

Running Head: AN EVALUATION OF SERVICE DELIVERY MODELS

An Evaluation of a New Service Delivery Model at Chimo Youth Retreat Centre

Oshone Akpoghomeh

MacEwan University

Research Proposal Submitted to Chimo Youth Retreat Centre, April 2016

INTRODUCTION

Child protection services have gone through decades of organizational reform and developments, always working towards a better and more protective approach in dealing with vulnerable children, youths and families. This has resulted in the development of various social welfare agencies who intervene when abuse and neglect occurs within these vulnerable groups. In an effort to address the issue, child protection agencies have previously adopted various approaches from very punitive, controlling, risk assessment practices to currently a system of care, well-being, community and a relationship-based practice (Lonne et al, 2009).

This research project evaluates the practice shift from a risk aversion model to an Outcomes Based Service Delivery / Collaborative Service Delivery (OBSD/CSD) model. The setting for this evaluation is the Chimo Youth Retreat Centre which is a non-profit community based agency that works with children, youths and families offering them the needed support to ensure safety and wellbeing. Chimo adopted this new practice about 2 years ago and have progressively worked towards improving services and outcomes to their clients. The main objective of the project is to evaluate the perceptions of stakeholders both from Chimo and its partnering agency Child and Family Services (CFS), regarding this shift in practice. This will be done through a mixed method of surveys and in-depth interviews with stakeholders, which include front-line workers - coordinators and caseworkers, - supervisors, and parents of clients under this model. Other objectives include finding out how stakeholders involved have been able to transition to this current model and also determining what strengths and challenges they have working under this new model.

The Outcomes Based Service Delivery / Collaborative Service Delivery (OBSD/CSD) model is an approach focused on the care and well-being of both the child and family through the application of best practices that will benefit both parties. Although their main outcome is preservation of the family or returning the child back to the home, safety of the child is

paramount. If the safety of the child is not guaranteed in their home, then other options such as kinship is explored. That way, the child is not alienated from their family.

A significant factor in this practice shift includes parental input into the decision-making process of service delivery. Children and youths are clients of the agency while their parents are considered partners in service delivery. Since parents are now considered part of the team, I am interested in knowing how they perceive the current service model. I will also be interested in getting to know their perspectives on how the current service model addresses their child's needs. As Lonne et al., (2009) suggests, it is important to hear from the people who are affected by the shift in approach. Since it helps other stakeholders to be better informed as to the intended consequences of the service delivery model. It is therefore essential to hear experiences of both staff and family members to ensure sustainability of the work and intended outcomes of service. Before being interviewed, all participants will provide consent to participate in this research and for the survey, consent will be implied if the questionnaire is completed and returned.

The remainder of this proposal will provide an overview of the existing literature on the theoretical basis of the service delivery models in focus, followed by sections on the methodology, data analysis, results, discussions and implications from a sociological perspective.

Literature Review

The following sections of this literature review provide an overview of the social construct of the term "at risk" youth. This term will be explained using the theoretical framework of the risk discourse and will explore societal implications of this term in the current context of neoliberal governance. In addition, the theory of resiliency will be explored as a complement of the risk theory. Finally, in relation to at risk youth we will explore how

these theories have influenced practice in child protection services looking at various service delivery frameworks such as risk assessment/management, Outcomes Based Service Delivery/Collaborative Service Delivery Model (OBSD/CSD).

Youth and “At-Risk” Youth

The use of the word youth emerged around the 1800’s. It was a term generally used as a social category for individuals who were in between childhood and adulthood. The legal definition places young people from age 12 -17 in this category. Currently the social definition is a little more encompassing as it now includes young people who are in their mid-twenties. Kelly (2001) defined youth “as an artefact of a history of various ways of thinking about the behavior and dispositions of those who are conceived as being either child or adult” (30). Essential to these definitions is the idea that ‘youth’ is the process of becoming a mature, independent, responsible adult.

The emergence of the concept “at-risk” youth developed as a result of perceived character deficits among young people, which occasionally led to contact with the juvenile system (Kliucharev & Irina, 2011). This created a perception of youths as delinquents, deviants and disadvantaged (Swadener & Lubeck, 1995; Kliucharev & Irina, 2011). Social problems such as poverty, unstable growth environments and parental mental health or substance abuse, child maltreatment, chronic family conflict and forms of prejudice and discrimination were identified as some of the root causes of the problems of at-risk youth (Fraser et al., 1999; Werner, 2000 in kulkami, Kennedy and lewis). As a result of neglect and abuse due to these root causes, deviant and delinquent behaviors became a resort for some from their difficult life situations. Ultimately, through such behaviors, society constructed them as being at risk of an unsuccessful future.

To better understand the function of the term at-risk youth, it is critical to look at it from various theoretical perspectives. The sociocultural view of the risk discourse and the

risk and resiliency perspective give a good foundation for the exploration of the risk continuum through history and in a neoliberal state.

The Risk Discourse

Risk is a very broad concept and it could be applied to every aspect of life such as finances, health, family, work, relationships etc. As individuals, we engage in daily risk assessment and management whenever we perform certain actions in order to prevent a future negative outcome. Some of these actions can include getting a life insurance, eating healthy, exercising, saving or going through an educational institution. Through these actions, “life becomes to an extent a planning project involving self-governance in the interest of managing risks” (Swift & Callahan, 2009).

