up with the kids. You know, like behavioural issues and… ways to discipline. So, I was actually looking forward to that. [Central Site 5 - 547]

> P: And she just said that she would work on finding a placement for her and she would be in touch and that wasn't so bad because it was mainly geared, I guess, on "what are we going to do to help this child and help this family?" [Central Site 2 - 233]

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At the central sites, a parent not feeling consulted by service providers was common. Parents reporting negative first experiences often described the service provider's approach as authoritarian:

P: She was very…authoritarian and…very - I felt rude. [Central Site 1 -156]

P: Makes you feel like—makes me feel, anyway, it's like… I… have no power when it comes to… like, it makes it harder for me, anyways, to do the right thing, like, because they put more stress on me. [Central Site 3 - 318]

P: I just didn't think it's fair that, you know, they could just assume things and do what they want, so…They weren't happy; they wanted my kids out of here. That's the impression I got. [Central Site 3 - 321]

P: We did not get off on a good start at all… she kept threatening me with my daughter— if I didn't place [child's name] here or do something with my son, that she would remove my daughter. So I brought that to the attention of her supervisor who was then… there was a big meeting. [Central Site 5-527]

P: I was hurt like broken inside… they were still accusing me of doing it and I… did the drug test. I signed over all consent to prove to them that I wasn't. [Central Site 4 - 423]

Descriptions of what parents saw as inappropriate use power and authority by service providers was the most common criticism of first contact experiences in the central settings.

In accessible settings, a theme from parents about first contacts was an appreciation of service providers who listened and made them feel like their opinions were valued in decision making and service planning:

P: Surprising... but courteous, you know nothing out ordinary (…) like they knew, okay well we have to kind of check it out. But alright, tell us what happened-type-thing. Yeah, it was okay. [Accessible Site 2-278]

P: Um we discussed it and we decided together that they would stay in my life, on a voluntarily… a volunteer basis due to the fact that [my daughter] has very special needs and has a very bad behavior problem. Um we decided that they would be there just to support me and assist me with uh community supports and getting her the help she needed to make the transition as smooth as possible so that she could be a well-rounded child. [Accessible Site 6-176]

P: I felt…I guess I felt pretty good. I…I was…I didn't have that mental image of the ogre anymore. You know they are not coming to get my kids away anyway and that felt good. She said that she was going to come back again. I think it was she was going to come back a week later and she was going to stay in contact with the youth care service provider at the school and just to keep an eye on was happening with [daughter 1] and [daughter 2] getting in trouble and stuff. And I was in close contact with the school as well. So we were all working together. [Accessible Site 6-181]

I: And on that day when they showed up, how did you feel about that visit?
P: (Pause) Like somebody was on my side. Somebody was listening (tearfully). [Accessible Site 2-276]

P: I did. I felt confident that you know, they weren't going to be removing the children and that they were going to be supporting me and working with me and not against me – [Accessible Site 6-180]

P: She felt my frustration and she listened to me when I said I'm frustrated, she like heard me and felt, you know, some compassion like she wasn't mean to me or anything.[Accessible Site 1-119]

Similar to central sites, at accessible sites, there were numerous examples of first contacts that were experienced as negative by parents. However, a service provider being authoritarian was not as prevalent a critique at the accessible sites. On the other hand, lack of clarity came out more strongly as a reason behind negative first contact experiences. However, this issue did not emerge at all accessible sites and was most prevalent at one accessible site that was still in the early stages of development:

P: … I felt I was bobbing in the water, like, it just seemed like once they had her, and again I understand that they wanted to make sure she was safe…. I think that they would've just let us plan things out better where everyone was sure of what everyone was doing, what they were expected—I knew exactly what I was going to do and when I was going to do it and the dates and the times. I think everything would have went more smoothly. [Accessible Site 3-387]

P: I was a little confused because I didn't know what would happen and they just said that they would be in touch, that they would look into it. [Accessible Site 5-490]

There was a trend for quite a few parents of negative preconceptions or early impressions shifting to much more positive feelings following the first contacts. There were slightly more examples of this phenomenon reported at the accessible settings:

> P: Well, first I was a little scared because I thought I did something wrong. But then, they reassured me that I hadn't done anything wrong and that they were there to help me in any way… [Central Site 1-159]

