Catholic Children's Aid Society of Toronto

La Société Catholique de l'Aide à l'Enfance de Toronto

CCAS HARP Evaluation Overview

Understanding What We Learned

May 2024 – May 2025

Differential Response in Child Welfare

- Child welfare must simultaneously work to "promote the best interests, **protection** and **well-being** of children". (CYFSA. *2017*, SO 2017, c 14, Sch 1)

- Research conducted in 2014 (Trocmé et al.) shows that **15%** of child welfare investigations involve circumstances of "**urgent protection**" (where the primary focus is to ensure the immediate physical safety of the child) while **85%** represent family situations better characterized as "**chronic need**" (child and family difficulties that endanger children's development and well-being).

- Both circumstance require intervention, but a **differential response** is required.

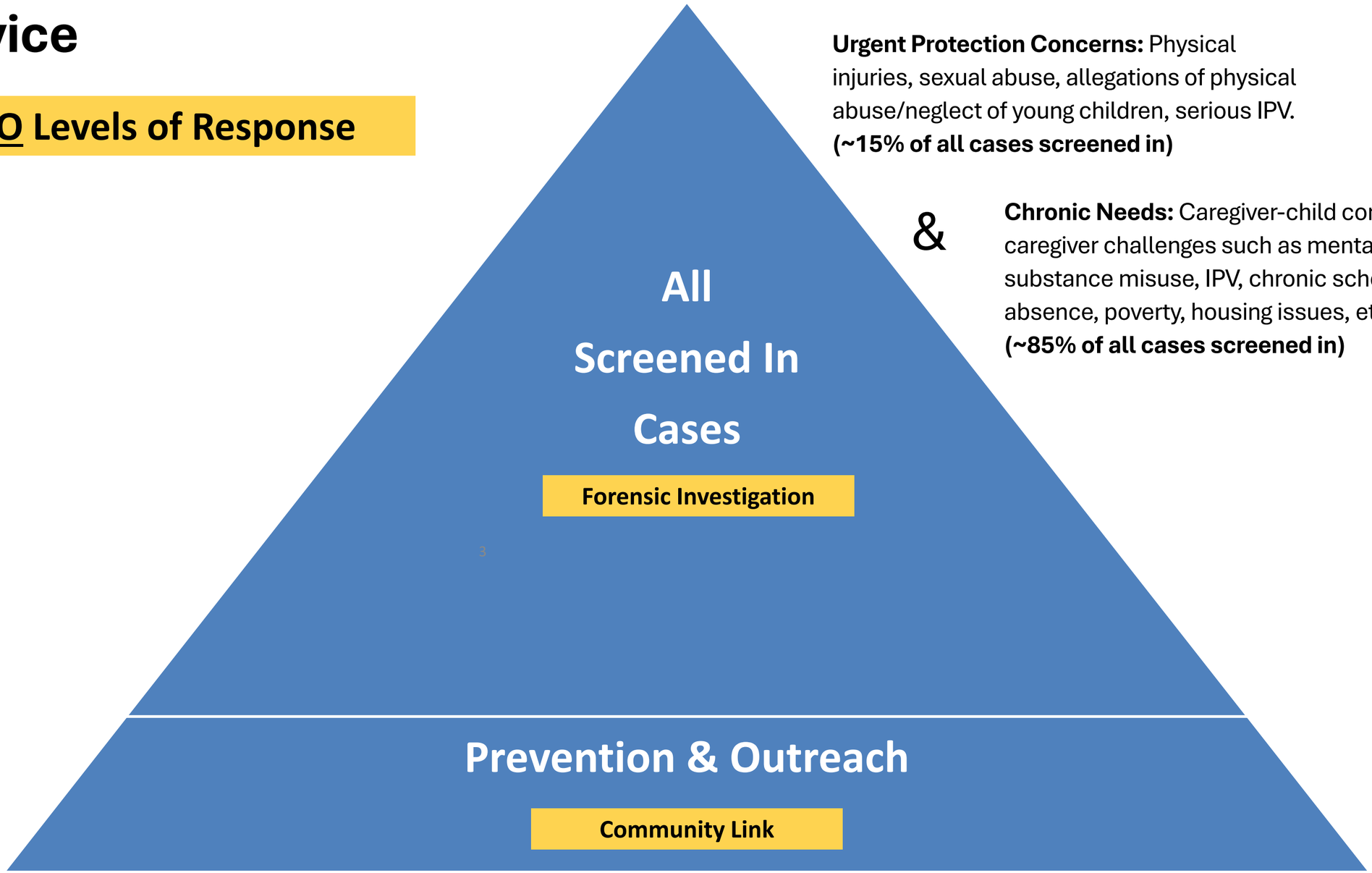
- In 2006 the first Differential Response policy was introduced in Ontario; however, it fell short of its potential. In 2019, MCCSS announced its vision regarding **child welfare redesign**, including a focus on prevention and early intervention and a re-think of the Differential Response model.