Theorists like Ulrich Beck and Anthony Giddens have explored the risk discourse and how it has created a risk society. They both also explored the phenomenon of the risk society and the shift that led to the organization of a society governed by risk. Beck (1992), defined risk “as a systematic way of dealing with hazards and insecurities, induced and introduced by modernization itself” (21). Although Beck argues that there are more risks in society now than before, risk has always existed. Bernstein (1996a, 1996b) through his research was able to trace the existence of the risk discourse far back to the renaissance period. Beck pointed to the shift to a modernized society as the beginning of dealing with and managing risks. The modern society has been characterized by the emergence of science and the use of technologies. Therefore, risks have become “legitimized by science” which creates an onus on individuals to take the concept of risk assessment and risk management seriously (Swift & Callahan, 2009). Hence through institutions that are scientifically able to identify risks through research, some groups are identified as more risk prone than others.

Giddens (1999) in the exploration of this shift to a risk society, referred to the modernized society as one characterized by the unpredictable, the unfamiliar, the insecure

and the uncertain. According to Giddens argument, individuals become more prone to risk as they lose their inherited norms, values and traditions. These losses come with a life of uncertainty which leads us to focus on planning for future events. In other words, the individual becomes more responsible has more autonomy and is expected to become more active in decision making regarding his life (Giddens 1994).

In relation to the risk discourse and the risk society, the governmentality perspective by Michel Foucault explores the neoliberal focus on the responsibility expected of the individual. Neoliberalism is an ideology and policy that places responsibility on the individual for their situation, choices, discipline and involvement (Mcdermott, 2007). In addition to Giddens point on the responsibility of the individual, the governmentality perspective points out that despite individual responsibility norms still exist in the society. One of the ways, norms are determined and regulated in society is through various professional expertise who identify individuals deviating from these norms as at risk (Swift & Callahan, 2009). Under the governmentality perspective, individuals identified as being at risk become managed and are subjected to regulatory control and interventions. According to this perspective, risk begins to function as a form of social control for certain populations because they must adhere to certain guiding principles in order for them to achieve the status of normal or a successful adult. In relation to “at-risk” youths, child protection services, child welfare and non-governmental organizations all represent Foucault’s “technologies of power” through their surveillance and efforts to manage risks around youths.

In general, the perspectives of the risk discourse, the risk society and the governmentality perspective all view risk from different dimensions and shows how the theoretical framework of risks relates to society (Swift & Callahan, 2009).

Resiliency Theory

Complementary to the theoretical perspective of risk is the theory of resilience. Resilience in this case refers to “reduced vulnerability to environmental risk experiences, the overcoming of a stress or adversity, or a relatively good outcome despite risk experiences” (Rutter, 2012, 336). The resiliency theory attempts to shift the focus from the preoccupation on risk factors to a focus on strengths and protective factors. Various scholars have mentioned that resilience is a dynamic process based on the environment and the developmental stage of the individual (Kulkami, Kennedy & Lewis, 2010; Kier & Fung 2014). This means that the effect of protective factors on certain risks will produce varying outcomes depending on the developmental stage of the individual, therefore resiliency is not generalizable but a more holistic approach to addressing risk factors (Kulkami, Kennedy & Lewis, 2010).

Protective factors under this theoretical framework includes social supports which for youths could include “good schools as well as connections to pro-social organizations at the community level; high parenting quality, ... close mentoring relationships with competent adults at the interpersonal level; ... and adaptability at the individual level (Masten & Powell, 2003; Werner, 2000 in Kulkami, Kennedy and Lewis).

Risk aversion Practice

The practice of risk aversion is achieved through the risk assessment framework. This framework serves as a standardized guide in identifying possible risk factors with respective procedures and calculations to prevent them. The practice of risk aversion was initially adopted by child welfare services to prevent future harm to the child (McKenzie & Kufeldt, 2011). Risk assessment is used as a tool in this practice because of the difficulty in identify risks when it comes to children that have been previously neglected or abused. It was also seen as a tool that could mitigate these risks and prevent future occurrence.

There are two main instruments used in risk assessments; the consensus based and the actuarial based instruments. The consensus based instruments are based on expert knowledge informed through research that identifies factors associated with people who have abused or neglected children. This instrument serves as a guide to workers for them to be able to organize information about incidents of maltreatment and provide the necessary documentation of the reason underlying the risk assessment result. (McKenzie & Kufeldt, 2011)

The actuarial based instruments are based on risk factors selected through a scientific method exploring child protection cases and their future maltreatment outcomes. A scientific method is used to ensure accuracy of predictions or items that have a strong association with future agreement. This is used to create an instrument which workers use to categorize families at various levels of risk (McKenzie & Kufeldt, 2011).

The focus on risk assessment has had its shortcomings, according to English (1996) in dealing with risk assessment its definition of risk is unclear and its effectiveness on the predictability of risk has been questioned. More so it does not allow for shared decision making across agency boundaries which hinders increased collaboration on cases and most importantly, it operates with the idea that one framework fits all which is inaccurate considering the differences in cases.

Lonne et. al. (2009) argue that the focus on risk management by child protection systems did not focus on specific outcomes such as the welfare and the well being of the child or the services to the family. They also argue that the investigative procedures of risk management were intrusive to the family and didn't respect their culture or their differences. Hence it was necessary for a change in the way things were done. In addition, Hill (2001) states that when a focus on risk aversive practice becomes the dominant way of dealing with

youths, there could be serious implications where the removal of one risk e.g. the child from an unstable family can lead to another risky behaviour.

