

# The Child Welfare and Hamilton Family Health Team Community Partnership Project

## Facilitating Effective Differential Response Through Enhanced Partnerships

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# Disclosure

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- No financial interests or membership affiliation associated with the presentation

# Objectives

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- Why is primary care and child welfare engaged in a partnership and how does this work?
- How has it influenced our work with families?
- What have we learned?
- What next?

# Rationale for the Partnership between Child Welfare and HFHT

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*To strengthen relationships between the C/CAS and the HFHT in order to reduce barriers so that families can receive timely, effective and the least intrusive services.*

# Goals of the Partnership

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- Develop a Collaborative Service Model
- Enhanced Services for Families
- Develop a Collaborative Partnership between the family practices and child welfare

# Challenges in both sectors:

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## Primary Care:

- Reporting to C/CAS could compromise relationship with family
- Family practice is fast paced environment – limited time to consult with C/CAS
- Family practice works in isolation from community
- Previous history and stigma associated with child welfare

# Challenges cont'd

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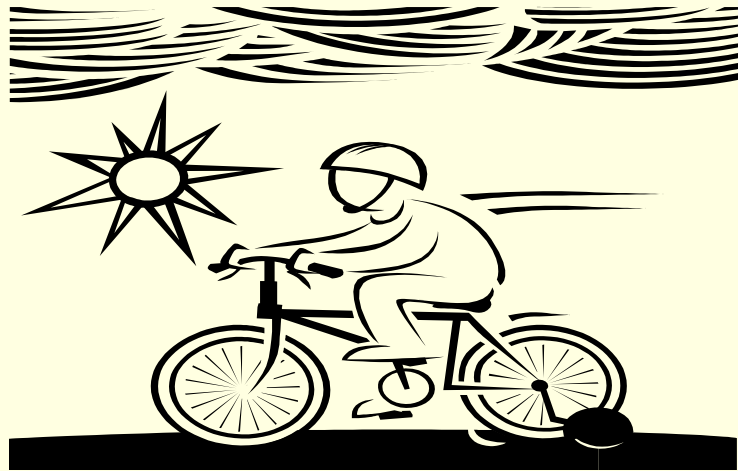
## **Child Welfare:**

- Difficulty accessing the family physician
- Lack of response/reply to inquiries made by C/CAS
- Information is vague and not timely

# The Child Welfare Story...

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- Where we've been and where we are today





# Where we have been:

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- 1998-2000 - Child Welfare Reform following on the Child Mortality Task Force
- 2000 - Changes to CFSA to
  - a) lower the threshold for reporting
  - b) include Neglect and Emotional Harm (Domestic Violence)
- 1999 - Introduction of the Risk Assessment Model province wide with standardized expectations

# Child Welfare Reform led to:

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- Practice emphasis on standardized, investigative, forensic approach to families
- Significant increase in reporting – more investigations, more children in care, more court work and more staff
- Substantial incorporation of families with Domestic Violence as an issue
- Loss of collaboration with families and services in the community

# Where we are:

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- Introduction of Child Welfare Transformation Ontario wide in 2006
- Revisions to the Child and Family Services Act in December 2006
- Introduction of Revised Practice Standards in April 2007

# Vision of Transformation

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To develop an effective, sustainable system that protects children at risk of maltreatment and improves their quality of life by collaborating with each other, with families and with community partners.



# Changes at the front door:

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- Differential Response (DR) for child welfare practice
- Validation of Kinship as an option for children
- Alternate Dispute Resolution
- Funding for Community Capacity Building

# Differential Response for Investigations

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- Traditional (forensic) approach:

Child has sustained harm that is severe or may result in criminal charges. Often jointly conducted with the Police.

- Customized approach:

Moderate or less severe cases. Engagement and collaboration with family to protect children and build strengths.