- CCAS received funding from the **Catholic Children's Aid Foundation** in 2022 to design and pilot a form of Differential Response at CCAS known as **HARP** (Holistic Assessment & Response Pathways) aligned with the principles of child welfare re-design.

Current Continuum of Service

<u>TWO</u> Levels of Response

Most INTRUSIVE



Urgent Protection Concerns: Physical injuries, sexual abuse, allegations of physical abuse/neglect of young children, serious IPV.
(~15% of all cases screened in)

&

Chronic Needs: Caregiver-child conflict, caregiver challenges such as mental health, substance misuse, IPV, chronic school absence, poverty, housing issues, etc.
(~85% of all cases screened in)

Least INTRUSIVE

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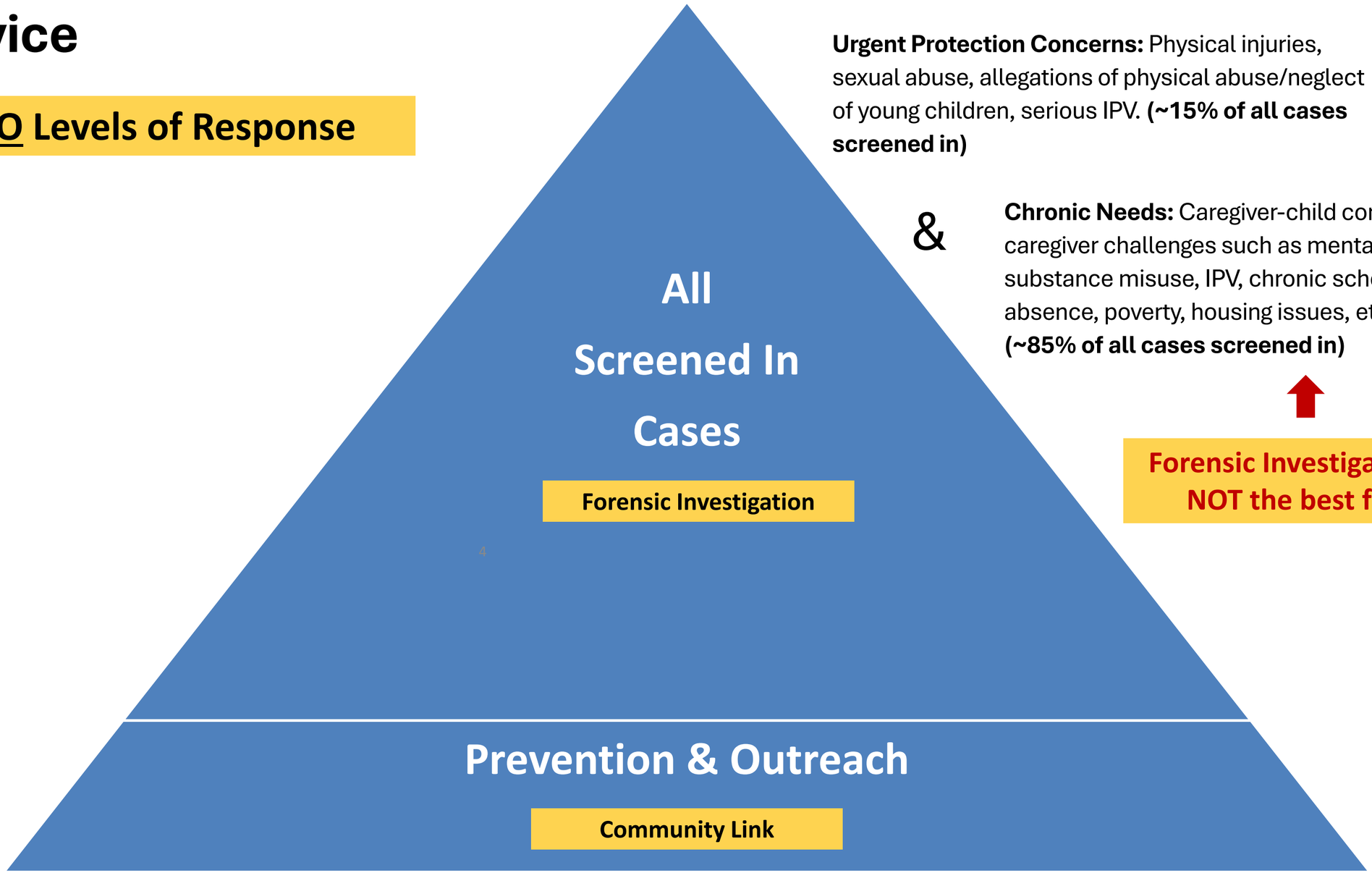

