



Enhancing Collaboration Between Children's Aid Societies and Adult Mental Health Services: Recommendations to Minimize the Risk for Future Abuse and Homicide




Robin Mason, PhD
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Funded by: 

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"Recommendation to the Ministry of Child and Youth Services:

To address the need for improved service coordination in cases where a parent's adult mental health is a concern, it is recommended that MCYS require that CASs, in collaboration with mental health services in their communities, develop a protocol for working with parents experiencing mental health difficulties. Such a protocol should, at minimum, outline the importance of discharge planning when patients are leaving the hospital to resume their parenting role. In addition, a protocol could include a collaborative case conference format which will assist with critical and dynamic information sharing allowing for a more coordinated service response, enhancing safety for children in these cases."

Domestic Violence Death Review Committee
 2013-14 Annual Report

Office of the Chief Coroner for Ontario
 October 2015



Today's Objectives



- I. Review Connections: DV, Mental Health, and Child Protection
- II. Describe Activities of the Collaborating Across Sectors (CAS) Project
 - Environmental scan of literature
 - Key informant interviews
 - Children's Aid Society manager and frontline staff surveys
 - Women with Lived Experience survey
 - Stakeholder Symposium
- III. Present Analysis and Findings
- IV. Outline Principles for Action and Recommendations



Collaborating Across Sectors Objective:

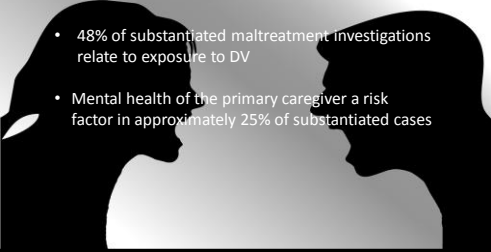
To develop recommended *Practices for Enhancing the Collaboration Between Children's Aid Societies and Adult Mental Health Services* rooted in the expertise and experiences of those working in these sectors, that could be implemented over time and serve as the first-step in a more coordinated, collaborative system of care for children and their families.



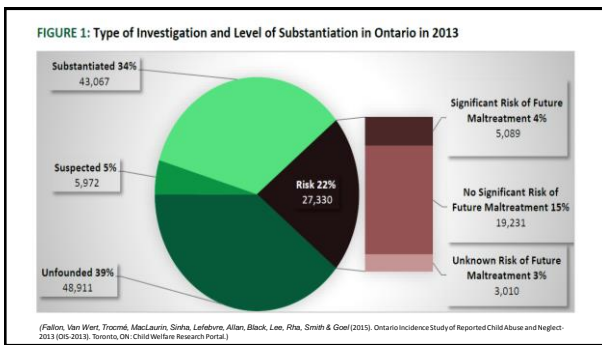
CAS and VAW Collaborations were mandated in 2003



Canadian Child Welfare Research Portal
 Fallon, et al. (2015). Ontario Incidence Study of Reported Child Abuse and Neglect, 2013



- 48% of substantiated maltreatment investigations relate to exposure to DV
- Mental health of the primary caregiver a risk factor in approximately 25% of substantiated cases



Similar Missions, Visions, Values?

Children's Aid Societies

- Promote the welfare of children, youth and families through leadership, service excellence and advocacy (CAKAS)
- Support the healthy development of individuals, children, families, and communities through prevention, protection, counselling, education and advocacy services... (JF&CS)
- Provide for a life of quality, well being, caring and healing for our children and families in the Toronto Native Community (NCFST)
- Provide social services that protect children and strengthen family life (CCAS)

Adult Mental Health Services

- Facilitate access to the resources people require to maintain and improve mental health and community integration, build resilience, and support recovery from mental illness (CMHA)
- Improve Lives (CAMH)

Similar Values and Approaches?

Children's Aid Societies

- Collaboration
- Partnership; Teamwork
- Accountability; Transparency
- Human dignity
- Leadership
- Respect for cultural, racial and individual differences
- Right to self determination
- Professional Excellence
- Personal, political & social advocacy
- Evidence based practice
- Progressive learning
- Place the needs of children & youth first
- Innovation
- Courageous

Adult Mental Health Services

- Social responsibility
- Capacity building
- Integration
- Courage
- Respect
- Excellence
- Accountable; Transparent
- Collaboration
- Social change
- Embrace marginalized voices
- Promote inclusion
- Use evidence to inform practice
- Ignite discovery and innovation
- Influence policy; develop resources
- Build partnerships

Who is the client?



