

CHILDREN AFFECTED BY SUBSTANCE ABUSE (CASA)

Phase 2 (2011):

***Impact of CASA-2 Training &
Consultations on Toronto Child Welfare
Workers' Knowledge, Skills & Confidence
in Serving Families with Substance Misuse***



FOR: Gavin Shaw, MCYS

FROM: CAS Toronto, Jean Tweed & Child Welfare Institute
Project Team Carolyn Ussher, Dave Fleming, Diane Smylie,
Debbie Schatia, Michelle Coutu
Evaluation Team Deborah Goodman, Connie Cheung, Kristen Lwin, Olivia Lu

DATE: March 2012 - Final Report

1.0 **BACKGROUND: CASA 1 (Apr. 2009 to Dec. 2010)**

In April 2009, through its *Eliminating Barriers - Building on Success (EBBS)* strategy, MCYS provided \$200,000 in funding for the “Children Affected by Substance Use” (CASA) 1 project. CASA 1 objectives were consistent with the Child Welfare Transformation Agenda and in particular, the *Differential Response Policy Statement*. CASA 1 represented an important collaboration between leaders in the substance misuse / women with addictions (Jean Tweed), child welfare (CAST), mental health (CAMH) and child welfare training (OACAS) sectors.

The aim of CASA 1 was three-fold:

a) To improve the practice knowledge, skills and best-practice competencies of child welfare Intake workers serving families with substance misuse issues (SA/SM CONSULTANT / KNOWLEDGE EXCHANGE INITIATIVE).

This was accomplished by placing a Substance Abuse (SA) consultant/trainer, employed by Jean Tweed, to work onsite with the CAST Intake Department. The SA-CASA consultant worked collaboratively with the Intake staff and families, provided a comprehensive, standardized training program, and provided a variety of knowledge exchange activities.

Partners: Children’s Aid Society of Toronto (CAST) & Jean Tweed Centre (JTC).

b) To develop a standardized, web-based, on-line Child Welfare ~ Substance Misuse training curriculum to be offered at the provincial level to Ontario child welfare workers (ON-LINE PROVINCIAL TRAINING FOR CHILD WELFARE ON SA/SM).

The partner agencies collaborated to develop an on-line curriculum.

Partners: CAST, JTC, Ontario Association of Children’s Aid Societies (OACAS), and the Centre for Addiction and Mental Health (CAMH).

c) To build upon previous sector collaboration to develop a Best Practices document for Intake workers who will be working with families who are struggling with substance misuse (INTAKE BEST PRACTICE GUIDELINES FOR SA/SM).

Partners: CAST, JTC, OACAS, CAMH, Catholic Children’s Aid Society of Toronto (CCAS).

1.1 **Summary CASA 1**

CASA 1 formally started in May 2009 with the creation of the *CASA Steering Committee*, an amalgam of lead representatives from the partner agencies. All project deliverables were completed by October 2010, with the Final Report submitted to MCYS December 31, 2010.

The CASA 1 results underscored the importance of improving worker knowledge, skills and competencies in the SA/SM area through receipt of best practice curriculum which is reinforced with interactive, ongoing learning opportunities via the specialist consultations. Workers found the layered learning approach (i.e., training with clinical experience with topic expert consultation) highly relevant. Analysis of case and worker data found the CASA 1 intervention resulted in positive outcomes for families and children at risk due to SA/SM (see Table 1 and Table 2 summaries). The CASA 1 findings informed the rationale for CASA 2 (January to December 2011). CASA 2 significantly extended the CASA Consultant/Knowledge Exchange Initiative portion to include all Family Service workers at CAST; as well, CASA 2 was initiated at the Intake departments at the other Toronto child welfare agencies: CCAS, Native Child & Family Services of Toronto (NCFST) and Jewish Family & Child Services (JF&CS).

2.0 SUMMARY CASA 1: Consultant Initiative Findings

As noted in Section 1.0 - Background, the rationale for expanding the Consultant Initiative in CASA 2 was informed from the learning and findings obtained from the CASA 1 evaluation. The findings are summarized in Table 1 and Table 2 below.

Table 1 SUBSTANCE ABUSE /MISUSE (SA/SM) CONSULTANT INITIATIVE		
SA/SM Consultant Deliverables	SA/SM Case Characteristics	SA/SM Outcomes
<ul style="list-style-type: none"> Development of five (5) separate, specialized workshops geared to child welfare staff Provided 90 workshops to 16 Intake teams (~108 staff) at CAST Provided 172 clinical consultations to workers Conducted 75 client visits impacting 366 children 	<ul style="list-style-type: none"> At CAST, Re-opened cases of any type account for approximately half of all cases investigated In the Eligibility Code, the service coding tool for child welfare, Section 5 [Caregiver Capacity] is where families with SA/SM are coded Section 5 accounts for 24% of ALL re-opened cases, and 3-in-10 cases where children are aged 5 and under Section 5: Scale 3 [Caregiver with a Problem] is the specific scale for coding SA/SM families Section 5: Scale 3 is the scale with the highest percentage of re-openings (16%). Analysis of the youngest and often most vulnerable cohort (children under 5 involved with child welfare and with court), Section 5: Scale 3 is the primary reason for service in one-third of cases (36.4%) vs. children under 5 involved with child welfare but no court involvement (18.9%) CASA cases do not differ in risk or prior openings from non-CASA cases In CASA cases the maternal and paternal characteristics do not differ from non-CASA cases 	<p>CASA Cases (n=13) vs. Non-CASA Cases (n=13)</p> <ul style="list-style-type: none"> CASA cases experienced less case closures vs. non-CASA cases ($\chi^2=4.75, p=.03$). CASA cases were more likely to have children spending less time in child-welfare care vs. non-CASA cases ($r=-.70, p=.05$). CASA cases were more likely to complete services vs. non-CASA cases ($\chi^2=8.03, p=.01$). No difference in # children placed in care between CASA vs. non-CASA cases CASA cases had greater access of community supports vs. non-CASA cases CASA cases had increased # of comprehensive service plans prior to transfer to Family Service <p>Workers Survey on SA/SM CASA 1 Training</p> <ul style="list-style-type: none"> 70% said “knowledge of community resources in SA” improved due to CASA training 70% said “confidence in providing SA service” increased due to CASA training 94% said “ability to provide more effective service” to SA families increased due to CASA training 94% said “ability to develop more comprehensive treatment plans” re- SA families increased with CASA training 75% said “CASA training helped improve skills in serving SA families” 80% said they were “satisfied with CASA 1 training” <p><i>Worker comments:</i></p> <p>“CASA [training] improved my skills as a worker in SA/SM cases. Information was practical and helpful. I feel that I am a better worker after the sessions and the mentoring while working with clients and the case consultations, not only in dealing with SA cases but in other issues that I encounter while working with our clients.”</p> <p>“I feel the [CASA] training has given me more confidence in advocating and understanding my clients, which will provide better outcomes for both parent and child.”</p>

Note: SA/SM Outcomes

- ❖ Non-CASA cases refer to families with SA/SM as a primary service code (53A-53B) but who did NOT receive CASA consultation or case service vs. CASA cases refer to those served by/involved the CASA worker.