> I: So how did you feel after that first visit?
> P: After the first visit, I felt better. I did feel like things that they were going to do were going to be helpful and I wasn't nervous as much as I was before they showed up. Yeah, it was… it was better afterwards. [Central Site 4-425]

> I: Okay so how did you feel about them showing up then?
> P: At the time, I was really upset and I was hurt.
> I: Okay. What are the— how did you feel after the first visit?
> P: I— I was okay after the first visit. [Central Site 5-541]

> P: Um it was very scary. The first thing I thought was that they were going to come and take her away from me […]Uh when she first showed up though I realized that I had nothing to be afraid of and it was actually a pretty good experience. [Accessible Site 6- 176]

> P: When I met [my service provider], I felt reluctant like this lady is too good to be true, she's going to come into my house and she's going to just turn it upside down but she didn't do that. […] I felt confident that you know, they weren't going to be removing the children and that they were going to be supporting me and working with me and not against me – [Accessible Site 6-180]

> I: Okay, what was it like when the CAS service provider showed up that next day?
> P: It was nerve-racking…
> I: And on that day when they showed up, how did you feel about that visit?
> P: Like somebody was on my side. Somebody was listening (tearfully). [Accessible Site 2-276]

> P: …it was a-a shock and something very hard to deal with, and get over with as that this is actually happening. Somebody actually called on us.
> I think she [CAS Service provider] pretty much outlined things and explained things so that we knew where we're going. She ended up helping out a lot. [Accessible Site 2-284]

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There were many examples of positive first contacts with child protection service providers for these parents. There were no clear differences in parents' overall satisfaction with first contacts between the central and accessible service delivery settings in this study. More parents from central settings appreciated knowing exactly what was happening. More parents from accessible settings appreciated being consulted, listened to and included in the decision making process. In accessible settings, marginally more parents described a shift toward more positive feelings about the service provider at the end of first contact.

First contacts remain stressful for many families and represent difficult for child protection service providers. Parents in both groups in this study valued clarity of expectations and feeling heard during initial discussions.

Level of Contact

Geographic proximity to families was a defining feature of the accessible models. It was expected that families would have easier physical access to these service delivery site than to the central sites. However, accessibility also refers to how easily the family could contact their service provider and whether the service provider returned phone calls, made visits and generally invested time with the family. These aspects of accessibility are examined in this section.

Figure 2 -Level and Ease of Contact

Dimension	Central Settings	Accessible Settings
Access by Phone	Significantly difficulty reported reaching service providers by phone	Most service providers appeared easier to reach and more likely to call back quickly. Parents also identified multiple methods of reaching their service provider.
Frequency of Contact	Slightly less frequent contacts/visits described overall.	Slightly more frequent contact/visits described overall. More examples of service providers who would come over immediately if needed.
Overall Intensity and Extent of Contact	Some examples of service providers who invested extra time with families	More examples of service providers who invested extra time with families.

All parents were asked whether their service providers were easy to get in touch with by phone and how quickly they returned calls. In the central sample, 15 parents reported satisfactory access to service provider by phone and 15 described difficulties making phone contact. In the accessible sites, 30 parents said that their service provider was easy to get in touch with by phone and 13 reported difficulties. Usually families felt access was good if their calls were returned with a day or so. Access was usually perceived as poor when it took a week or more or when calls were just not returned:

> I: And was she easy to get in touch with?
> P: Yeah. She usually called back the very same day. [Central Site 2-220]
>
> P: Oh, he's always been available. Yet if I've gotten his voicemail, he calls me back within a couple of hours or something. Yup. Always same date type–of-thing. Yeah. [Central Site 1-159]
>
> P: But usually if I called when she was on vacation, she would call me the day she got back. If I called a day she was there, she would call me in less than two hours [Central Site 4-416]
>
> P: Yes. Yeah that's… yeah like, yeah if I had any questions or something would bother me I would like call her up and leave her a message if she wasn't in the office and whatever and usually she gets back with me by like twenty four hours. [Central Site 3-323]
>
> I: Were they—were they both easy to get in touch with?
> P: Yes they were— very much. Well, they both have cell phones so I could call them any time. [Central Site 5-547]

A unique feature of accessible sites was that parents described a greater awareness of when their service provider was at the office and likely to be available:

> I: She easy to get in touch with?
> P: Oh, yes, definitely.
> I: How do you get in touch with her?
> P: If not in the school, through her cell. [Accessible Site 2-276]
>
> P: Uh she… she's pretty easy to get in touch with. I… I've pretty much figured out the times where she's in the office and she's pretty much on the same schedule so as long as I call her in the morning I know I'll get… actually get to talk to her. If I

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call her any time after eleven then usually I get her voicemail but by four-four thirty she will get back to me, so it is pretty easy to get in touch and she even goes over and beyond and she'll call me from home if needed and stuff like that so and even if um it's after hours I just call the agency and they'll get in touch with her and she'll phone me so… it… it's pretty easy….she always lets me know she's there and stuff so…[Accessible Site 6-176]

I: So your service provider for the most part, your service providers have been easy to get in touch with?
P: I don't have a problem, I'm – but I see them pull in, so, I knew their car so I just look out the window, see if my service provider's car was there, look at the time, make sure it wasn't lunch time and then I'd call and they normally go from the office the same day I called and talk to them about what my issue was. [Accessible Site 4-453r]

I: Was she easy to get in touch with?
P: Some of the time, like when she's downstairs in the office, I could call her or I just go down there – [Accessible Site 4-456r]

P: … Following my 911 call, I was on the phone with CAS making a service provider come to my house. Come to the house, come to the house now and she came right away. She dropped was she was doing in the office and came to my house right away. Now mind you, I could probably throw a rock at their office from here but she came right away. And I didn't even want to talk to the police until I talked to her. …[Accessible Site 4-453]

There was considerable variance in how often parents connected with their service providers. A common pattern of involvement was having more contact early on and then monthly afterwards. For example:

P: She came out once a month. Well, the first— first two months it was every couple of weeks, and then she came out like once a month. Then she would call me through that month once. [Central Site 5-541]

Overall, parents from accessible sites reported more frequent contact with service providers. There were examples of service providers who had much higher levels contact with families than the norm. Most of these high contact examples also were from accessible settings. It was

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also apparent that parents appreciated service providers who went out of their way to see them or talk to them regularly:

> P: … [service provider] comes and sees me frequently, at least a couple of times a month. And we talk and I tell him how things are going. And he's helped me, like in the summer when the girls were off school, to keep them busy, because them being at home gets on my mum's nerves and that. And so, we were able to get them into camp and things which I wouldn't have been able to do without his help. He's been someone for them to talk to, too, you know, the girls. And they've been able to, from what I can tell, they've been able to open up and talk with [service provider]. [Central Site 1 -159]

> I: (pause) So can you tell me a little bit more about what, how, what's been happening, how often you've seen her –
> P: I've seen her either on a weekly basis or twice a week. [Central Site 1-137]

> P: Oh yes. She's one of my main supports. I… I talk to her all the time; probably a couple times a week (laughs). [Accessible Site 6-176]

> Whatever I need I go talk to him and if there is a way he can help out, he can.
> I: So is there – how often have you seen him over the two years?
> P: At the beginning, I'd say about two or three times a week. And now it's like one – once every other week. So – [Accessible Site 1-125]

> I: And how often would you talk to her or see her?
> P: She'd come to the house once a week. And I'd talk to her two or three times over the week, if something – [Accessible Site 4-464]

A few families talked about service providers who went well beyond their expectations in the time they invested in helping their families. There were about twice as many examples of this type of helping relationship at the accessible sites:

> P: I had um a service provider when… 'cause this is our second time with them, the first time [daughter] was very physically violent and um she came every day for a week and she would stay for two-three hours. After the first hour [daughter] would get used to her, not pay attention she's there and then [daughter] would show her other si… like her other side. So that service provider got to see what [daughter] was really like. [Central Site 3-321]

> P: Oh, it was fabulous. It was great. She's—if she didn't come home she would meet me at the school and would drive me where I had to go. Phone calls, everything, she's really, she was really hands-on, really. She was really good at... her job, really. [Accessible Site 2-276]

P: She will come to my house at 6 o'clock in the morning and take me to a doctor's appointment or take me to Hamilton to sick kids or move faster or just sit kids or you know, if she can't take me then she finds a way to do that. Any support my family has needed, any shape, form or size she's 100% accommodated that. [Accessible Site 6-180]