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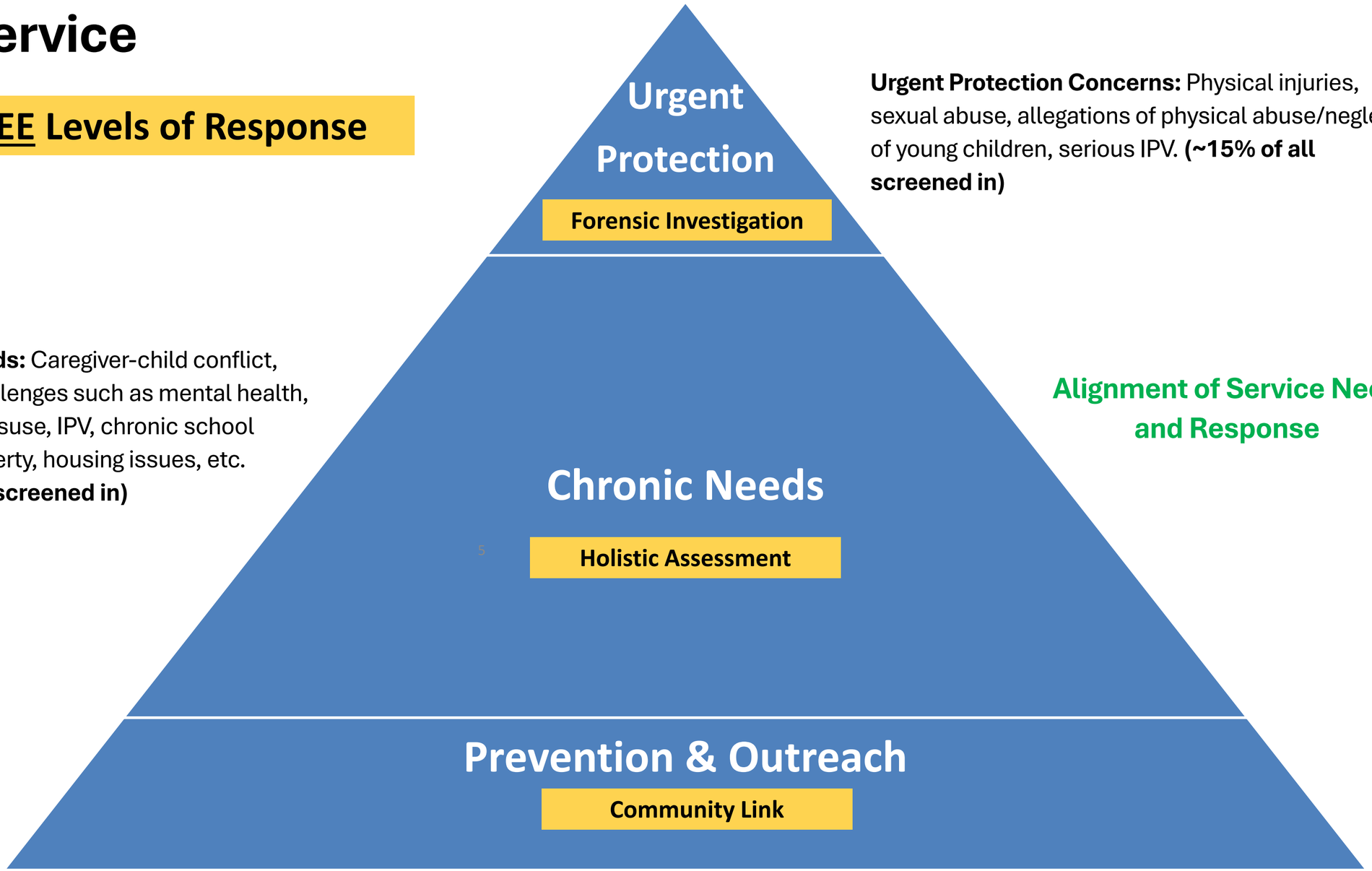
Forensic Investigation NOT the best fit