Table 2 SUMMARY of CASA 1 CASE DATA ANALYSIS							
	BASELINE/08 3 months	July- Sept/09	Oct- Dec/09	Jan- Mar/10	Apr- Jun/10	July- Sep/10	Comments
	Baseline	CASA 1 start → CASA 1 end					
Total CAST Investigations	1880	1621	2107	2110	2302	1741	Quarterly fluctuations are typical re- total investigations over time
Total # 53A-53B [includes SA/SM & mental health as reason for CAS service]	324	347	331	368	361	283	53A-53B cases (SA/SM & Mental Health as Primary child protection issue) tend to constitute about 15%-20% of all investigations
% 53A-53B to All Investigations	17.2%	21.4%	15.7%	16.6%	15.7%	16.2%	
Total # SA/SM to Total 53A-53B	162/324	192/347	147/331	170/368	189/361	147/283	53A-53B SA/SM as the <u>primary</u> reason for CAS investigation are consistently 45%-55% of all 53A-53B cases;
% SA/SM only to 53A- 53B	50%	55.3%	44.4%	46.2%	52.3%	51.9%	
% SA/SM to All Investigation Types	8.6%	11.8%	7.0%	8.0%	8.2%	8.4%	53A-53B - SA/SM only are 7-11% of All investigations
Total # SA/SM	162	192	147	170	189	147	While overall % of 53A-53B to all investigations did not change significantly during CASA 1, the ratio of open to re-opened did show shifts with a reduction in the % of re-opened cases near the end of CASA 1.
Total # SA/SM Open 1 st Time	127/324 39%	66/192 34%	53/147 36%	61/170 36%	73/189 39%	61/147 44%	
Total # SA/SM Reopen 2+ times	197/324 61%	126/192 66%	94/147 64%	109/170 64%	116/189 61%	83/147 56%	
CASA Service	Not Available	33/192	49/170	75/170	41/189	49/147	Use of CASA consultant rose over project period from one-in four/one-in-five cases at start to one-third or more by project end and a higher use of workers re-cases vs. consultations
% of SA/SM cases		17.2%	28.8%	44.1%	21.7%	33.3%	
Consultations		25	37	56	24	30	
Cases	8	12	19	17	19		

2.1 Summary: CASA 1

The findings from CASA 1 evaluation methods found:

- ❖ **Significant positive impact regarding the CASA SA/SM Consultant Initiative on Intake worker knowledge, attitudes and competencies in serving child welfare families where SA/SM is the primary reason.** The methods of learning (e.g. interactive, ongoing curriculum trainings, formal and informal consultations, visits with families) was found to be very effective in relaying and building on evidence-informed, best practice skills.
- ❖ **Significant positive impact on the CASA 1 case outcomes suggest improved outcomes for families and children served by CAST with CASA service support and consultation.**

Based on the above findings, CAST, in continued partnership with Jean Tweed, submitted to MCYS a proposal for CASA 2 that would expand the CASA Consultant Initiative to include the family service teams at CAST and the Intake teams at CCAS, NCFST and JF&CS. The CASA 2 proposal was approved by MCYS, to occur between Jan-Dec 2011, with a funding budget of \$93,000.

The focus of this report is the results from the CASA 2 evaluation.

3.0 **CASA 2: Consultant Initiative – CAS Intake & Ongoing (Jan. to Dec. 2011)**

3.1 **CASA 2 Objectives**

Objectives of CASA 2, through the activities of the CASA Consultant Initiative, were:

- ❖ **To build on existing capacity to work effectively with families impacted by substance use by continuing to promote knowledge exchange and skill development based on best practices.**
- ❖ **To have the Substance Misuse Consultant provide workshops, mentoring, coaching and consultations to supervisors and key workers.**
- ❖ **To have child welfare participants engage in further knowledge exchange with their colleagues at the team level, to support broader knowledge and skills transfer.**

Some particular areas of heightened learning that were anticipated for the child welfare staff from receipt of the CASA 2 service:

- Assessing the strengths, risks, protective factors and impacts of substance misuse on the health and well being of children and caregivers.
- Acquiring a general base of knowledge of substance misuse and its complexities to inform practice.
- Assessing for and taking into consideration the oftentimes co-occurring factors that may play a role in the health and well being of children and families including: the effect of trauma, mental health issues, domestic violence, challenges of immigration, and the social determinants of health.
- Developing engagement skills when working with and assisting families.
- Identifying needs and gaps in service, and facilitating accessible community service referrals.
- Responding to the needs of children and caregivers in order to support their health and well being and decrease risks to children.

3.2 **Key Identified Outcomes**

Referencing the objectives in 3.1, the key CASA 2 outcomes that will be evaluated and measured are:

- 1) Through the training, support and consultation by the CASA Consultant to build on workers' (Intake and Ongoing) existing capacity to work more effectively with families.
- 2) To promote knowledge exchange and skill development within and across teams, Branches, Agencies and Sectors.

3.3 CASA 2 Consultant: Training

Each of the five CASA training's was approximately half day in length (2.5 to 3.0 hours); the combined five training topics are equivalent to a total of 2.5 days of training per worker. Team training vs. branch training was viewed as the preferred model to optimize team engagement and discussion. The CASA Consultant's training schedule for the four agencies took place over a 10-month period (see Table 3). For greater details on the curriculum by workshop, refer to Appendix A.