Data Collection

Literature Scan



Method



Databases:

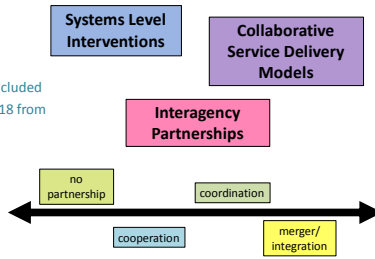
- MEDLINE, EMBASE, SOCIAL WORK, PSYINFO, and Sociological abstracts
- Google Scholar and MEDLINE

Key Words:

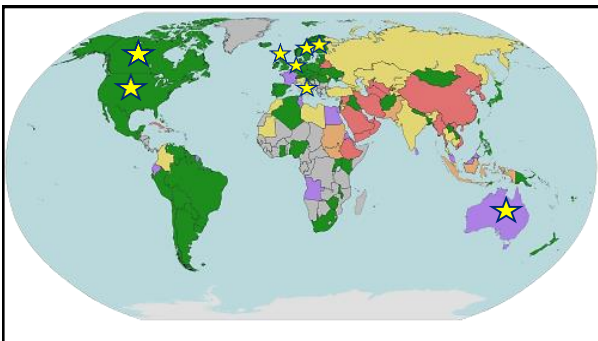
- ([Parental mental illness](#) OR [Parental mental health](#)) AND ([child welfare](#) OR [child protection](#) OR [safeguarding](#) OR [mental health social work](#) OR [child protection social work](#)) AND ([intervention](#) OR [implementation](#) OR [interagency](#) OR [collaborative models](#) OR [guidelines](#)) AND ([evaluation](#))




Results: 25 articles that included evaluation of interventions (18 from the academic literature)



Referencer: Frost (2005)



Summary 

Success requires

- clarity of roles
- relationship building
- authority to act
- effective communication b/w agencies

Promising Practices


- Interagency protocols
- 'Champions'
- Legislated, mandatory practices

(Luckock 2015, Beardlee et al 2012, Webber et al 2013, Clark and Smith 2009, Davidson et al 2012)

Data Collection 

Key Informant Interviews




Purpose & Method 


Purpose:
To explore perceived barriers and opportunities to increase cross-sectoral collaboration

Method:
Semi-structured interviews with Advisory Group members
• 7/10 represented Children's Aid agencies

Analysis resulted in **5 themes**




**What are the barriers?
What would make
things better?**



WCH CAS
Project
Collaborating Across Sectors

Findings: Barriers




WCH CAS
Project
Collaborating Across Sectors

"[CAS] workers see it as time consuming, cause it's hard to reach people...the supervision that the workers get doesn't reinforce why you need to talk..."

"Mental health [of a client] and its effect on parental functioning is simply not taken into consideration by mental health service providers"

"CAS workers can be insensitive to the needs of mothers with mental health concerns and instead use a diagnosis as justification for removal of her children"

Findings: 1. Education on Roles & Mandates



WCH CAS
Project
Collaborating Across Sectors

"To improve our (CAS) work, mental health professionals need to better understand the role of CAS and their mandate; what is it that CAS is doing, what are they allowed to do, and what are the preventative services they offer"

"[C]riticisms are largely related to the fact the that we have a lack of knowledge about each other—lots of missteps—if we learn about each other's mandates and what we can and cannot do the better we are going to be"

And on Mental Health, Its Association With IPV, Risk, & Parenting



"Adult mental health services need to have a developmental perspective on how mental health impacts a parents ability to provide good care to their children, how a lack of stimulation can have detrimental effects as it can change the brain architecture of a child"

"Training needs to go the opposite way—mental health professionals need to know that CAS needs to speak to them and when speaking with a CAS worker, we all need to be clear about what information we find helpful...understand that we are doing an ongoing risk assessment"



Findings: 2. More In-Person Contact & Increased Visibility



"I believe collaboration is most effective when we sit together. Collaborations work best when we actually sit in the same office together"



"all three systems (Violence Against Women, CAS, mental health) are huge—so being visible in each other's sector is critical....having mental health being visible in child welfare [makes it so that] it doesn't feel like you are referring to someone to a machine—need to see people in the system, make the systems more human, which builds trust"



Findings: 3 Collaborative Case Conferences



"We [CAS] have that option of conferencing...invite mental health providers and say here are the issues, let's all sit at the table and conference this and see how we can all work together...what's the best for the kids and for the family?"