Least INTRUSIVE

Proposed Continuum of Service

THREE Levels of Response

Most INTRUSIVE



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Alignment of Service Need and Response

Least INTRUSIVE

HARP Core Elements & Critical Success Factors

Three-Level Differential Response Pathways

HARP used a three- level model response with **Level 1** (Community Links), **Level 2** (OCW/Assessments), and **Level 3** (Forensic Investigations), based on the needs of each case.

Community Partnerships

New Direct Community Partner Access arrangements with **TAIBU, Strides Toronto**, and **FoodShare Toronto**.

Focus on **timely access to service**, and mutual knowledge sharing.

HARP Team & Supervision

Teams included HARP trained Screeners (3), Community Link (2) and Assessment and Investigation Workers (3).

Teams were supported by HARP trained Supervisors and HARP specific tools. HARP tools included an **Enhanced Screening Template** and **Holistic Assessment Tool**.

Community Outreach

During the HARP Pilot, CCAS staff conducted 9 **Community Outreach Sessions** across a range of community settings, with referral sources and caregivers.

Critical Success Factors:

Additional funding from CCAF to support new direct community partner access arrangements with TAIBU, Strides Toronto. ACW and PACE training, with ongoing knowledge to practice sessions. Buy-in from HARP team.

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Spotlight on the Holistic Assessment Framework

- ✓Genogram and Family Constellation
- ✓Child Development

  Health, education, emotional/behavioural development, identity, family & social relationships, social presentation, self-care skills

- ✓Family Strengths and Resiliency

  Basic care, ensuring safety, emotional warmth, stimulation, guidance & boundaries

- ✓Family Functioning, Relationships, and Social Determinants of Health

  Family history & functioning, extended family, housing, employment, income, neighbourhood & community, community resources alcohol/drug misuse, mental health, disability or complex needs, IPV, parenting alone, child w/special or complex needs, being a member of a racialized group, socio-economic factors

- ✓Identity and Spirituality

  Practices, beliefs, faith community

Key Outcome Questions

1. Do HARP teams offer a wider range of service response and serve cases more frequently through a less intrusive response?