Table 3	Workshop 1	Workshop 2	Workshop 3	Workshop 4	Workshop 5
	Cannibis/ SDH	Hierarchy/ Stigma	Parent Capacity Risk /Protective	Engagement / Motivational	Testing Harm Reduction
	Jan-May	Mar-July	May- Aug	June-Sept	July-Oct

CAST –Ongoing [32 Ongoing Teams = n=200]					
Toronto (8 teams)	√	√	√	√	√
Scarborough (9 teams)	√	√	√	√	√
North York (6 teams)	√	√	√	√	√
Etobicoke (5 teams)	√	√	√	√	√
Supervisor/Select Staff (4 teams)	√	√	√	√	√

Toronto – Intake [Intake Teams n=35]					
CCAS-Intake	√	√	√	√	√
JF&CS-Intake	√	√	√	√	√
NCFST- Intake	√	√	√	√	√

3.4 CASA 2 Consultant: Consultation / Case Visit

Throughout the duration of the project, the CASA 2 Consultant provided service consultation on 160 cases across the four CAS agencies, she conducted 49 client visits and 30 follow up visits. Direct service was provided to a total of 269 children.

Table 4	CAST - ONGOING				CCAS / NCFST / JF&CS - INTAKE			TOTAL
	Tor	Scar	NY	Etob	CCAS	NCFST	JC&CS	
Case Consult	35	21	38	25	13	7	21	160
Client Visits	14	8	11	10	2	2	2	49
Follow Up	9	11	6	2	~	~	2	30
Total Children								269



3.5 CASA 2 Evaluation Methods

A multi-method approach was employed.

- √ Standardized survey (Survey Monkey tool) provided to all front-line staff who took the training; one version was for Ongoing staff at CAST and one for Intake staff at CCAS, NCFST and JF&CS. (Copy of the tools provided upon request).
- √ Focus groups with front-line, Ongoing workers at four community-based branches.
- √ Key informant interviews with Branch Directors on impact of CASA.
- √ Key informant interviews with CASA leads at NCFST, CCAS and JF&CS.



4.0 CASA 2 FINDINGS

4.1 CAST Ongoing Workers: Survey on CASA Training Impact

4.1.1 Staff Demographics - Ongoing

All Ongoing CAST staff was provided with the survey link. A total of 44 completed the survey. There were two demographic questions:

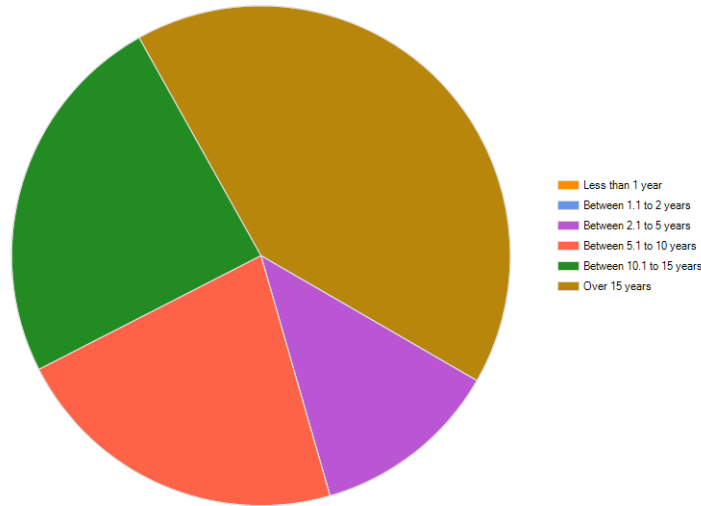
- 1) Years of experience in child welfare.
- 2) Prior to the commencement of the Jan 2011 CASA training, the amount of training they had received in the area of substance abuse/misuse?

Years of experience in child welfare (n=41)

Not surprisingly, as these are child welfare workers providing Ongoing protection service, over two-thirds have more than 10 years experience.

Less than 1 year	0%
Between 1.1 to 2 years	0%
Between 2.1 to 5 years	12.1%
Between 5.1 to 10 years	22.0%
Between 10.1 to 15 years	24.4%
Over 15 years	41.5%
TOTAL	100%

How many years of experience do you have in child welfare?

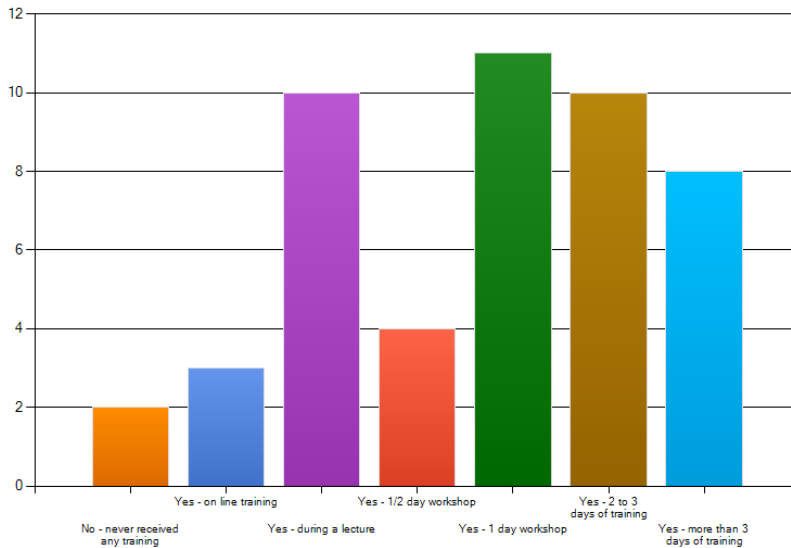


Amount of prior training in substance use/misuse (n=41)

Staff was asked to select the types of training they have had in SA (more than one type could be selected). The amount of prior training in substance abuse ranged from *none* (4.9%) to *more than three days of training* (19.5%). Overall, two-thirds of respondents had taken, prior to the CASA Consultant’s Workshop, a *half-day of training or more* on the topic. Half (51.2%) of these Ongoing staff selected a *one-day workshop* (26.8%) or *2-3 days of training* (24.4%) as the most common length of training.

No - never received any training	4.9%	Yes - 1/2 day workshop	9.8%
Yes - on line training	7.3%	Yes - 1 day workshop	26.8%
Yes - during a lecture	24.4%	Yes - 2 to 3 days of training	24.4%
		Yes - more than 3 days of training	19.5%

PRIOR to January 2011, have you had specific training in the area of substance misuse/abuse? Select ALL that apply.



Note: two-terms are used inter-changeably: *substance abuse* (SA) and *substance misuse* (SM).