Outcomes-Based Service Delivery/Collaborative Service Delivery (OBSD/CSD) Model

The main focus of OBSD is a shared practice of collaboration which puts the family at the front of the decision making process regarding the child at the same time collaborating with other agencies like Child and Family Services to get the most effective outcome that benefits both the child and the family. As opposed to the risk aversion practice, OBSD centers the work of the professionals involved at the community level and rather than assess risk, the needs of the child are assessed. They are given the opportunity to learn through experiencing mistakes within supportive relationships (Hill, 2001)

A request proposal by the Edmonton and Area Child and Family Services (EAFCS, 2014) outlined some of the guiding principles of the OBSD model. They include i) a practice that is respectful, ethical, strengths based, culturally appropriate and engages families through healthy relationships ii) child safety as the goal and keeping families together iii) creative, flexible and collaborative interventions supported by clear defined roles and transparent honest communication iv) practice is community based and supports communities to collectively raise their children.

The focus on community suggests a continuum of services that is receptive and responsive to the current realities affecting children and families at risk (Barter, 2001). Seita (2000) in his study on the necessary shift for child welfare workers remarks that we can have a healthy community of young people by taking a community approach which is nurturing and not victim blaming or trying to fix faults. OBSD moves away from the practice of blaming others but rather addressing the risks and crises faced with the input of those directly affected like the family.

Collaboration is the most important aspect of this model hence the name change from 'outcome-based' to 'collaborative' service delivery. Therefore, the name Collaborative Service Delivery describes the main spirit of this service delivery model. The CSD framework maintains the same guiding principles of OBSD and aims to achieve the same outcomes. In the CSD model, all team members are involved in planning and monitoring goals and they share joint ownership for intervention objectives. According to research findings by Samuels (2010) collaboration is an effective form of service delivery in that it produces effective outcomes such as positive impacts on stakeholders, a more positive perception of their work, improved performance and motivation. He outlined some of the challenges of collaboration to include building trust with partners, recognition in a collaborative effort and leadership.

METHODOLOGY

During this research project, data was collected by conducting surveys and in-depth interviews with staff members from Chimo Youth Retreat Centre and its collaborative partner Child and Family Services (supervisors, caseworkers and coordinators) at their three-different sites to get their perceptions on the current Outcomes Based Service Delivery/ Collaborative Service Delivery (OBSD/CSD) model. In addition, interviews were conducted with a few parents who receive services from these agencies to get their perceptions on the new Collaborative Service Delivery model. The parents were appropriate participants in this research project because they are not considered clients of these agencies, but are considered service delivery partners and stakeholders in the outcome. Approval for this research project was granted by the MacEwan University Research Ethics Board

Survey

The survey was an important tool for data collection in this study because It could be used to get the perceptions of all staff members working under the CSD model. The intent of this survey was to get the general perception of all staff members about the new service delivery model and an overview of their service delivery experience working collaboratively with other stakeholders. A hardcopy survey containing about 9 scaling questions and ending with 2 open-ended questions were administered to all Chimo staff and CFS staff who practice under the CSD model (see Appendix A for survey schedule). During the weekly referral meetings at the three sites, I had the opportunity to introduce myself to staff members and give them a brief information on my project where they were informed that completing the survey was voluntary and that all responses will be anonymous and confidential to Solicit their participation. In addition to a verbal notice of the survey, an email was sent out to all staff members as a reminder and so that staff members absent from the meeting could know the purpose of the survey. The questionnaire took approximately ten minutes to complete. Staff members who voluntarily participated returned the completed questionnaire in an unmarked envelope directly to me or put it in a labelled basket for the research. The questions measured the extent of their belief in the model, the collaboration and outcomes of the model. Altogether from the three sites, 38 survey questionnaires were handed out but only 28 were completed and returned.

Interview Procedures – For Professionals

The second part of data collection included interviews of staff members from both Chimo and CFS at their three sites. Participants were chosen at random. I attended weekly referral meetings at the three sites for two months prior to the interviews to familiarize myself with staff members and also to build rapport with them. During this time, I observed staff members and the perspectives they shared during meetings. This guided my choice on

participants for the interview since I could only interview a limited number of staff. Two staffs comprising of one Chimo and one CFS staff from each site were to be interviewed as participants. Although for the third site I ended up only interviewing 1 Chimo staff and no CFS staff. Therefore, a total of 5 staff members participated in the interview.

An interview invite was sent out to participants (n=6) informing them that this interview was not intended to evaluate their work, but rather to get a better understanding on the new service delivery model. Five participants responded and semi structured face to face and phone interviews were conducted with selected staff members. All participants gave their written informed consent (See Appendix B for professional consent form). The Interviews lasted approximately 20 minutes. Interviews with staff members focused on their prior experience with other service delivery models especially the Risk Aversive model and their perception of the new practice of the OBSD/CSD model. Most importantly since this model calls for collaboration with other agencies and parents, the interview explored collaboration with other stakeholders (See Appendix C for professional interview schedule).

Interview Procedures – For Parents

For confidentiality reasons, service involvement of parents was not disclosed to me the researcher. Hence my field placement supervisor provided me with a list of potential participants and using a random sampling method of selection I chose two parents. I directly contacted the parents and briefed them about the purpose of the interview and the research. They were informed that participation was completely voluntary and all responses will be kept confidential. They were also informed that participation in the interview or declining participation will in no way effect the service that their child received at the agency. Since it was a phone interview, consent was given over the phone after I clearly read out the various sections of the consent form. (see Appendix E for parent consent form). Interviews took approximately 15 minutes (see Appendix D for parent interview schedule).