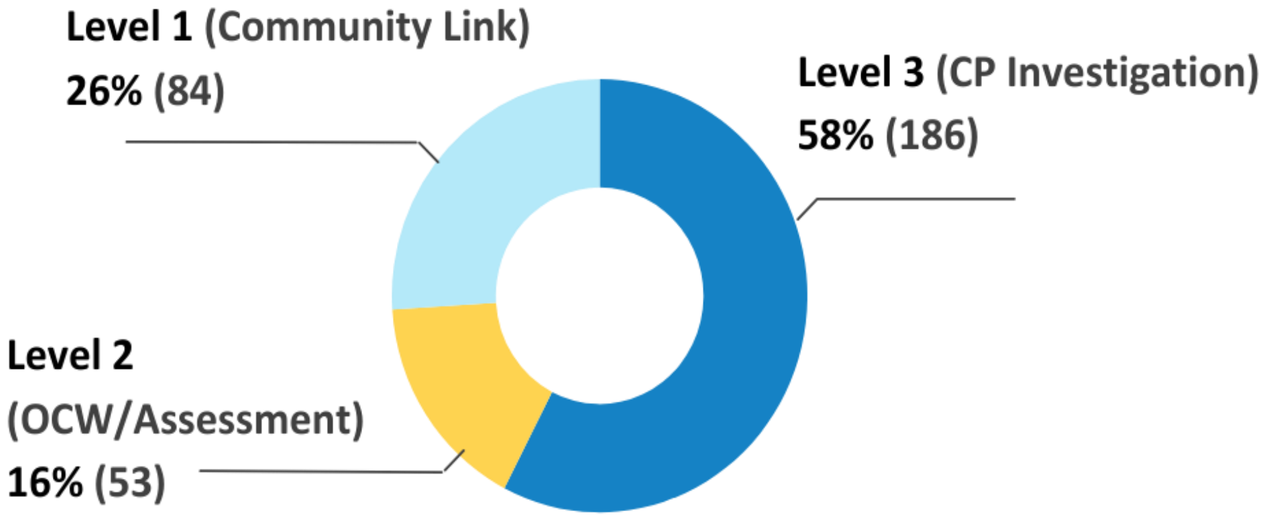
2. Did HARP help reduce or avoid more intensive or prolonged child welfare involvement?

3. Are families getting connected quickly to service through HARP?

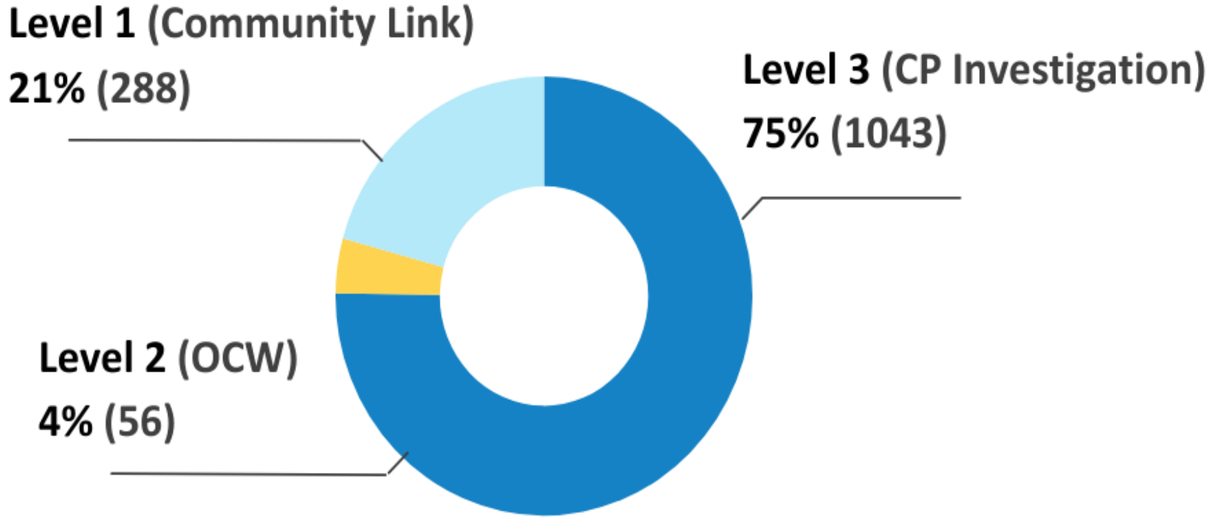
4. Did families in HARP have a better experience than those in Service as Usual?