P: She's amazing actually, like, I can call her and I can tell her anything and ya know, we have a very honest, upfront relationship and I, I can call her and say you know this is what's going on at my kids, the kid's dads' house, this is what they have been telling me…I can call her and say ya know, "[Name] I need to know can I borrow or can I have a food voucher for ten dollars or something 'cause the kids need snacks or whatever the case may be" and she's, okay, we'll see what we can do. She's, they've, she's given me bus tickets to help get where I need to go. So, she's been, she's been really well, really good. [Accessible Site 1-119]

Parents appreciated service providers who spent time with them and who took the extra time to get to know them. While there were more frequent examples of service providers spending substantial time and being flexible in trying to help at the accessible sites, such relationships were described at the central sites as well. Perhaps greater physical proximity and the accessible programs' objective to improve relationships with families contributed to these patterns. A caveat is that there were variations on this dimension among the accessible sites as well as among the central sites. Notwithstanding this caution, overall, levels of contact with families were clearly higher at the accessible sites in this study.

Helping Relationships

Parents in this study were asked to assess their relationship with their primary child protection service provider. About twice the proportion of parent reports at the accessible sites describe positive helping relationships than at the central settings. There were of course also notable differences among individual accessible sites as well as among individual central sites. In this analysis three dimensions were used to identify positive helping relationships from the parents' perspective:

1. Service providers who communicated well with parents (i.e. listened, did not judge, sought their opinions, made them comfortable).
2. Service providers who had a good understanding of their family issues and were knowledgeable about how to help them.
3. Service providers that they trusted.

Element	Central Settings	Accessible Settings
Communication	Fewer parents described good or easy communication between themselves and their service provider.	More parents described service providers who were easy to talk to, were good listeners and were "like a friend".
Knowledge	About 1/6 of parents described their service provider as knowledgeable.	About 1/3 of parents described their service provider as knowledgeable.
Trust	Only one parent explicitly identified trust in the relationship.	Many more examples of trust identified in relationships.

Parents appreciated service providers who listened to their experiences. The majority of examples of service providers whom parents perceived as listening came from accessible settings. In the following examples parents indicated how listening made a big difference for them:

> P: "She was great. She listened to me. She did not make me feel like what I was seeing, that I, things that happened in my past didn't happen. She actually, (child crying) but see, I already went and got my school teacher letters and stuff like that so there was already proof of everything that my brother did to me. "[Accessible site 4-492]

> P: Somebody was listening [Accessible Site 2- 276]

> P: When I found out that the CAS service provider was pregnant and she heard my story, she felt my frustration and she listened to me when I said I'm frustrated, she like heard me and felt, you know, some compassion like she wasn't mean to me or anything.[Accessible Site 1-118]

> P: And you just got to listen and {name} knows that. And she pays attention to that. She can sense things with the kids. Like she, {name} is great with my kids when the kids see her walking through [the Centre] they're "hi {name}!" and they run and give her a hug. So, they're not threatened by her at all. [Accessible Site 1-119]

Participants also appreciated when a service provider was able to engage them in dialogue about their family situation. They liked service providers who were "easy to talk to. Such a description was again more common at the accessible sites:

> P: "It was more easier to talk and I felt like this other service provider understands me and is willing to go and talk to children, that was my main goal. "[Accessible Site 3-379]

> P: "She was easy to talk to….She gave me lots of information, yeah. If I asked the questions and she didn't know the answer, she'd go to her service provider and call me back –" [Accessible Site 1-100]

> P: I felt comfortable with him. I felt comfortable asking him. He was very personable. He was very understanding, from a parent's point-of-view. [Accessible Site 6-190]

P: "She's very - she's very easy to talk to. Very approachable and I had any questions, it didn't matter--she would answer any of my questions "[Central Site 5-511]

P: "…it…she became really, really involved with everything in what was going on with the children and we… we were talking about a lot more than just what was happening. There was a lot of surrounding situations and you know things that happen surrounding that time that created what happened with them? And she was really interested in that as well and she was interested in knowing how I was coping. Then what was happening with the children and where they were going and what they were doing and…" [Central Site 2-224]

Sometimes parents described service providers who were easy to talk to as being "like a friend". Service providers being considered "friends' was identified primarily at the accessible sites:

P:…actually there was a couple times I called stressed out and bawling my eyes out and she, you know, calms me down and lets me know she's there and asks me what happened and just, you know, let me vent out a little bit and then explains to me how I can get through it and there's a couple times I felt like giving up and she just doesn't let me and she's… it, it's pretty much more of a friend relationship than anything. She's very helpful and very… (sighs) nice. [Accessible Site 6-176]

P: And he would say hello to the girls and you know ask them how school is doing but just mainly like you know a friend coming over and having coffee with me and sticking around.[Accessible Site 6-181]

P: Yeah and I like her, she's… she comes in and it's like talking to a friend. [Central Site 3-323]

P: She was easy to ask advice to, she was easy for schooling, like where do I let my kids go, like anything I had to ask her, you know, because she comes to see me the week before they were coming, "are you excited? Did you get them into school", you know. She was kind of like having a friend —-- a friend that knew everything, you know what I mean? [Accessible Site 5-492]

Parents in this study appreciated when service providers approached their families and asked what was going on. Several parents indicated that a non-judgemental approach helped to

make them feel better about their parenting and more willing to share and to accept help.
There were many examples of service providers who parents perceived as inclusive and non-judgemental at the accessible sites and far fewer examples at the central sites:

> P: "He just… he just was very… he made me feel like I could trust him. I trusted him fully, like from day one. And he was… it was like you could tell he wasn't out to finger me or just say that I was a bad parent or to make me feel like I had done something wrong or… yeah, he just… he was really good. Like he helped, every service we needed, he… you know, with the kids and made sure, you know, [service provider], like really, really good." [Accessible Site 1-123]

> P: She's just, I can't say enough good things about her. She really was meant to be a social service provider. She doesn't judge, she doesn't make you feel bad because you're having a hard time or anything -- she really is there for the kids – and she really is there to support my family. [Accessible Site 6-180]

> P: … like I said she was a good service provider. Um she was very um she listened, she didn't judge, she um she was good. [Accessible Site 4-449]

> P: I felt comfortable with him. I felt comfortable asking him. He was very personable. He was very understanding, from a parent's point-of-view. [Accessible Site 5 -490]

> P: "…like the more I seen her, the more I really bonded with her and I just have a really good relationship. I think that she's the most awesome lady and she does a good job and she's there for the kids, not for herself. She's not coming in my house judging me, thinking she knows where I came from and she knows best — she doesn't – and she, she admits it when she doesn't know. And I mean, that to me means more than anything because she's not sitting there thinking she's better than me - she's sitting there thinking, okay you know what, this lady is struggling, what can I do to make it easier for her, and that is her approach." [Accessible Site 6-180]

> P: "Yeah and I like her, she's… she comes in and it's like talking to a friend. That's how it feels like. And I like that 'cause she comes in and will just say you know and if she has any con… like concerns and she, and she… you know she… she talks to me like I'm a human being not like you know what, this is what you did and now you've got to be punished. No she's not there and I really like… and I really like her. And that's you know, I'm glad that she's in. […] "She's just got a good vibe on her. Like you know I can tell when people are going to be negative, I can feel their

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negativity, but no she came in… you know and it just felt like relief, she was there just to support me not to judge me"[Central Site 3-323]

P: "Very good, actually. She was really very good with me. […] She was very supportive of me. Well, I can say that she didn't look down on me or anything… she wanted to work with me and with the kids and - So I wasn't going to lie to her about anything – I'm not going to benefit if I'm not getting everything out there." [Accessible Site 6 -184]

Parents identified the importance of feeling that service providers were aware of what was happening in their homes and how to help. Once again parents at the accessible sites were more likely to describe their service providers as knowledgeable:

I: Was she knowledgeable about what was happening in your home?
P: Yeah. She knew what was going on and I always told her everything. (…) So, things turned out pretty good. [Central Site 2-220]

I: Did you feel your service provider was knowledgeable about what was happening in your family unit and what was happening at home?
P: "Yes- yes….when he came into our lives, he had followed up on the case and he came for a visit and everything else to see how we were. And he's been great. [Accessible Site 1-125]

P: "Yeah. She read up on the file before she met with me. So I didn't have to re-explain everything again like all my past service providers it seemed like I was explaining everything over and over and over again. And then she went into the past, like, before with my dad and my mom and stuff like that and realized maybe that's some of the mental health issues that I have. [Accessible Site 4- 464]