All research participants were required to complete a consent form, which outlined the nature and ethical boundaries of the research project. All participants were made aware of their ongoing consent, which meant it was voluntary and they could withdraw at any time if they ever changed their mind without any consequences for withdrawal as well that all information shared will be kept confidential. Parents in particular were assured that any information shared with the researcher will not be divulged to case workers or supervisors and will not affect the service their child receives in any way.

Data Analysis Strategy

Data from completed surveys (n=28) was entered in excel spreadsheet. The scaling questions were analyzed using a statistical frequency. The open-ended questions were coded and analyzed for common themes. Data analysis software Nvivo was used to aid the coding process and organization of themes. The unit of analysis were the caseworkers and supervisors, the independent variable measured the perceptions and belief of staff members

All interviews (n=7) were audio-recorded and transcribed. Transcripts were analyzed for common themes using the NVivo software program. Analysis included a process of memo writing alongside open coding. After developing various themes, they were re-categorized under the three major themes; The shift, the current framework and Successful collaboration and each which had about three sub themes.

Results

This research was structured on three major themes under which several sub-categories of themes that emerged were grouped. The three major themes were the shift, the framework and successful collaboration. These themes reflect the perspectives of supervisors, caseworkers and coordinators. In addition, each larger theme reports on various strengths and

challenges experienced by stakeholders in the shift and the current Collaborative Service Delivery (CSD) model.

The Shift

This particular theme focused on the change that stakeholders had to adapt to with the shift to the Collaborative Service Delivery model. Results identified three major sub-themes in relation to the focus of the larger theme. Collaboration which included working with partners and families and the relationship building piece emerged as the most prominent sub-theme in the shift between service delivery models. Followed by, the transference of responsibility and having specific timelines.

1.1 Collaboration and Relationship building: Collaboration is “based on a willing-ness to do things differently and usually arises out of a need to change the delivery and configuration of services” (Barter, 1996). Prior to CSD these agencies worked on files alone, even if they had someone working with them it was not collaborative. It was more of a leader - subordinate dichotomy. However, with CSD building relationships and embracing a collaborative spirit were pieces’ workers had to adapt to because each partner now had equal input into the decision-making processes of a file.

Collaboration and relationship building emerged as complementary sub-themes in the findings. According to one of the supervisors “to really really collaborate with someone else and trust them, you have to have a relationship and I think that has been hard and I think that there is a relationship and that we have definitely taken steps in the right direction”. 8 out of 14 respondents - supervisors, caseworkers and coordinators who commented on the collaboration piece all identified collaboration as a positive because of some of the benefits they had experienced from working as partners. Some of the benefits they identified was having support on files and having a consistent worker working with parents as well. In addition, they also identified that working together collaboratively was more effective than

working separately because it allowed both parties to share their perspectives and participate in the decision making around files.

Relationship building was agreed upon as a way to develop trust, which is essential to collaboration. Especially with parents and families, as the collaboration now included them in the decision-making process through planning and goal setting. At the initial stage of CSD families viewed the roles of the agencies as “the good cop, bad cop” however, letting families know that they all had the same goals of preserving the family unit made the work less difficult. Although caseworkers, coordinators and supervisors reported that working with families was sometimes a challenge, “lets take the example of kinship and foster care, it is a lot easier to work with foster care than to work with kinship because family is messy, family is ugly and you have to do a lot more work on them”, they also reported positive experiences working with families.

Most participants described the work they did with families in terms of hand holding and being in the home. According to some supervisors and coordinators, families were grateful for this support that they received. From the survey results, about 50% of respondents reported working with families as a success to a great extent and about 43% reported success to a moderate extent. In sum the response was positive which showed that despite the challenging nature of the work, coordinators, caseworkers and supervisors enjoyed providing and building supports for families.

1.2 Having specific timelines: was indicated as part of the shift that workers had to become more aware of when working on a file. As a supervisor shared, “I could have had your child in care for years and years and years with no permanency. No hard and fast timeline for you to say mom you have got this much time to get things together”. The quote makes reference to the previous model where children remained in care for long periods. However, with CSD

for example a kid in care under the age of 6 got 9 months and if after 9 months of being in care and the outcome of wellbeing was not close to being achieved then other options were explored. For coordinators and caseworkers this meant that they had to be more thorough in the work that they did with families in order to achieve the outcome within the specific timeline. This has had a positive impact on parents because according to one of the supervisors it creates an urgency for the parent to work towards a plan. “you hasten the parents need to get something done and it has worked”

1.3 Transference of responsibility: with collaboration comes the sharing of power and resources between agencies. CFS was formerly called the authority because of the power they held in determining who did what on a file and who services could be contracted to. In terms of the shift in responsibility between the agencies, CFS had to give up some of this power and authority in sharing the responsibilities and having Chimo as their main partner in delivering services to children and families. Some of the services CFS previously contracted out that Chimo now had the responsibility of were services like drives, in home support, youth work, service team meetings and other services.

With this shift in responsibility between agencies, the way the workers did their work evolved from a focus on their individual roles to a focus on how responsibilities could be shared in a collaborative fashion. Although in respect to shared work on files, some respondents referenced some negative cases of occasionally feeling an “us vs. them” dichotomy. As Pat one of the coordinators shared, “You are treated beneath like I said even though you have been doing this work a lot longer sometimes, even though experience doesn’t matter it is just We have the same education and sometimes we do have more than that. Just being treated equally sometimes is better” despite experience of coordinators that proves them capable of carrying out certain responsibilities, caseworkers still felt sole

responsibility and this created that dichotomy of an us vs them. This emerged as one of the challenges, not having partners completely buy into the shift by still holding on to some of the power they previously had.