4.1.2 Effectiveness of CASA Training – Ongoing (n=44)

The Ongoing CAST staff was asked a series of questions regarding *workshop attendance, the impact of the CASA trainings on knowledge, the relevance of the CASA SA/SM training to practice, the impact of that training on the worker's confidence, ability and development of skills in providing service to SA/SM families, and finally, their satisfaction with the training.* The range and summary of their responses is in Table 5.

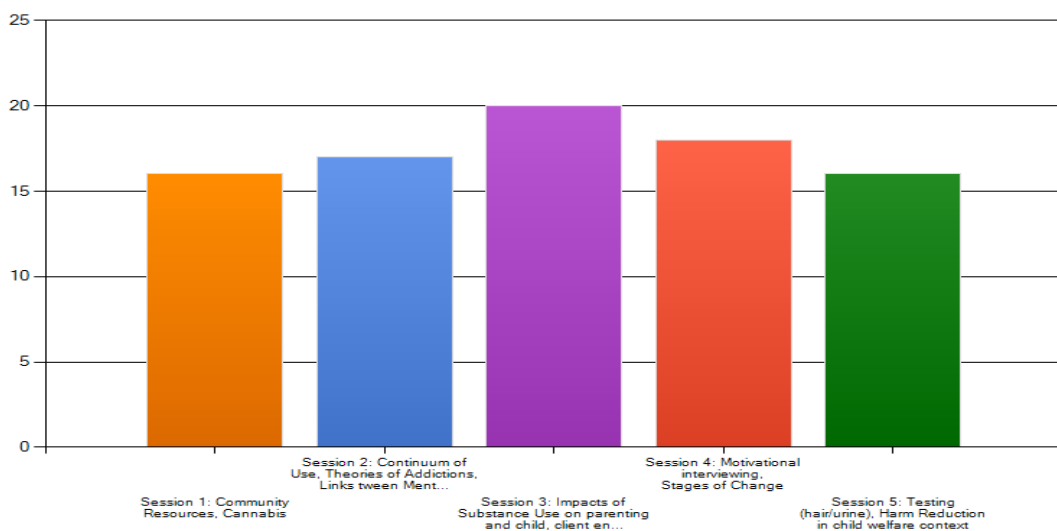
Table 5	AS A RESULT OF THE CASA 2 WORKSHOP TRAINING...						
	Attendance	Knowledge Gained About SA/SM	Relevance of CASA Training to Practice	Confidence in Providing More Effective Service	Ability to Provide More Effective Service	Ability to Develop More Comprehensive Treatment Plans	Improved Skills in Service SA/SM Families
CAST Workshops to Ongoing Staff	77.5% to 85% fully attended						
Knowledge Gained About SA/ SM							
<i>Much better</i>		29%-42%					
<i>Somewhat better</i>		55%-71%					
<i>Somewhat worse</i>		0%					
<i>Much worse</i>		0%					
Relevance of Training to Practice							
<i>Highly relevant</i>			66%-85%				
<i>Somewhat relevant</i>			15%-34%				
<i>Somewhat irrelevant</i>			0%				
<i>Not at all relevant</i>			0%				
Confidence in Providing More Effective Service							
<i>Increased a lot</i>				45%			
<i>Increased a little</i>				55%			
<i>Decreased a little</i>				0%			
<i>Decreased a lot</i>				0%			
Ability to Provide More Effective Service							
<i>Much improved</i>					27%		
<i>Improved</i>					73%		
<i>Worse</i>					0%		
<i>Much worse</i>					0%		
Ability to Develop More Comprehensive Treatment Plans							
<i>Much improved</i>						17%	
<i>Improved</i>						80%	
<i>Worse</i>						3%	
<i>Much worse</i>						0%	
Improved Skills in Serving SA/SM Families							
<i>Yes, definitely</i>							43%
<i>Yes, I think so</i>							54%
<i>No, I don't think so</i>							3%
<i>No, definitely not</i>							0%
Satisfaction with CASA 2 Training							
<i>Very satisfied</i>	61.5%						
<i>Mostly satisfied</i>	35.9%						
<i>Mildly dissatisfied</i>	2.6%						
<i>Very dissatisfied</i>	0%						

Note: two-terms are used inter-changeably: *substance abuse* (SA) and *substance misuse* (SM).

As noted in Table 5, the preponderance of 44 Ongoing CAST workers who provided data clearly valued and benefited from the CASA 2 Workshop trainings in the key outcome areas.

- ❖ **High attendance** (77.5% to 85% fully attended),
- ❖ **Knowledge improved regarding SA/SM** – it was either “*much better*” (29%-42%) or “*somewhat better*” (55% -71%),
- ❖ **Relevance of CASA training to practice** – two-thirds (66%) to more than eight-in-ten (85%) Ongoing staff indicated the training was “*highly relevant*”,
- ❖ **Confidence in providing more effective SA/SM service**- all Ongoing staff indicated their confidence was impacted at some level; 45% said their confidence had increased “*a lot*” and 55% indicated it had “*rose a little*”,
- ❖ **Ability to provide more effective service** – one-quarter (27%) indicated CASA 2 training “*much improved*” their ability to provide effective service and three-quarters (73%) said “*improved*”,
- ❖ **Ability to develop more comprehensive Treatment Plans** – almost all the workers (97%) indicated their ability in this area was either “*much improved*” (17%) or “*improved*” (80%)
- ❖ **Improved skills in serving SA/SM families** – nearly all (97%) of the workers who reported felt their skills in serving SA/SM families improved due to CASA 2, with 43% saying “*yes-definitely*” and 54% indicated “*yes- I think so*”
- ❖ **Satisfaction with CASA training** - two-thirds (61.5%) indicated they were “*very satisfied*” with CASA 2 training/consultation, one-third (35.9%) were “*satisfied*” and only 2.6% indicated they were “*mildly dissatisfied*”.
- ❖ **Use the CASA Consultant** - two-thirds (61.5%) had used a CASA consult.

Regarding the CASA trainings, please indicate the ones you attended? Select ALL that apply.



4.2 CAST Ongoing Workers: Focus Groups (n=20)

The focus groups with the Ongoing CAST workers at each of the four Branches further examined the worker experience with CASA 2 initiatives and the impact of CASA 2 strategies on worker thinking, attitude and practice. Each focus group was asked standardized questions.