P: "She was very you know, good at, with like that. Like you can tell that she had knowledge, she went through it herself, she wasn't a very opinionated person, she was outgoing, you know and that makes a big difference. Easy to talk to, you know. And she called me back (laughs)." [Accessible Site 5-492]

P: I think they both have more of an understanding on the psychology behind domestic violence. How it's easy that partner, the ex partner is able to manipulate in all reality, the victim into their perception how things should be. And I think they understood that. … Following my 911 call, I was on the phone with CAS making a service provider come to my house. Come to the house, come to the house now and she came right away. She dropped was she was doing in the office and came to my house right away. [Accessible Site 4 -453]

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P: Somebody who understands that it's not easy being a single parent, raising two kids who are not even a year apart…So somebody who just understood that it's not easy being a single parent, who has a little learning disability, who takes longer to learn things then what everybody else wants – the somebody who understood. [Accessible Site 5-489]

Some parents identified that it was important for their service providers to have knowledge of the helping resources that would be available:

P: "Well, I asked for help for getting the second thing for them, like Pinky Lewis for the girls, for them to have something to do and then she gave me numbers for housing, they helped with that and some other numbers they gave me for my diabetes and different things, like anything I phone for, they pretty much have helped me with." [Accessible Site 3-377]

P: Very helpful. If I had any questions about anything that came to the boys, or anything – if I needed ideas, I'd sit down and I'd talk to her and I'd say like, "What can we do about this?" She would go through a list of different ideas as to how to deal with different situations with the boys because of her behaviour and whatnot. And she was very knowledgeable. Like quite a few of the stuff that she made helped the boys immensely [Central Site 5-529]

On the flipside, when service providers were not perceived as having the knowledge necessary to help the family, they were often harshly criticized.

P: … they're young. Like, the one girl couldn't help me at all. Like, everything she told me to do for [child's name], I already do. You know, take things away. Well, hello! I've already done that. And she had no suggestions, whatsoever. Like, she was boggled because of everything that was going on. Like she couldn't believe my daughter would destroy my house, put holes in my wall [Central Site 5-524]

Clearly it was important for child welfare service providers to be seen as having the knowledge to help families. When this was so, the helping relationships were more likely to be appreciated by parents. Service providers at the accessible sites were identified as knowledgeable twice as frequently by parents as those at the central sites. This does not mean that service providers were necessary more informed at these accessible sites than at the central sites. This assessment is based on parents' experiences and assessments. It is likely partially a function of different program relationship intentions and service providers at the

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accessible sites being generally more accessible to families and having access to more helping resources (see the chapter on the service delivery impacts of accessible and central sites in this volume). This judgement would also be affected by parents' overall satisfaction with their relationships with child protection service providers.

A greater proportion of parents from the accessible sites indicated that they trusted their service providers and felt that they could be honest with them about what was going on in their lives. In some instances, this included sharing information that they knew could have negative consequences for them:

> P: She's amazing actually, like, I can call her and I can tell her anything and ya know, we have a very honest, upfront relationship and I, I can call her and say you know this is what's going on at my kids, the kid's dads' house, this is what they have been telling me. [Accessible Site 1-119]

> P: Very good, actually. She was really very good with me. […] She was very supportive of me. Well, I can say that she didn't look down on me or anything… she wanted to work with me and with the kids and - So I wasn't going to lie to her about anything – [Accessible Site 6-184]

> P: She knows everything… there is. I am very open and honest with her, there's nothing I don't tell her even the things that most people don't like to tell her, I tell her. […]I am very open and honest and you know she's very understanding and doesn't hold a grudge and doesn't you know take things into offense, she just looks at it and makes her decision due on facts and not what she thinks is morally wrong or anything like that. So she's very… she's very helpful (laughs). [….] Um no it was actually pretty instantaneous; she was pretty easy to get along with, very… there was a pretty good connection when it came to us. We get along great and I never felt like she was against me which is a big thing. [Accessible Site 6-176]