# Differential Response for Ongoing Case Management

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- Collaborative practice with families
- Child focused, family centered, strengths based approach to planning
- Linking families to informal supports and community services
- Early awareness of all potential options for permanency for children

# Anticipated Outcomes of Transformation

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- Families involved in planning for their children
- Stability plans for children established sooner and earlier involvement with extended family
- Collaboration with formal and informal community services
- Children linked to their culture, heritage, faith and community traditions
- Families better engaged with their supports
- Higher quality face to face contact between workers and families/children



# DR - The perspective of community service providers:

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- A call to provide broadly based information on strengths as well as potential risks
- An invitation to family centered conferences
- Engaged participation in plans for children and their families

# Eliminating Barriers and Building on Successes Grant

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- MCYS funded
- Supports Child Welfare Transformation Agenda
- Partnership – C/CAS and HFHT
- 3 Family Practice “pilot sites” with Child Protection staff (2 = 1.1 FTE) assigned to “pilot sites”

# Partnership Objectives:

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- Child and family focused interventions
- Families have timely access to help
- Increased customized child welfare responses
- Coordinated access to supports for families who require ongoing services

# Partnership Objectives cont'd

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- Identify the barriers to collaborative service and improve collaboration (C/CAS & HFHT)
- Development of protocols to enhance communication and strengthen relationships
- Mutual education for each partner agency to the collaboration
- Evaluate – Pre/Post Survey's, Focus Groups

# Goals of the HCP at the practice:

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- Emotional and physical safety of children
- To cultivate, enhance and sustain HCP/patient relationships
- To provide young mothers who are struggling with a sense of empowerment and confidence by mobilizing their strengths
- Connect families with available services and resources required to promote safe secure environments for raising children

# Family Collaboration in Action

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- Jinny and Haley
- Alicia and Angelina
- Barbara, Shawn and Lilyana

# The HCP's experience:

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- Families learned to trust the dual relationship
- I actually saved time by sharing the burden of care and responsibility
- I had a lens to what was happening at home
- Children remained at home with their parents
- Health care needs were met



# Successes

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- Improved communication has reduced barriers
- Collaboration has lead to increased opportunities for joint service planning for families
- Earlier identification of at risk children and families
- Increased capacity for CPW to develop a positive helping relationship with families



# Successes

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- Improved coordination of health services and resources for children and families
- Positive impact on the quality of work life for service providers
- Did not fracture the relationship between the family and the family practice

# Evaluation - What Did We Find Out?

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# Evaluation – Outcome #1

## Collaborative Service Model

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- Greater Visibility & Understanding of services
- Improved Communication & Trust
- Increase in coordinated actions (180 joint case consultations / planning)
- Increased consultations reduced referrals = 39 referrals

# Health Care Provider focus group:

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- *“Having a specific contact person at the agency was nice because frankly then you don’t have to guard what you are saying”*
- *“...at start of the pilot I was worried that having a case worker presence might infringe upon the ‘safety’ or ‘safe haven’ feel of our practice – but I was very happy with the experience and found it did not threaten our practice environment”*
- *“Face-to-face contact with all members of the team was key”*

# HCP feedback cont'd

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- *“We can close a case faster because we know they have supports in place and we have regular contact with these supports and will know if things are going well.”*
- *“I don’t hear the negative anymore when it comes to staff talking about children’s aid.”*

# Outcome #2 - Enhanced Services for Families

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- **100%** customized investigations
- **32** Family Network mtgs.
- **53%** evidence of families engagement

## Caregiver feedback:

*“I didn’t have to repeat everything again”*

*“ I felt supported....very much so”*

*“I feel like this project should be made available to more people....feel it saved us and our baby.”*

# Outcome #3 – Collaborative Partnership

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- **75%** strongly agree that committee shared a common vision
- **Open and Clear Communication** processes established
- **Sustainable funding established** at mid pt. of project and commitment from both organizations to continue collaboration

*“This project reinforces what Transformation is all about”*

# Lessons Learned:

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- Leadership required in both sectors
- Establish open communication early
- Relationship is key component
- Easy access to identified CPW
- Be prepared to work out challenges together
- Learn the culture of the organizations
- Flexibility and creative approach needed from Child Welfare Agency



# Next Steps:

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- Continue collaboration
- Explore expansion
- Maintain the consistency and transparency of the collaboration
- Operations group will continue to meet to “troubleshoot”

# Thank You

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Hamilton Children's Aid Society  
Hamilton Catholic Children's Aid Society  
Hamilton Family Health Team  
Core Care Practice  
Hamilton Community Health Centre  
Dr. Lummack's Practice  
Kate Feightner, Susan and Matt Goodman

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