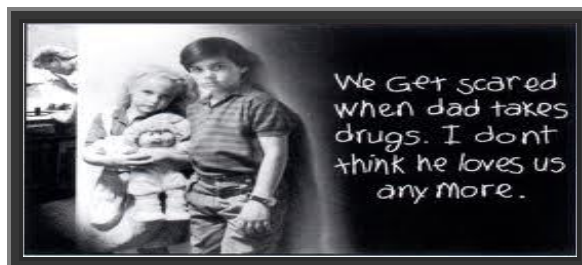
The Branches were asked to provide an overall rating of the CASA 2 Consultant Initiative; from each Branch the overall grade was “A” (where “A” = excellent, “B” = good, “C” = fair, “D” = poor).

Themes from the analysis of the aggregated responses are noted below.

1) What was the important learning you took away from the CASA 2 trainings?

Analysis of the data finds three key areas of change in workers: change in their knowledge, change in their skills, and change in their approach to managing the case.

KNOWLEDGE NOW – BETTER UNDERSTANDING OF SA/SM	SKILL NOW - ASK BETTER QUESTIONS	APPROACH NOW - BETTER CLIENT ENGAGEMENT
<p>“I ask more thorough questions to Motherisk – before I would have just sent the hair strand test and now I call and ask questions about whether it is worthwhile doing it and now when getting an interpretation I feel I have more knowledge”</p>	<p>“<i>Substance is not the biggest issue that you have to deal with. You deal with the family’s life (e.g., trauma, financial issues, and using substance to cope with these issues)</i>”</p>	<p>“More opportunity for clients to talk to us...I spend more time listening. I get better information about their life...now able to help with other aspects of their life.”</p>
<p>“<i>I now look at the protective factors and risk factors...I try to reduce the risk factors and increase the protective factors for recovery</i>”</p>	<p>“I had a mom with alcohol consumption; I had varied questions. It was great to go from the workshops to having a consultation to get a truer assessment.”</p>	<p>“<i>There is a refinement of practice; it has resulted in a stronger engagement, more easily able to identify features of resiliency, and use a solution focused framework.</i>”</p>
<p>“Now I have general and specific information about what has been proven to be effective and ineffective.”</p>	<p>“<i>Language. I am able to use more sensitive language. If I am accusatory it is hard to get to a resolution.</i>”</p>	<p>“Really, I now work to engage families; I have options to use.”</p>



2) What have you stopped doing since taking the CASA 2 trainings/consultations?

Workers across all the branches were consistent in their responses: Since the CASA training and consultation - they talk less and try and have the client talk more.

THEME 1: LESS AND MORE...

Less... "Less of trying to fix the problem."

More... "Realistic expectations."

"Listening instead of talking"

"Asking instead of telling"

"Learn to focus on the positive and mitigate the negative"

"Focus on motivational interviewing techniques"

"How to plan a conversation"

3) One thing you took away from the CASA trainings?

The "take-away" messages from the training appear to resonate differently with different workers. No one dominant theme emerged from the analysis, although the words "refinement" and "harm reduction" were frequently used.

"Further refine engagement skills"

"Elaborate on understanding community resources that are available"

"Refine expectations"

"All families are different"

"My attitude to methadone – I got a broader understanding"

"The impact piece around harm reduction vs. avoidance"

"The harm reduction focus was helpful"

"Asking more specific questions around the actual drug use"

"Clear reminder to focus on the impact on parenting"



4) Recommendations?

The unanimous request and their number one recommendation: *to have a specialist on addiction /SA/ SM for CAST workers to consult.*

"Continue to have on-going access to worker with this skill-set and background"

"Fully accessible... the informal and formal access is very helpful"

"[CASA] an asset to the branch, as a colleague and resource"

"Continue to have an addiction worker"

"Need to have specialists to consult with on different topics"

"Have a "go to" expert"

Other recommendations included a more contained /combined training schedule to address "training overload" and some questions on the need to better understand if/how practice change impacts partner change?

"More consecutive training, there are weeks between training; learning got lost when Phase 1 was too long ago"

"Offer phase 1 and 2 together"

"There is not good relations between SA sector and CAS; our work with the family is changing but not necessarily with the community partners"

4.3 CAST Branch Directors: Key Informant Interviews (n=2)

Two of the four Branch Directors were randomly sampled and both consented to a face-to-face interview by the one of the CASA evaluation team.

Analysis of their responses from the Branch Director's lens suggests they see the impact of the CASA training on worker thinking, attitude and practice. Both rated it "A" (A= excellent, B= good, C= fair, D =poor). Both felt the agency investment in time and resources was well spent; both spoke about the clear merits of having a "SA/SM specialist" in-house. A concern was, "What will happen when the CASA Consultant is no longer there?"

"With the caveat that as fast as we take on new learning we can lose it if we don't practice it" (D-2).

The summary of the two key themes from the interviews with the Directors is below.

Q: Are there changes in workers' since receiving the CASA trainings?

THEME 1: YES...MORE OPENNESS, HOLISTIC VIEW, LANGUAGE SHIFTS

- D1 "Yes. Workers are being encouraged to think of drug use in different ways. Now there is much more use of the terms "harm reduction" and less of "abstinence" and the use of "client engagement" is now used in different ways from before CASA trainings."
- D2 "Yes absolutely. I think their openness in looking at these situations is in a more holistic way. They are making better links between the issue of substance misuse and our role to assess its impact on parenting vs. just substance use - period. I think they are being able to identify the real child protection issues and look more broadly in how their clients are functioning in a broader context."

Q: What about the specialized services?

THEME 1: CLEAR ADVANTAGES USING SPECIALIZED SERVICES

- D1 "There are advantages of specialization within CAST (e.g. substance use, DV, FASD). Drug use is not a one time thing –it evolves –the science of it evolves and the specialist consultation is very helpful."
- D2 "As a large system we are difficult to navigate. People are more open to starting with one person. So with large organizations (e.g. CAMH, CAST) where do you start? There is something about having someone understand our work/role and be that point person. There are benefits of having embedded easy access, that is stress free, the advantage of bringing in the specialist."

4.4 CAST Ongoing Worker – CASA Training Impact: Summary

The combined findings from the worker training survey data, the worker focus group data, the increased use of CASA case consultations, and the views from the Branch directors, all indicate the CASA 2 Consultant Initiative was well received by Ongoing CAST workers. The anticipated outcomes were realized regarding increased knowledge, improved attitudes and changed practices with families with SA/SM issues.

4.5 CCAS, NCFST, & JF&CS Intake Workers: Survey on CASA Training Impact (n=12)

The leads at CCAS, NCFST and JF&CS were forwarded the link to the CASA 2 survey; they then forwarded the Survey Monkey link to their staff to complete the survey tool. Responses from CCAS and JF&CS were obtained.