> P: Oh yeah. Like I mean, I can pretty much tell her anything about what I've done. Even, for example, if I were to go out and relapse and you know, I screwed up really badly, I believe that I could go to my service provider and let her know what I did because she wouldn't—she might have a problem with it, like I wouldn't say that she would condone my behaviour, but she wouldn't make me feel like you know, I'm never going to be able to fix it or I'm going to lose my kids or whatever. I think I can trust her completely and I could tell her just about anything about my family and she would give me the support that I need to get on track with it." [Accessible Site 6-180]

P: For me…well it changed…it changed my outlook on family and children services for one. And I guess having the same person come and see and knowing what I am going through like in detail…it was good for me to get it off my chest. And…I am not usually a very emotional person but with the family support service provider, when she came by, there was a lot of times that I would just talk about stuff and just sit and cry, and cry and cry. And it felt really good to be able to do that with someone that I felt comfortable with. I was still embarrassed by it mind you (clearing her throat) but as well with [Main service provider] you know I am able to be honest with him [Accessible Site 6-181]

These participants explained why they trusted their service provider:

P: Very helpful. She was very open and- and honest with me as to what she can do and what her boundaries were to help me out in the community. [Accessible Site 2-273]

P: "Yeah. She did what she said she was going to do unlike the other service providers, and I ended up really trusting her and liking her. Thought she was really good for, you know, keeping her word and doing what she said she was going to do" [Accessible Site 4 -464]

P: "He just… he just was very… he made me feel like I could trust him. I trusted him fully, like from day one. And he was… it was like you could tell he wasn't out to finger me or just say that I was a bad parent or to make me feel like I had done something wrong or… yeah, he just… he was really good. Like he helped, every service we needed, he… you know, with the kids and made sure, you know, Matt, like really, really good." [Accessible Site 1-123]

Only one participant from a central site indicated that she felt she could trust and be open with her child protection service provider:

P: "Good. My… when they first came, my service provider was awesome. Like, I never hid anything from them. I told them straight out what happened, what I did, what the kids have been through, what I've been through, what my boyfriend's been through. So, it was like… I don't know, it was… it was… it was really good. It was open, like she… anything I needed, if I need anything I just call her. Or if something was bothering me, I just call her. She's pretty good." [Central Site 2-220]

Parents' Ratings of Service Involvements

The finding in this qualitative analysis that parents were more positive about their involvements with the accessible sites was corroborated for the most by the answers to a family functioning and service satisfaction questionnaire completed by 192 parents about 9 months after their case had been opened to ongoing child protection services at either accessible or central sites.[2] For example, about 40% of accessible site parents said that agency staff connected them with "all the service and supports they needed" compared to 21.3% of central site parents.

One of the most important considerations about having a positive connection with a child protection service provider is whether it would make parents more likely to ask for help if problems arose in the future. Here the differences between the responses of accessible and central site parents were notable. About 61% of parents whose cases had been opened directly to an accessible service model[3] said they definitely or probably would ask for help again if they were having difficulties. This compared to about 39% of central site parents. About 61% of these accessible site parents said they definitely or probably would tell a friend in difficulty to contact the agency for help compared to about 41% of central site parents.

Parents' perceptions about whether their child protection involvement had generally been helpful may or may not provide credible estimates of positive changes. However, they do provide useful information about how parents felt about their child protection service involvements. Here too the differences in response between parents at accessible and central sites were significant.

About 45% of parents whose cases had been opened directly to an accessible site said their involvement had made things "a great deal" or "quite a bit" better for their families. Only 30.7% of central site parents made the same estimates. Equally striking is that about 25% of

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[2] To maximize sample size, about half of the accessible program sample included cases that had been opened prior to the initiation of the study. In these cases, parents were asked to retrospectively assess family functioning at the time of case opening. These 54 retrospective accessible cases were analyzed separately from the 58 non-retrospective accessible cases that supplied data at follow up. For more detail see www.wlu.ca/pcfproject.
[3] They had not been transferred from another site or program model.

these accessible site parents said that their child welfare involvements had no benefits at all for their families compared to about 46% of central site parents.

Approximately 58% of these accessible site parents said that they were "very" or "mostly" satisfied with their child protection involvement compared to about 41% of central site parents. About 18% of these accessible site parents and 39% of the central site parents were "not very satisfied" with their overall service experiences.