The Framework

This theme explored the strengths and weaknesses of the Collaborative Service Delivery model. One of the first sub theme that was measured, was the belief coordinators, caseworkers and stakeholders had in the framework. According to the survey results, 82% (n=23) expressed positive beliefs in the frameworks. the theme of belief was further measured by the four guiding principles of the framework.

2.1 Challenges: About half of the respondents 46.4% (n=13) found the shift to the current framework challenging. Some of the challenges participants identified during the interview included having to go through a learning curve, timeliness of services being available due to the bureaucratic procedures, change fatigue from turnovers and change in service delivery models. For supervisors, their major challenge was around hiring.

Adapting to this new service delivery model was a learning curve for almost every participant in the interview. Since the model was still in its early stages, it was a continuous learning process for them where they developed the model as they practiced it. Despite this being a challenge, I believe it strengthened collaboration because in trying to get through this learning curve it meant sharing ideas and offering perspectives to find solutions and shape their practice.

Caseworkers and coordinators mentioned the process it took to have things approved or have a service delivered to families occasionally took longer. They reported timeliness of service would be more effective.

Another challenge was change fatigue, you would naturally think that as adaptable beings, adapting to change will be second nature for supervisors, coordinators and

caseworkers who have witnessed changes in the system. Stakeholders especially supervisors mentioned that change from different models or even with turnover of staffs was fatiguing. If they constantly had to build new relationships with new staffs it distracted from the work they had to do and since developing trust and building relationships took time it created some hesitancy amongst coordinators, caseworkers and supervisors.

From the supervisory point of view, hiring was a challenge based on trying to gauge the experience and skill of a worker. However, one of the supervisors Deb, mentioned training of staffs could mitigate this challenge “i think that there should be more extensive training and I think we are trying to piece together as we bring the program you know like develop the program, like what training we need and the importance of that training and how quickly we get it” because if a worker went through intensive training they would be well equipped working with families and dealing with other situations that may arise. In addition training for CSD workers was the most common suggestion made by caseworkers in the surveys when asked what would facilitate a more successful collaboration.

2.2 Successes: Despite these challenges various sub-themes of success emerged such as working towards the best outcome for the child and family which could either be, Safety of the child, reunification, preservation of the family by working with the parents to mitigate risk factors and foster wellness. “I think that the wellness piece is just as important in the long-term recovery or reunification or creating healthy families as the prevention and the protection piece” here the participant referenced wellness as being important because it determined if a file closed for a family.

These successes mentioned by supervisors, caseworkers and coordinators were also in line with the outcomes of the CSD framework. “I think that the statistics both on papers the quantitative and the qualitative, the things that the family are sharing i think it speaks volumes and I think that they think it is a good thing”

One of the supervisors narrowed the issues from this model down to three things which she shared “some of the successes have been families have quick service and it is timely and it is appropriate”

Successful Collaboration

Results indicated that creating a successful inter-agency collaboration involved having clearly defined roles, developing working relationships (being open-minded, having open communication), and sharing a common goal.

3.1 Having clearly defined roles: This sub-theme was one of the most emphasized and was also identified by caseworkers and coordinators as one of the challenges of having a successful collaboration. Having clearly defined roles was expressed in terms of knowing the limits of each role and having more understanding of each role involved in the partnership.

The need to have a better understanding of roles in the partnership was expressed more from coordinators who were interested in knowing more about the legal processes and duties of the Child and Family Service (CFS) workers. This, aligned with partners having an interest in knowing the limits of each role because sometimes coordinators perceived the workload was unequal and they did more work than caseworkers. However, one of the supervisors stated the importance of the CSD manual in addressing this issue, “then I think it is right there the practice manual. It gives you clear direction of who is doing what, who can do what and I think for the first time we get some clarity”.

3.2 Developing a working relationship: A successful collaboration between inter-agency partners requires time to foster a trusting and successful working relationship. Like in any relationship, at the initial stage, there was some level of uneasiness for supervisors, caseworkers and coordinators having to work side by side with one another. Differing

personalities between partners contributed to this uneasiness “As Beth a supervisor reflects “now I can see that people are on the same page but it’s their personalities that prevent them from collaborating the best that they can”.

However, the time spent so far in the partnership has helped ease the uneasiness as partners have had the opportunity to get familiarized with one another’s work styles. As one Supervisor shared “The time that it will take to develop a relationship, ... how was the staff going to respond that was one of my worry ... To see commitment year after year and so over the 2 years i have seen those fears lessened to a point now where i am quite comfortable”.

One of the ways commitment was spoken about was in terms caseworkers and coordinators attending the weekly referral meetings between partners where they consulted on certain files and gained perspectives on best practice. As Beth shared “It is easy for people even in the referral meetings that different offices have, it will be easy to start falling into the ‘well I don’t have anything to talk about I am not going’ so then I think you allow people to remove themselves from being part of the collaboration”. Here she emphasized being present at those meetings was a sign of commitment from both parties and it helped people buy into the collaboration more.

Thus, time and steady commitment from partners can enable the development of a good working relationship despite the personality differences. In addition to developing working relationships, caseworkers and coordinators mentioned the partnership is strengthened when partners are willing to learn with an open mind and communicate.