1. Do HARP teams offer a wider range of service responses, with a reduction in highly intrusive investigations, compared to Service as Usual (SAU)?

323 HARP Cases



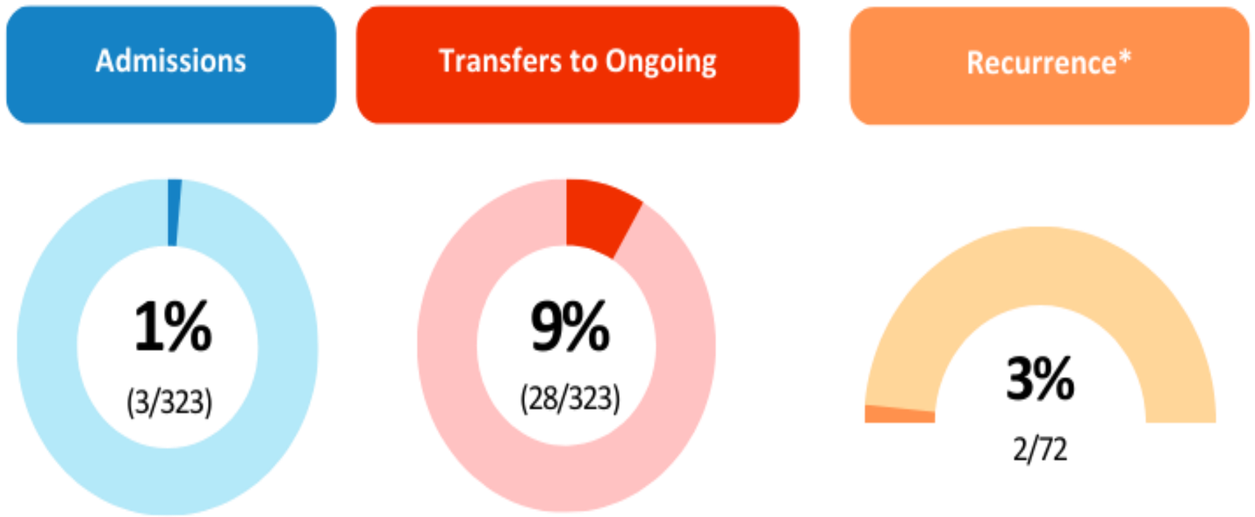
1387 SAU Cases



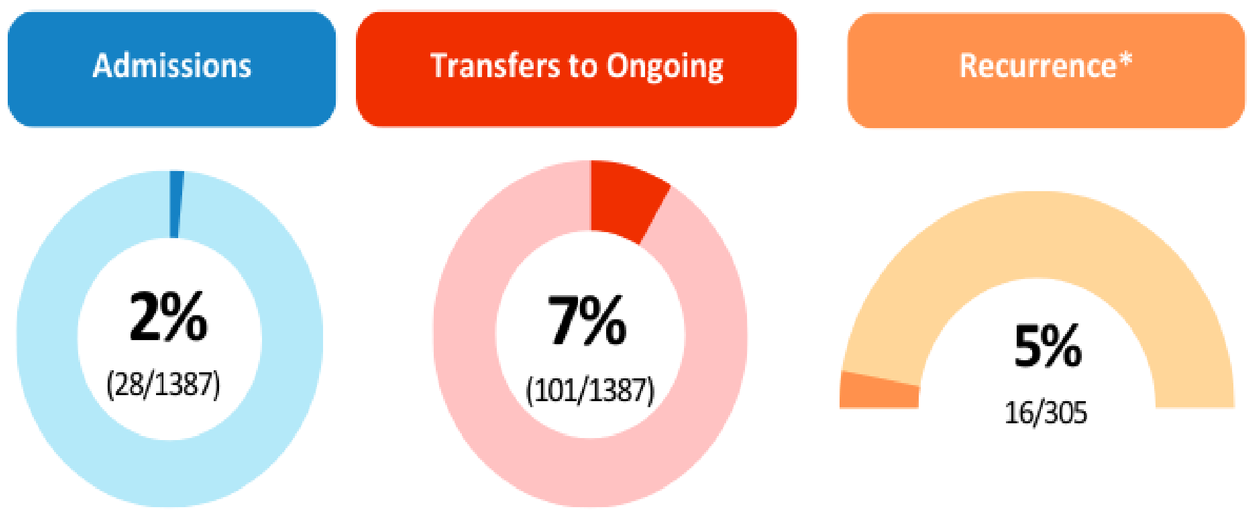
HARP cases were more likely to use an approach other than investigation (42.4% vs. 25%).

2. Did HARP help reduce or avoid more intensive or prolonged child welfare involvement?

HARP



SAU