On the other hand, at follow up, an average of 45% of parents across both retrospective and non-retrospective accessible sites said their primary front-line child protection service providers "definitely knew what was going on in their families". This compared to 32.5% of central site parents. However, about 60% of parents from accessible and central sites said their primary service providers were "definitely" or "for the most part" knowledgeable about what was happening in their families. This finding softens the impression from the qualitative interviews that accessible site parents thought their service providers knew more about their family circumstances than central site parents did.

Also, an average of 62.2% of accessible site parents said they had contact with their primary service provider at least a couple of times a month compared to 52.6% of central site parents. In marked contrast to the pattern identified in the previous qualitative analysis, about 85% of parents from both accessible and central sites said they usually had contact from their service provider within a week of calling them. Forty percent of both groups said they were generally contacted the same day as they called. These results do not support the suggestion in the qualitative analyses that parents at accessible sites had quicker or more frequent access to their child protection service providers. However, it does not contradict the conclusion that quite a few of these parents felt that the accessible sites' physical proximity gave them more and quicker options for reaching their service providers.

Discussion

Front-line child protection service providers build positive relationships with parents in all service delivery models. Similarities exist across service delivery settings in how these service providers engage parents and what parents appreciate about the helping relationships with these service providers. Nonetheless, this study strongly suggests that accessible service delivery sites have some substantial advantages in creating appreciated helping relationships over central service delivery sites. Equally important, appreciated helping relationships contribute a good deal to parents' willingness to ask for help again should the need arise. It also makes parents more likely to tell their friends to ask for help. More parents are satisfied with their service involvements and more find their involvements worthwhile.

These gains at accessible sites were accomplished operating under the same Provincial child protection service regulations and time lines as the central sites. They complied with the same substantial documentation and accountability requirements. They received no additional resources. There was an equally stringent focus on keeping children safe. As the companion employment chapter in this volume documents, front line child protection jobs at both accessible and central sites were equally stressful and workers had similar concerns about their liability should something go wrong.

Clearly there is something worth understanding at these accessible sites. They demonstrate that existing ways of engaging families and providing assistance are not immutable. They suggest that there need not be a contradiction between keeping children safe and having constructive relationships with families. They also suggest that the "frightening" image of child protection agencies that is common in many communities can at least be softened.

The differences between accessible and central sites were differences of degree. Parents involved with both accessible and central sites were very aware that the agency had great power over them. Both had clients that respected and resented how this power was used. Both had satisfied and very unhappy clients. Both created helping relationships that were appreciated and resented by parents. Yet the magnitudes of the differences between accessible and central sites on these dimensions were large enough to merit closer inspection.

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It seems probable that there are service delivery characteristics at these accessible sites that are worth emulating.

Intentions were pivotal at the accessible sites. They began with a desire to improve relations with families and neighbourhoods. They wanted to be more familiar with the lives of the parents and children involved with their services. They wanted parents and children to know them and to be willing to approach them. They wanted service providers to become familiar communities and to develop relationships with potential partners. Striving for these intentions brought them to greater or lesser fruition at the accessible sites in this study.

Physically locating child protection service providers in settings accessible and acceptable to families was a central consideration.[4] This allowed for more informal contacts between family members and service providers. Children and parents dropped by to say hello or to ask questions more frequently. Service providers felt that they had access to better information about families and communities. Both felt that this arrangement helped them to diffuse troublesome situations more quickly (see the discussion in the child welfare employment chapter in this volume). Some accessible sites were co-located with service other providers and neighbourhood associations. This enabled them to access more quickly a broader range of service and supports for families (see the services and supports chapter in this volume).

The accessible sites in this study were not without their internal challenges. They were also relatively small initiatives. There would be substantial obstacles to be overcome in implementing these approaches on a much larger scale. It would not be sufficient to simply transfer the predominant approaches in child protection to more localized settings. Existing control and accountability procedures impose substantial constraints on front-line child protection work in both accessible and central locations.

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[4] One accessible site supported resource centers in neighborhoods and provided community development staff housed at these centers. Front-line child protection service providers had relationships with these centers and community developers but were not located in the neighborhoods. This study did not allow a comparison of the merits of this approach with the sites that located child protection service providers in local schools or neighborhoods.

Nonetheless, the images emerging from these accessible sites are encouraging. These sites were created by the vision and initiative of local child protection personnel. At the very least, the same type of local initiatives can take place elsewhere if there is sufficient motivation and will.

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

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

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