Years of experience in child welfare (n=11)

Not surprisingly, as these are Intake workers, there is a greater range of staff with different years of experience, and a greater percentage of staff (27%) that are relatively new to the child protection field, with less than two years experience.

Less than 1 year	9%
Between 1.1 to 2 years	18%
Between 2.1 to 5 years	28%
Between 5.1 to 10 years	9%
Between 10.1 to 15 years	18%
Over 15 years	18%
TOTAL	100%

Amount of prior training in substance use/misuse (n=11)

The Intake staff were asked to identify the types of training they have had in SA/ SM (more than one type could be selected).

The amount of prior training in substance abuse ranged from *none* (8.3%) to *more than three days of training* (16.6%). The most common response, and the selected by over half of respondents (58.3%), is that prior to the CASA Consultant’s Workshop, they had only *a lecture* on the topic of SA/SM.

No - never received any training	8.3%
Yes - on line training	0%
Yes - during a lecture	58.3%
Yes - 1/2 day workshop	8.3%
Yes - 1 day workshop	16.6%
Yes - 2 to 3 days of training	8.3%
Yes - more than 3 days of training	16.6%



4.5.1 Effectiveness of CASA Training – Intake Workers (n=12)

Intake workers from CCAS and JF&CS provided the data. Their responses to their experiences with the CASA 2 training and its perceived impact on their confidence and ability to provide more effective services related to SA/SM was overall very positive (see Table 6).

Table 6	AS A RESULT OF THE CASA 2 WORKSHOP TRAINING...						
	Attendance	Knowledge Gained About SA/SM	Relevance of CASA Training to Practice	Confidence in Providing More Effective Service	Ability to Provide more Effective Service	Ability to Develop More Comprehensive Treatment Plans	Improved Skills in Service SA/SM Families
CCAS, NCFST, & JF&CS Workshops to Intake Staff	67% -75% (1 st & 2 nd training) 100% for (3 rd , 4 th , 5 th)						
Knowledge Gained About SA/ SM							
<i>Much better</i>		75%					
<i>Somewhat better</i>		25%					
<i>Somewhat worse</i>		0%					
<i>Much worse</i>		0%					
Relevance of Training to Practice							
<i>Highly relevant</i>			100%				
<i>Somewhat relevant</i>			0%				
<i>Somewhat irrelevant</i>			0%				
<i>Not at all relevant</i>			0%				
Confidence in Providing More Effective Service							
<i>Increased a lot</i>				64%			
<i>Increased a little</i>				36%			
<i>Decreased a little</i>				0%			
<i>Decreased a lot</i>				0%			
Ability to Provide More Effective Service							
<i>Much improved</i>					27%		
<i>Improved</i>					73%		
<i>Worse</i>					0%		
<i>Much worse</i>					0%		
Ability to Develop More Comprehensive Treatment Plans							
<i>Much improved</i>						36%	
<i>Improved</i>						64%	
<i>Worse</i>						0%	
<i>Much worse</i>						0%	
Improved Skills in Serving SA/SM Families							
<i>Yes, definitely</i>							36%
<i>Yes, I think so</i>							64%
<i>No, I don't think so</i>							0%
<i>No, definitely not</i>							0%
Satisfaction with CASA 2 Training							
<i>Very satisfied</i>	45.5%						
<i>Mostly satisfied</i>	45.5%						
<i>Mildly dissatisfied</i>	0%						
<i>Very dissatisfied</i>	9%						

Note: two-terms are used inter-changeably: *substance abuse* (SA) and *substance misuse* (SM).

As noted in Table 6, the CASA Intake workers who provided data clearly valued and benefited from the CASA 2 Workshop trainings in the key outcome areas.

- ❖ **High attendance** (67% to 100% fully attended),
- ❖ **Knowledge improved regarding SA/SM** – it was either “*much better*” (75%) or “*somewhat better*” (25%),
- ❖ **Relevance of CASA training to practice** – all the Intake respondents (100%) indicated the training was “*highly relevant*”,
- ❖ **Confidence in providing more effective SA/SM service**- two-thirds (64%) said their confidence had increased “*a lot*” and one-third (36%) indicated it had “*increased a little*”,
- ❖ **Ability to provide more effective service** – in similar ratings to that of the CAST Ongoing workers, one-quarter (27%) indicated CASA 2 training “*much improved*” their ability to provide effective service and three-quarters (73%) said “*improved*”,
- ❖ **Ability to develop more comprehensive Treatment Plans** – one-third of the Intake workers (36%) who participated in the survey indicated their ability in this area was “*much improved*” and two-thirds said it “*improved*” (64%)
- ❖ **Improved skills in serving SA/SM families** – while all noted some improvement in this area due to the training, one-third (36%) of these Intake workers said “*yes-definitely*” their skills had improved due to CASA 2 and two-thirds (64%) indicated “*yes- I think so*”
- ❖ **Satisfaction with CASA training** – nine-in-ten were either “*very satisfied*” (45.5%) with CASA 2 training/consultation or “*satisfied*” (45.5%); while 9% indicated they were “*very dissatisfied*” their dissatisfaction with the outcomes (increased knowledge, skills and effectiveness) was not noted in their ratings.
- ❖ **Use the CASA Consultant** - two-thirds (64%) had used a CASA consult.

4.5.2 Intake Worker Themes (n=12)

'Most Helpful' Aspect of CASA 2 Training - No one theme dominated the Intake workers' responses. Again, depending on the worker, their prior knowledge and experience – the training resonated in different ways.

THEME 1: LEARNING ABOUT HARM REDUCTION

Similar to the Ongoing Workers experiences, learning more about harm reduction, its intent and effects was perceived as key learning take-a-ways. Workers often feel the “abstinence” argument puts up barriers between the worker and client; the harm reduction approach tries to find common ground to discuss issues and promote solutions.

“The pros and cons of harm reduction and how this can impact parenting where it maybe safer for parent to continue to use due to harmful withdrawal effects (in some cases)”.

“The dangers of quitting cold turkey”

“The harm reduction approach”

“Learning how to engage with substance users in a more productive way”

THEME 2: IMPROVED UNDERSTANDING OF MISUSE

"Understanding where caregivers are at in the process"

"How misuse and parenting correlate"

"Understanding misuse within Intake mandate"

"Greater understanding of substance misuse modalities"

THEME 3: WORKER/ CONTEXT IMPACT

"Learning about how to change the environment and it is such a huge factor in producing change"

"Looking at your language"

"More understanding about the social context"

"[learning] specific questions for intervening in a helpful way"

"Identifying my own stigma and how to prevent it from interfering in my work"

"Remembering how oppression/obstacles affect and influence ability"

One Thing To Improve – There was little commentary from the workers on what to improve. The suggestions were aimed at improving the delivery of the training and providing more case examples.