3.3 Sharing a common goal: This was identified by respondents in the survey as one of the factors that helped them embrace collaboration at the initial stage. Caseworkers and coordinators commented on both parties having a common goal of ensuring safety of the child and preserving the family unit. However, safety of the child was paramount and if the

family was not the best choice for the child other options in the community such as kinship was explored.

Discussion

The findings of this study have implications on different societal levels in the field of child protection and child welfare. The Collaborative Service Delivery model is a strength based, community based model with a goal of ensuring safety of the child and fostering wellness in the family. Through the evaluation of its strengths and challenges, the outcomes and successes speaks to its achievements which is line with the desired outcomes and the guiding principles of the model. So far, the Collaborative Service Delivery model has only been rolled out to various parts of the province in Alberta, hence the achievements and statistics of files that have closed under this framework shows an example to parts of the province that are yet to fully adopt this model that it can really change the future of child welfare and child protection. According to Barter (2001) collaboration is a people process, “it is not a quick fix” so therefore, it is essential for all stakeholders – coordinators, caseworkers, supervisors and parents- to embrace the collaboration as child protection is a community concern and through community building we can make it a collective concern.

On the institutional level, exploring factors that foster a successful collaboration is critical especially the relationship building piece. Caseworkers and coordinators are able to see the work they do as meaningful and physically being able to support a family brings them satisfaction. As expressed by most caseworkers, coordinators and supervisors, it is not their goal to eliminate kids in care but to be able to have an impact on the intergenerational history of children in care by closing files and not having them reopened because they have been able to provide the family with resources to sustain wellness.

For the parents involved and their children who are direct clients of the services, the framework acknowledges their individuality by recognizing cultural backgrounds and trying to work with the families based on the relationships they have built with them. In recognizing the individuality of the child and parents, it creates a form of self-governance where parents are expected to perform activities of safety planning and goal setting in order to have their kids remain with them or return to them.

One limitation in this study is that not enough perspectives of parents was gathered and also the lack of timeliness to conduct follow up interviews. For future research it would be beneficial to know explore the frameworks in either agencies that have practiced for a longer time or within more than one partnering agencies.

Conclusion

This study provides insight on the challenges of agencies in shifting to a new practice model and also provides insight on the Collaborative Service Delivery model through the perspectives of stakeholders. Results and findings from the study helps to inform the agencies and other agencies at large on what can be improved and what is working so far. Definitely relationship building has been emphasized as a key factor in collaboration between agencies. And lastly the discussion has outlined the implications on the different societal levels.

References

- Barter, Ken. 2001. "Building Community: A Conceptual Framework For Child Protection." *Child Abuse Review* 10(4): 262-278.
- Edmonton Area and Child and Family Services Proposal Report. 2014.
- English, DJ. 1996. "The promise and reality of risk assessment." *Protecting children*, 12(2): 9-13.
- Lonne, Bob, Nigel Parton, Jane Thompson and Maria Harries. 2009. *Reforming child protection*. London, New York: Routledge
- Foucault, M. 1991. "Governmentality". Pp.87-104, *The Foucault Effect. Studies in Governmentality* In G. Burchell, C. Gordon, & P. Miller (Eds.). London: Harvester Wheat- sheaf.
- Hill, Jael. 2011. "Embracing Risk Lessons Learned in a Young Person's Wraparound Service in Wales." *Adoption and Fostering*. 35(2): 41-48.
- Kelly, Peter. 2001. "Youth at Risk: Processes of Individualisation and Responsibilisation in the Risk Society". *Discourse: Studies in the Cultural Politics of Education*. 22(1): 23-33.
- Kier, Cheryl and Tak Fung. 2014. "Adult Outcomes of Being Raised by Grandmothers: Can Social Networks Play a Role?" *Journal of Intergenerational Relationships*. 12(2): 141-166.
- Kliucharev, Grigory and Irina Trofimova. 2011. "Youth at risk in the Russian Federation: reasons for social protection." *Corvinus journal of sociology and social policy*, (1): 85-100.
- Kulkarni, Shanti, Angie Kennedy and Carol Lewis. 2010. "Using a Risk and Resilience Framework and Feminist Theory to Guide Social Work Interventions With

Adolescent Mothers.” *Families In Society*, 91(3): 217-224. DOI:10.1606/1044-3894.3998

McDermott, Lisa. 2007. “A Governmental Analysis of Children “at Risk” in a World of Physical Inactivity and Obesity Epidemics.” *Sociology of Sport Journal*. 24: 302-324.

McKenzie and Kufeldt, Kathleen. 2011. *Child Welfare : Connecting Research, Policy, and Practice*. Waterloo, Ont: Wilfrid Laurier University Press.

Samuels, Joanna. 2010. “A Collaborative Model of Service Delivery at a Nonprofit Employment Service Provider Community Agency.” *Journal of Jewish Communal Service* 85(2/3): 360-369

Schene, Patricia. 1996. “The risk assessment roundtables: A ten-year perspective.” *Protecting children*. 12(2): 4-8.

Seita, John. 2000. “In our Best Interest: Three Necessary Shifts for Child welfare Workers and Children.” *Child welfare*. 79(1): 77-92

Swadener, Beth Blue, & Sally Lubeck. 1995. *Children and families" at promise": Deconstructing the discourse of risk*. SUNY Press.

Swift, Karen and Marilyn Callahan. 2009. *At Risk : Social Justice in Child Welfare and Other Human Services*. Toronto: University of Toronto Press, Scholarly Publishing Division.

