

C A R E

Children at Risk of Entering Care



Background

- Child Welfare Transformation
 - One of the pillars emphasized community collaboration and partnerships
- Several similar programs are in existence that draw from common principles
 - (YAP, ICFS, KFT, Family Group Conferences, Wraparound)

- Children's Mental Health Organizations are very familiar with the clientele of CAS's
- There has been a long history of working partnerships between the two sectors
- There is a great need for quick access to service
- A need to do things differently – the status quo is not as effective as it could be

Common Principles

- Collaboration
- Communication
- Time Limited Brief Service
- Client Centered
- Achievable Goals
- Family Readiness
- Mutually accountable
- Joint ownership

C A R E Today

Partnership between:


- Yorktown Child and Family Services;
- The Etobicoke Children's Centre;
- The George Hull Center;
- Children's Aid Society of Toronto; and,
- The Catholic Children's Aid Society of Toronto





What is CARE?

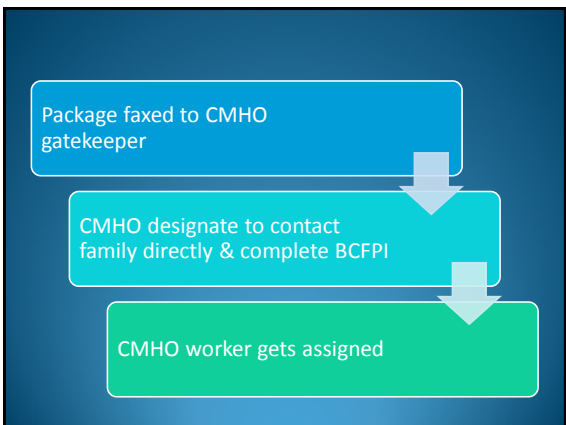
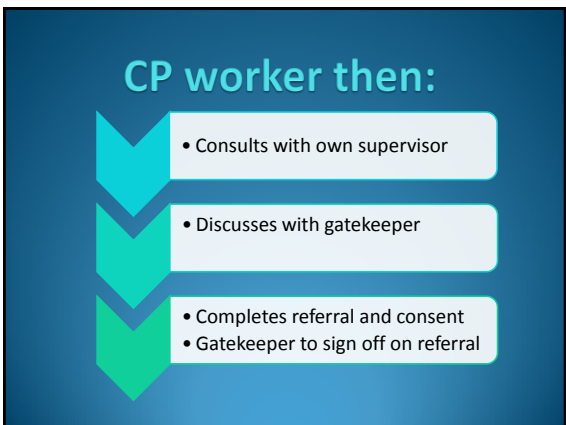
- Short term intensive service aimed at keeping children out of care or faster reunification of children back into the home
- Collaboration between CAST, CCAS, Yorktown, ECC and George Hull
- For families with children aged 0 to 18 years
- Not a mandated program

- 12 weeks in duration - average of once a week
- Often in the family home or community (as determined by client)
- Client centered and driven
- Child welfare believes that the family has the ability and strengths to succeed

- ### Criteria for Referral
- Risk of admission to care
 - Assistance with re-unification
 - Problem recognition
 - Emotional stability
 - Client's Ability to participate and comprehend process
- 

- Trauma is not the focus
 - Good working relationship & communication with the CP worker and an openness to working with a CMHO worker
 - Family focussed with achievable goals
- 

- ### Family Identified for Service
- CP worker to assess whether a family would benefit from CARE
 - CP worker to have a thorough discussion with the family
 - Discuss the referral process and the need for a consent
- 



Contact with the Family

CMHO worker contacts CAS worker and meeting is set

Initial family meeting and service begins

Who's Benefitted?

- There have been a total of 21 referrals made by the two CAS's to the three CMHOs.
- 10 families have completed and benefitted from service
- 9 are currently ongoing in the service
- 2 families did not complete the service

Why is this a benefit?

- Families see that everyone is on the same page and goals are clear to everyone
- The service goes to where the family is at
- It feels achievable and obtainable for the families involved
- Quick access to service
- CMHO can navigate the families through additional services without going back on lengthy waitlists
- Additional supports become available to families in this service as needed

Challenges

- Time consuming
- No additional resourcing
- People on waitlists at a CMHO may have to wait a bit longer for service
- Shift in philosophy



Success Stories



Next Steps

- Increase capacity to allow more referrals
- Outcome and evaluation process is being developed
- Engage in ongoing cross sector training and de-briefing
- Examine pre and post measures

Questions