THEME 1: TIMING OF THE TRAINING

"More time for discussion, should be full day sessions"

"They should have been held more closely together. The dates were too spread apart"

"Weekly sessions instead of monthly with Ongoing training year round"

"Not so rushed; allow more time for questions and case examples"

THEME 2: PROVIDE MORE CASE EXAMPLES

"More tangible examples of what we should be doing, as opposed to what we do wrong. More role plays, case studies and specific tools on how to intervene would be helpful"

"Providing more real life case examples"

"More small group experiential exercises"

"Case examples"

Final Comments – In their summation, the Intake workers from CCAS and JF&CS generally said the same thing about CASA 2: *"Positive, more training please!!!!"*

THEME 1: CONTINUE CASA 2

"Excellent sessions; well presented; style was "bang on" for staff to receive the information. [We] need Ongoing consultations like the ones provided"

"This should be Ongoing training or at the minimum annual refreshers. There should be more time given for case studies. In addition, it would be helpful to have a consultant on an on-going basis at Intake for these types of cases"

"I think this program has the ability to have a great and positive impact on the work we do"

"I believe these trainings were a great asset to the protection workers at this agency. It provided great insight into the lives of the individuals we work with and provided tools on how to better support these parents, and protect their children."

4.6 CCAS & JF&CS Managers: Key Informant Interviews (n=3)

At the completion of the CASA 2 training, three managers from JF&CS (n=1) and CCAS (n=2) were interviewed by CWI research staff (see Appendix D for questions). The grade rating of the CASA 2 Training by the managers: "A".

MOST IMPORTANT LEARNING: Applicability of Learning To Other Practice Areas

- A1 "What I kept hearing from staff after the training was the applicability to other areas of learning ...it was about engaging families and how we come to the work with our own pre-conceived notions. So it wasn't just about Sub Misuse - we could transfer the learning onto other practices...I overheard a worker and supervisor talking after the 1st CASA 2 training...The worker said, 'I am already using the [material the CASA trainer] talked about and it worked; I approached it differently and got a different result'."
- A2 "Staff was very receptive to the training. The most important learning overall was the understanding of social factors/social determinants of health, stigma of the user and learning to be more compassionate of these factors. The result is lack of judgment of the client, more awareness of the factors contributing and the difficulty of abstaining."

CHANGES TO PRACTICE: Improved Case Planning ~ Improved Client Engagement

- A1 Now we talk about issues of trauma with substance misuse and it is not just about the substance misuse. Now it is about the conversations you need to have. Now it is where does that fit within the family story. The CASA trainer - she was bang on with the impact on children of SA/SM.
- A2 Each case is looked at more individually. Now we are trying to understand more specifically about the strengths and social determinants.

RECOMMENDATIONS: CONTINUE THE SA/SM SPECIALIST

- A1 We need to talk about keeping this alive... ..organizationally we need to do it; could the four CAS in Toronto figure out a way to keep the Substance Misuse specialist on staff? Can we partner?
- A2 Ongoing training or consult/support beyond the conclusion of actual training.



5.0 SUMMARY: CASA 2

Workers, managers and directors from the Toronto child welfare agencies were consistent in their rating of the value, relevance and the importance of the CASA 2 training and consultations in effecting positive change in current child welfare practice with families where there is substance misuse. The grade given by all the staff groups across the different Toronto CAS's for the CASA Training/Consultation initiative: "A".

The amalgam of strategies - the classroom, the discussions, the clinical experiences, and the case consultations – together created a layered learning approach. The model promoted the reinforcement of the classroom learning through clinical practice and consultations. This model has been effective in advancing evidence-informed /best practice strategies in other substantive areas in child welfare, such as with FASD training and consultations.

The CASA 2 survey data suggest that staff came to the topic of substance misuse with a wide range of knowledge and prior training. While these results suggest that half of the Ongoing staff from CAST have had one to three days of training in substance abuse/misuse, the Intake staff responses imply that many may come to the child welfare field with only a lecture on the topic. It is not clear from the survey whether that prior training was recent or even relevant to child welfare practice.

The high ratings received by the CASA 2 trainings in the areas of *relevancy* and *importance to child welfare practice* suggest that this type of training, support and consultations are needed and welcomed by child protection staff. CASA 1 analysis found that in seven to 11 percent of all investigations the primary reason for service is substance misuse (53A – 53B). However, SA/SM as a factor in child welfare is grossly underestimated as clinical practice suggests it is a factor in a third to half of cases.

The overwhelming request from all staff groups impacted by the CASA 2 initiative is to continue it. CASA 1 attended to building better service bridges between Intake and the client and between Intake and Ongoing; CASA 2 helped advanced service connections for SA/SM families by strengthening the bridge between Intake/Ongoing and Community Services. As CASA 1 findings clearly indicated, these links are key, and when made effectively, result in improved case outcomes for children, youth and their families served by child welfare.



APPENDIX A

Children Affected By Substance Abuse (CASA 2)

Overview: Workshop of Five Topics by Michelle Coutu

Workshop 1 Topics: a) Cannabis Use - example to explore use/impacts on parenting and children; b) Social Determinants of Health; c) Community Services - making accessible/good-fitting referrals according to family need

- ◆ Stats & Facts – Substance Misuse; Substance Misusing Families
- ◆ General Observations
- ◆ Increasing Health & Well-being: Links between Individual-Social-Environmental
- ◆ Types of community service referrals made in CASA 1 (not just treatment)
- ◆ Barriers to Services: clients, community services, CAS
- ◆ Increasing Accessibility
- ◆ What Caregivers Find Helpful: accessibility, context, needs, collaboration
- ◆ Collaboration – What is it? Do we do it? How can we do it better?
- ◆ Homework: watching our language

Workshop 2 Topics: Hierarchy of Substance Use; Stigma and the Substance Misusing Parent; Continuum of Substance Use; Theories of Addiction