Appendix A

Survey Schedule for Professionals

This survey is aimed at getting your perceptions on the Outcomes-Based Service Delivery/Collaborative Service Delivery (OBSD/CSD) model.

The survey is voluntary and all responses will be kept confidential and anonymous. Do not write your name on this form. Please put the completed survey in the envelope and return it to the researcher.

Please circle the most appropriate response to the following questions.

1. To what extent do you believe in the OBSD/CSD framework?

5= to a very great extent	4 = to a great extent	3= to a moderate extent	2 = to a small extent	1 = to a very small extent
---------------------------	-----------------------	-------------------------	-----------------------	----------------------------

2. To what extent is working collaboratively with other partnering agencies a success?

5= to a very great extent	4 = to a great extent	3= to a moderate extent	2 = to a small extent	1 = to a very small extent
---------------------------	-----------------------	-------------------------	-----------------------	----------------------------

3. To what extent is working collaboratively with parents a success?

5= to a very great extent	4 = to a great extent	3= to a moderate extent	2 = to a small extent	1 = to a very small extent
---------------------------	-----------------------	-------------------------	-----------------------	----------------------------

4. To what extent do you feel the outcome of safety for the child and family is being achieved?

5= to a very great extent	4 = to a great extent	3= to a moderate extent	2 = to a small extent	1 = to a very small extent
---------------------------	-----------------------	-------------------------	-----------------------	----------------------------

5. To what extent do you feel the outcome of wellbeing for the child and family is being achieved?

5= to a very great extent	4 = to a great extent	3= to a moderate extent	2 = to a small extent	1 = to a very small extent
---------------------------	-----------------------	-------------------------	-----------------------	----------------------------

6. To what extent do you feel the outcome of permanence for the child is being achieved?

5= to a very great extent	4 = to a great extent	3= to a moderate extent	2 = to a small extent	1 = to a very small extent
---------------------------	-----------------------	-------------------------	-----------------------	----------------------------

7. To what extent is the outcome of family and community support achieved?

5= to a very great extent	4 = to a great extent	3= to a moderate extent	2 = to a small extent	1 = to a very small extent
---------------------------	-----------------------	-------------------------	-----------------------	----------------------------

8. Overall to what extent are you satisfied with the ‘partnership’ of the collaboration?

5= to a very great extent	4 = to a great extent	3= to a moderate extent	2 = to a small extent	1 = to a very small extent
---------------------------	-----------------------	-------------------------	-----------------------	----------------------------

9. Overall to what extent has the shift to the OBSD/CSD framework been challenging for you?

5= to a very great extent	4 = to a great extent	3= to a moderate extent	2 = to a small extent	1 = to a very small extent
---------------------------	-----------------------	-------------------------	-----------------------	----------------------------

10. What is the one thing that helped you embrace this collaboration? / What is the one thing stopping you from embracing it?

11. What is a specific action that will help the partnership grow in alignment with the OBSD/CSD philosophy?

Appendix B
Participant Consent Form - Professionals

Project Title: An Evaluation of Service Delivery Models at Chimo Youth Retreat Centre

Researcher:

Oshone Akpoghomeh
Sociology student at MacEwan University
Phone: (780) 709-5736
Email: akpoghomeh@mymacewan.ca

Supervisors:

Mandy Halabi
Field Placement Supervisor
Chimo Youth Retreat Centre
Phone: 780-237-8145
E-mail: mandy@cyrc.ab.ca

Dr. Michael Gulayets
Research Supervisor
Department of Sociology, MacEwan University
Phone: 780-633-3652
E-mail: GulayetsM@MacEwan.ca

Purpose of the Research:

- This research is aimed at evaluating the Collaborative Service Delivery (CSD) Model.
- The project will not evaluate staff members, but will focus on service delivery.

Procedures:

- This research will use both surveys and interviews to gather information for the purpose of this study.
- Interviews will be about 30 minutes and will be audio recorded to aid the data collection. Interviews will be conducted with parents, supervisors and caseworkers of the Chimo Youth Retreat Centre and its partnering agency the Child and Family Services.

Potential Risk:

- There will be minimal risks involved as a participant in this interview. You may feel some discomfort in discussing your role or experiences as a caseworker or as a supervisor currently operating under this new Collaborative Service Delivery (CSD) framework.

Potential Benefits:

- There are no direct benefits to you as a participant in this study. However, by consenting to participate in this interview you will be assisting to gain a better

understanding of how collaboration in CSD framework has been possible and further address challenges.

Confidentiality:

- All information shared in the course of the interview will be kept strictly confidential and will not be shared with any other staff members at this agency or any other agency.
- All audiotaped recording will be stored in a password-protected device and will only be accessed by, the researcher.
- The researcher will be the only one to have complete access to the information discussed during the interview. All data will be stored in a locked filing cabinet at MacEwan University or on a password protected computer.
- The researcher will use the information gathered from the interviews for academic research. However your name or identifying information will not be used in any of the presentation or reports.

Right to withdraw:

- Your participation in this study is completely voluntary and there are no expectations for you to participate. Also if you decide to participate or not it will have no effect on your employment. You may only answer questions you are comfortable with and if you feel uncomfortable at any time you have the right to stop the interview without any explanation or penalty.
- You have the right to have the audio recorder turned off at any point of the interview and whatever information shared at that point will not be included in the research.

Questions or Concerns:

- If you have any questions or concerns about your participation in this study please contact me or my supervisors using the information at the top of page 1.