*The recurrence data reflects the percentage of cases that closed within the first 6 months of the HARP pilot, that re-opened and were verified within 6 months of closing.

Compared to SAU, HARP cases had higher transfer rates (9% vs. 7%), lower admissions (1% vs. 2%), and lower 6-month recurrence rates (3% vs. 5%).

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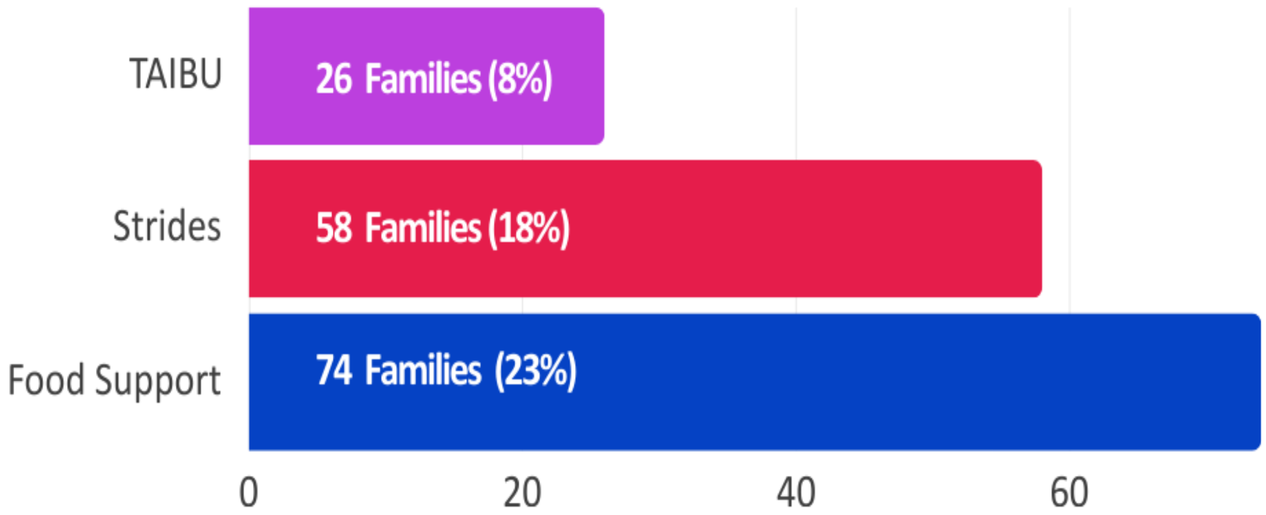
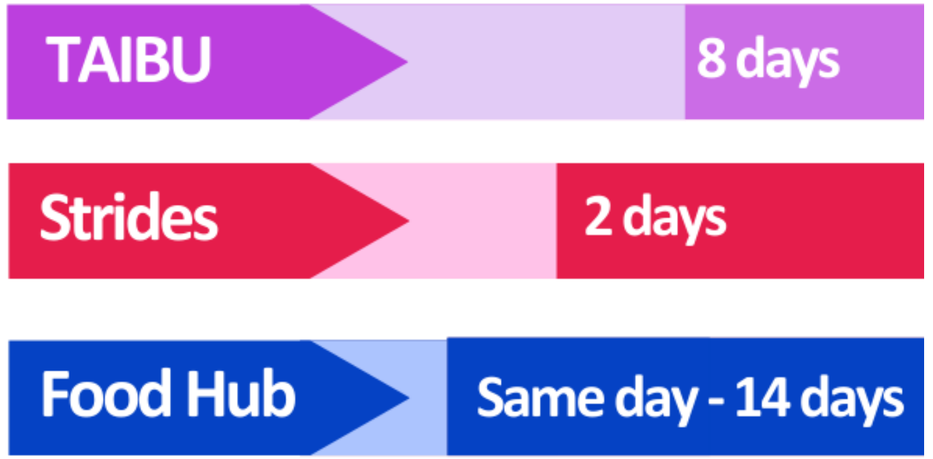
3. Are families getting connected quickly to services through HARP?