- ◆ Impacts of stigma on caregivers and social work practices
- ◆ Defining terms such as “withdrawal” and “relapse”
- ◆ Theories of addiction: individual, biological, psychological, social-environmental perspectives
- ◆ Various population groups to consider
- ◆ Importance of understanding and considering trauma effects
- ◆ Differing service philosophies
- ◆ Different types of services, treatment modalities, and service philosophies to assist with substance misuse

Workshop 3 Topics: Components of Parenting Capacity; Impacts of substance use/other Interconnecting Issues on Parenting/ Child Well-being; Strengths, Protective Factors and Risk Factors of Families; Client Engagement

- ◆ Parenting Capacity and factors that support parenting capacity
- ◆ Child development, attachment & resiliency
- ◆ Impacts of Co-occurring factors on Parenting
- ◆ Impacts of SU on Parenting and children – 7 Common themes
- ◆ Assessing for Strengths, Protective Factors and Risk Factors of Families;
- ◆ Five Factors that can Prevent Neglect/Maltreatment from Re-Occurring
- ◆ The Therapeutic Relationship
- ◆ Factors that Enhance Worker/Client Relationship
- ◆ Pitfalls in Worker/Client Engagement

Workshop 4 Topics: Client Engagement; Stages of Change; The Therapeutic Process towards Improved Parenting; Motivational Interviewing

- ◆ Understanding Motivation and Sources of Motivation
- ◆ “Recovery”: The Process of addressing substance misuse and improving parenting
- ◆ Communication Mindsets & Traps
- ◆ Facilitating Change: Understanding where the caregiver is at and the Stages of Change
- ◆ Motivational Interviewing: What is it? How can I integrate aspects into practice?

Workshop 5 Topics: Testing: What it Does and Does Not Tell You

- ◆ Harm Reduction in a Child Welfare Context
- ◆ Methadone

APPENDIX B **Children Affected by Substance Abuse (CASA 2)**
KEY INFORMANT/ FOCUS GROUP QUESTION AREAS

TRAINING / CONSULTATION / SERVICE COORDINATION / IDENTIFICATION OF SERVICE GAPS

CASA TRAINING

PERCEPTIONS OF TRAINING EFFECTIVENESS

Tell me about the impact of the CASA training on you/other staff/ agency/clients

Sub-questions

Do you feel that the training was relevant to work you do?

Have you noticed shifts in practice due to the training?

CASA CONSULTATION / SERVICE

PERCEPTIONS OF SERVICE COORDINATION

Tell me about the process of accessing the CASA service

Sub-questions

Do you feel that the cases that you referred to the CASA service were an appropriate fit?

PERCEPTIONS OF RESPONSE TIME

Tell me about your thoughts on the response time of the CASA service.

Sub-questions

Were your clients able to engage with the service within less than 4-weeks? Please explain.

Do you feel that you connected with the addiction services more quickly with CASA service than just yourself as a CAS worker? Please explain.

CASA CLIENT BENEFIT

PERCEPTIONS OF SERVICE PROVISION

Tell me about how treatment matching occurred for your client as a result of CASA service.

Sub-questions

Has CASA changed your perception of clients with substance abuse issues changed? If so, how?

How well did the services match with the child protection safety plans?

If case transferred to on-going services, were the safety plans addictions informed?

PERCEPTIONS OF SERVICE GAPS

Tell me if having CASA has had an effect on identification of service gaps to clients with substance misuse issues? If yes, what happened because of that identification?

CASA SERVICE COLLABORATION

PERCEPTIONS OF COLLABORATIONS BETWEEN SECTORS

Tell me the similarities/differences you have observed between child welfare and other sectors, since utilizing CASA.

Sub-questions

Do you feel more comfortable in working with other sectors regarding substance use?

Have you developed a better understanding of the legislation, mandates and philosophies within the other sectors?

Do you feel that the collaborations between sectors have improved service coordination?

PERCEPTIONS OF KNOWLEDGE EXCHANGE

Tell me about the skills/knowledge you have acquired regarding substance abuse since using CASA service.

Sub-questions

Since utilizing the CASA service,

How would you describe your confidence level in working with clients regarding substance abuse?

How did CASA service impact your knowledge of services within the community?

How did CASA service impact your treatment plans (i.e., child safety)?

How would you describe your knowledge of substance use in child welfare context?

APPENDIX C

Children Affected By Substance Use (CASA 2) FOCUS GROUP QUESTIONS: ONGOING

OVERARCHING QUESTION

What has been the impact of the five CASA trainings to ONGOING COMMUNITY BASED BRANCH STAFF regarding their practice and service to families and children/youth?

SPECIFIC FOCUS GROUP QUESTIONS – Thinking about the five CASA trainings

- ❖ What was the important learning you took away from the CASA trainings?
Have you been able to institute the learning into practice? What has been the result?
- ❖ What changes have you made to your practice with clients since receiving the CASA trainings?
What are you going to continue to do since receiving the CASA trainings?
- ❖ Thinking about the CASA training and consultation service do you have any recommendations?
Would you recommend the training to other front-line child protection workers?
- ❖ Thinking about the five CASA trainings what overall grade would you give it? A (excellent) or B (good) or C (poor) or D (fail)

KEY INFORMANT QUESTIONS: ONGOING

OVERARCHING QUESTION

What has been the impact of the five CASA trainings to ONGOING COMMUNITY BASED BRANCH STAFF regarding their practice and service to families and children/youth?

SPECIFIC KEY INFORMANT QUESTIONS – Thinking about the five CASA trainings

1. Have you noticed any changes in workers since receiving the CASA trainings?
2. What about the specialized services?
3. Thinking about the five CASA trainings what overall grade would you give it? A (excellent) or B (good) or C (poor) or D (fail)

APPENDIX D

Children Affected By Substance Use (CASA 2) KEY INFORMANT QUESTIONS: INTAKE

OVERARCHING QUESTION

What has been the impact of the five CASA trainings to the INTAKE STAFF at your agency regarding their practice and service to families and children/youth?

SPECIFIC FOCUS GROUP QUESTIONS – Thinking about the five CASA trainings

1. What was the important learning you took away from the CASA trainings?
Have you been able to institute the learning into practice? What has been the result?
2. What changes have you made to your practice with clients since receiving the CASA trainings?
3. What are you going to continue to do since receiving the CASA trainings?
4. Thinking about the CASA training and consultation service do you have any recommendations?
5. Would you recommend the training to other front-line child protection workers?
6. Thinking about the FIVE CASA trainings what overall grade would you give it? A (excellent) or B (good) or C (poor) or D (fail)
7. Final comments