Questions or Concerns about Ethical Conduct:

- This project has been approved on ethical grounds by the MacEwan University Research Ethics Board on December 2nd 2016. Any question regarding your rights as a participant may be addressed to the Board at 780-633-3274 or REB@macewan.ca

Documenting Consent:

- Signing this consent form does not constitute a waiver of legal rights in the event of research related harm.
- My signature below indicates that I have read and understood the description provided
- I consent to participate in the research project and to have tis interview audio recorded. A copy of this consent from has been given to me for my records

Name of Participant

Signature

Date

Researcher's Signature

Date

Appendix C

Interview Schedule for CFS & Chimo Supervisors, Chimo Coordinators and CFS Caseworkers

I am interested in your perception on the Collaborative Service delivery Model. This is not an evaluation of the staff involved. I will not ask you about specific clients. If you chose to share information about clients, I will not use that information in my research.

1. How long have you worked with the agency?
2. In general, what has your experience being?
3. Do you have any experience working with the previous model?
4. What do you think were some of the challenges of the Risk Aversive practice?
5. How do you feel about the current Collaborative Service Delivery model?
6. Are you familiar with the guiding principles of the CSD model? If yes do you believe in their implementation?
7. Does this mean better outcomes for the families and children involved?
8. What is your experience in shifting from the Risk Aversion to the CSD model?
9. What part of this experience are you currently adapting to? (would this experience be the same as some of the challenges you are facing right now?)
10. What are some of the successes you have had working under this model?
11. What are some of the challenges you have experienced in this shift?
12. What has helped you so far to perform your duties under this model?
13. How would you describe your relationship with the staff members in Chimo and in child and Family Services?
14. How would you describe your experience working collaboratively with parents?
15. What do you think hinders the collaboration of staff member from working together?
16. What do you think will facilitate a more successful collaboration?

Appendix D
Interview Schedule for Parents

I am interested in your perception on the Collaborative Service Delivery Model. This is not an evaluation of the staff members involved. I will not ask you to share any information regarding your family conditions, status or any information about your children as clients of the service. However if you do share any of this information I will not include it in my research.

1. How long have you received services from Chimo or Child and Family Services?
2. Are you aware of the shift in practice to collaborative service delivery?
3. How did you know about this shift?
4. How do you feel about the new model including you in the decision-making process?
5. How has that impacted the service you receive?
6. How would you describe your relationships with the front-line staff?
7. What are some of the challenges you experience now being part of a team and working alongside the front-line staff?
8. How do you think this collaboration can be made better?
9. So far what outcomes do you think the new model will provide?

Appendix E
Participant Consent Form - Parents

Project Title: An Evaluation of Service Delivery Models at Chimo Youth Retreat Centre

Researcher:

Oshone Akpoghomeh
Sociology student at MacEwan University

Supervisors:

Mandy Halabi
Field Placement Supervisor
Chimo Youth Retreat Centre
Phone: 780-237-8145
E-mail: mandy@cyrc.ab.ca

Dr. Michael Gulayets
Research Supervisor
Department of Sociology, MacEwan University
Phone: 780-633-3652
E-mail: GulayetsM@MacEwan.ca

Purpose of the Research:

- This research is aimed at evaluating the shift to the Collaborative Service Delivery Framework.

Procedures:

- This research will use interviews as a tool to gather information about the Collaborative Service Delivery Model.
- Interviews will be about 20 minutes and will be audio recorded to aid the data collection. Interviews will be conducted with parents, supervisors and caseworkers of the Chimo Youth Retreat Centre and its partnering agency Child and Family Services.

Potential Risk:

- There will be minimal risks to you as a participant in this interview.
- There is a possibility that other people like the staff members will know about your participation in the interview for this research project. As a result you may feel uncomfortable.
- You may also feel uncomfortable in discussing your involvement with this agency.
- If you feel any emotional discomfort or stress, I will stop the interview and you may talk to a staff member if you wish.

Potential Benefits:

- There are no direct benefits to you as a participant in this study. However, by participating in this interview you will be assisting to gain a better understanding of

how collaboration in CSD framework has been possible and further address challenges.

Confidentiality:

- All information shared in the course of the interview will be kept strictly confidential and will not be shared with anyone else especially the staff members of the agency.
- All audiotaped recording will be stored in a password-protected device and will only be accessed by me, the researcher.
- I will be the only one to have complete access to the information discussed during the interview.
- I will use the information gathered from the interviews for my academic research. However your name or identifying information will not be used in any of the presentation or reports.

Right to withdraw:

- Your participation in this study is completely voluntary and there are no expectations for you to participate. Also if you decide to participate or not it will have no effect on the services you or your child receives at this agency. You may only answer questions you are comfortable with and if you feel uncomfortable at any time you have the right to stop the interview without any explanation or penalty.
- You have the right to have the audio recorder turned off at any point of the interview and whatever information shared at that point will not be included in the research.

Questions or Concerns:

- If you have any questions or concerns about your participation in this study please contact me or my supervisors using the information at the top of page 1.

Questions or Concerns about Ethical Conduct:

- This project has been approved on ethical grounds by the MacEwan University Research Ethics Board on December 2nd 2016. Any question regarding your rights as a participant may be addressed to the Board at 780-633-3274 or REB@macewan.ca

Documenting Consent:

- Signing this consent form does not constitute a waiver of legal rights in the event of research related harm.
- My signature below indicates that I have read and understand the description provided
- I consent to participate in the research project and to have this interview audio recorded.
- I read and explained this Consent Form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it.

Name of Participant

Researcher's Signature

Date