"They [adult mental health service providers] need to consult with CAS ahead of time...in a preventative fashion...even an anonymous consultation is better...especially when safety planning"



"Take the service agreement route—let's meet often and early rather than wait for a crisis"

Findings: 4. Consent to Share Information

"the clinician needs to explain [to the parent] how sharing information will improve their ability to get optimal care to the patient and their child...the clinician can play a role in de-stigmatizing child welfare services... [they can explain to the client that CAS] can help facilitate your child's wellbeing and we need to share this information to do that"



"we must try and get consent up front—the mental health worker could say [to the parent], we should maybe contact CAS and let them know what's going on"

Other Issues

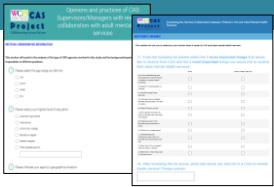
When making recommendations to Ministry, take Indigenous experiences with CAS and other cultural considerations into account

Suggest CAS and adult mental health providers adopt a "trauma-informed" and "client-centered" approach when working with mothers and caregivers, particularly in the context of domestic violence


Consider the needs of fathers as well as mothers

Data Collection

Surveys of Children's Aid Society Managers & Frontline Staff



Purpose & Method




WCHI CAS Project
Collaborating Across Sectors


Purpose: To collect and document the practices and experiences of CAS managers and frontline staff, with respect to collaboration with adult mental health services and with a particular focus on DV

Procedure:

- Developed surveys with input from Advisory Group and;
- Drawing upon an Australian tool (Frederico, 2014)
- Online Survey #1 for Managers; Online Survey #2 for frontline staff
- Surveys reviewed and revised by Advisory Group
- Final versions translated into French
- Survey link emailed to 47 CAS Directors of Service
- 2 weeks to complete (3 reminders)




Findings




WCHI CAS Project
Collaborating Across Sectors

339 respondents
(120 managers + 219 frontline staff)



Findings: Demographics



WCHI CAS Project
Collaborating Across Sectors


Please select the age range you fall into:

Answer Choices	Total	
	N=338	%
<25	11	3%
25-44	176	52%
45-60	140	41%
60+	11	3%

Education:

Bachelor's degree 170 49%

Managers → Master's degree 130 38%



Demographics

55% of agencies were located in urban settings

26% in rural settings

18% in suburban settings

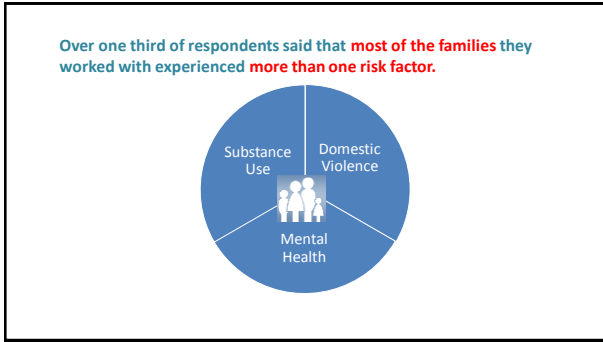
Demographics

Very experienced staff: 56% with more than 11 years of experience; 21% with more than 6 years

22% work with a specialized team (e.g. psychological services, community partners, substance abuse, family enrichment/parenting)

Findings: Safety/Risk Assessment

"I assess risk using multiple sources: paper documents, conversations, newspapers, media, family members, community members"
(Frontline staff member)



Safety/Risk Assessment

What information during treatment and at discharge **would be most helpful to you to ensure the safety of the child(ren)?**


More communication via shared progress notes to better understand the client's treatment plan, their willingness to follow that plan, and the supports (if any) they have in place to ensure that they and their children are safe.

Findings: Policies & Practices

Is your agency/personal practices guided by any policies, protocols, guidelines or memoranda of understanding to integrate multiple, collaborative responses to assist children and families?


Answer Choices	Managers N=90		Frontline Staff N=155		Total N=245	
	N	%	N	%	N	%
Yes	77	85%	107	69%	184	75%
No	8	9%	13	8%	21	9%
I don't know	5	6%	35	23%	40	16%

Respondents most commonly reported their workplaces/personal practices were **primarily guided by written protocols (78%) & written policies (67%)**

Policies & Practices 


Yet, protocols were not always effective.


"We have somewhere in excess of 40 protocols of varying nature and structure. The challenge is we have multiple service providers, multiple protocols, constantly changing and outdated protocols that staff cannot keep up to date on. It is not the lack of protocols that is the problem, it is keeping staff informed and keeping the protocols current. Some are far too complex and impossible for staff to retain all that is required. This is a very complex area that needs far more discussion than it gets. All agencies are not able to meet the demand and often do not have time or the resources for good protocol development" (CAS manager).

Policies & Practices 

Collaborative activities considered effective by managers and frontline staff:

- #1. Co-working with staff from other services
- #2. Case conferences
- #3. Access to external consultation
- #4. Co-training with staff from other services
- #5. Network Meetings



Findings: Enhancing Collaboration 

What would enhance communication between CAS and adult mental health service providers? (N=208)

Greater clarity of roles between services	154	74%
Practice guidelines/formal protocols for interagency involvement	144	69%
Transparent decision-making processes	134	64%

Enhancing Collaboration



"Just being able to get everyone to sit down at a table at one time and come up with a plan that is detailed and illustrates clearly who will complete which role would be powerful. And then communication, communication, communication. Along with a strong understanding that sometimes our mandates have us focused on different things and sometimes when we put the kids first, that could be at odds with what the other providers had planned for success for their client" (Manager)



Data Collection

Women with Lived Experience Survey



Purpose & Method



Purpose: To hear from women who had experience with concurrent CAS and adult mental health services

Procedure:

- Content developed by Advisory Group
- Drafted online survey
- Survey reviewed and revised by Advisory Group
- Survey distributed through an online network hosted by WomenatthecentrE
- Posted on the "news" section of their website



WomenatthecentrE:
A non-profit organization that works to eradicate violence against women through personal, political and social advocacy

Findings: Demographics



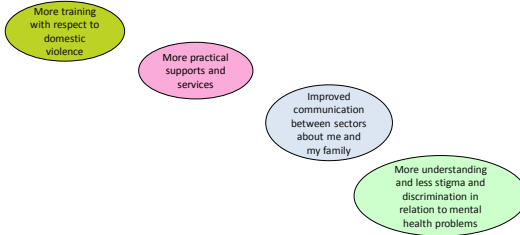
- Five women living in urban setting
- Majority currently receiving mental health service
- Accessed through hospital
- Treatment provided by a counsellor/therapist
- **None** had had their children removed from their care
- 4 of the 5 women accessed mental health prior to CAS involvement



Service Use cont'd





What would have made for a more helpful experience with these services?




Synthesis of Findings Across Data Sources: Identification of Key Focal Issues



Focal Issue 1					
Focal Issue	Data source				
	Literature Review	Key Informant Interview	Ontario Association of Children's Aid Societies Surveys	Women with Lived Experience Survey	
1. CROSS-SECTORAL TRAINING	X	X	X	X	

Focal Issue 2					
Focal Issue	Data source				
	Literature Review	Key Informant Interview	Ontario Association of Children's Aid Societies Surveys	Women with Lived Experience Survey	
2. COLLABORATIVE CASE CONFERENCES	X	X	X		

Focal Issue 3					
Focal Issue	Data sources				
	Literature Review	Key Informant Interview	Ontario Association of Children's Aid Societies Surveys	Women with Lived Experience Survey	
3. HOLISTIC APPROACH/ WRAP AROUND MODEL		X	X	X	

Focal Issue 4



Focal Issue	Data sources			
	Literature Review	Key Informant Interview	Ontario Association of Children's Aid Societies Surveys	Women with Lived Experience Survey
4. MENTAL HEALTH CHAMPION IN CAS LOCATIONS	X	X	X	

Focal Issue 5



Focal Issue	Data sources			
	Literature Review	Key Informant Interview	Ontario Association of Children's Aid Societies Surveys	Women with Lived Experience Survey
5. PROTOCOLS, SERVICE AGREEMENTS, MEMORANDA OF UNDERSTANDING	X		X	X

Symposium: Shaping Focal Issues into Recommendations

November 28, 2016



Purpose & Participants



Purpose

- Use nominal group technique to develop draft recommendations
- To develop **content** for recommendation

Participants

Stakeholders from across the province:

- 12 representing diverse Children's Aid agencies
- 4 active in the violence against women sector
- 4 held relevant positions in Ontario's Local Health Integration Networks
- 13 experienced in adult mental health services
- 2 from hospital or nursing settings
- + research team (3)
- 38 in total plus 4 notetakers



Principles and Final Recommendations



Principles for Action



Political Will



Principles for Action 


Equity




Principles for Action 

Cultural Sensitivity and Appropriate Interventions



Principles for Action 

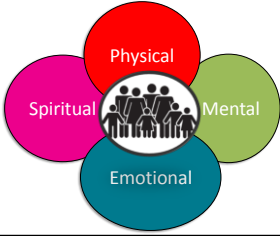
Trauma and Violence-Informed Care



Principles for Action

WCH CAS Project
Collaborating Across Services


Holistic Perspective



Recommendations

WCH CAS Project
Collaborating Across Services

1. Implement a Circle of Care Model at the Point of Contact




Recommendations

WCH CAS Project
Collaborating Across Services

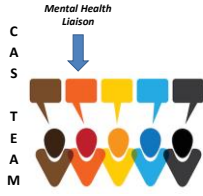
2. Integrate Mental Health Providers into Collaborative Case Conferencing



Recommendations 


3. Enhance the Role of Mental Health within Children's Aid Societies

Mental Health Liaison



C
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A
M

Recommendations 

4. Develop Standardized Policies, Protocols and Service Agreements to Manage Collaboration

Developed with input from cross-sectoral experts & service users

Adapted to local resources

Routinely reviewed and evaluated

Recommendations 

5. Mandate Ongoing Cross-Sectoral Training