Median Time to Community Partner Intervention



Families had access to a broad range of services. HARP helped families access partnership services quickly.

4. Did families in HARP have a better experience?

When asked…	HARP (n= 36) Responded "Always" or "Often	SAU (n= 36) Responded "Always" or "Often
1. Do you feel you can trust your worker?	77%	72%
2. Do you feel you were heard by your worker?	**86%**	**66%**
3. Did your worker treat you with respect and empathy?	**92%**	**77%**
4. Do you feel your worker tried to understand your current circumstances from your perspective?	**86%**	**72%**
5. Do you feel like your worker tried to understand your family's identity and cultural practices?	75%	72%
6. Do you feel like your worker tried to understand your history and how that may have impacted you?	**82%**	**61%**
7. Do you feel your worker helped you to identify family, friends, or community members who could be a part of your network for support?	73%	67%
8. Do you feel that you have input into what you and the worker focus on and the services that you receive?	**82%**	**70%**
9. Do you feel that you were connected to appropriate services and supports?	79 ("YES")	76 ("YES")

HARP service users expressed having a more positive service experience, including being more likely to express "Always".

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Overall, these trends align with the intended direction of the HARP model, suggesting promising early success in improving service outcomes. However, to fully understand the model's impact, longer-term outcome tracking is needed.

Key Successes & Challenges

Successes:

- Robust knowledge to practice opportunities
- Highly collaborative approach to community partnerships
- The Africentric Wraparound Model (ACW)* and PACE** as a foundation for HARP training and practices

Challenges:

- Level 2 classification constraints—many more cases would have been Level 2 if there had been a way to document them
- Exclusion of Child and Youth Advocacy Centre cases
- Utilization rates of community partnerships

*The ACW model was implemented at CCAS in 2018, jointly developed by CCAS and the *One Vision, One Voice* project at the OACAS. It focused on services to Black families, supporting workers to unpack unconscious bias in decision-making and provide identity-affirming services, using a range of tools and approaches tailored to the needs of the Black community. The ACW pilot successfully reduced the screened in rate for Black children and families while providing needed services.

**PACE (Playfulness, Acceptance, Curiosity & Empathy), is part of the larger DDP (Dyadic Developmental Psychotherapy) model, developed by Dr. Dan Hughes based on his work with children receiving services within the child welfare system. PACE is informed by research on attachment and child development and supports the development of trust, collaboration with and engagement of parents through their interactions with workers, and by extension, teaches these skills to parents to use to repair and/or strengthen the attachment bond with their children.

Future Implementation Plans

A refined version of HARP, informed by the evaluation findings will be implemented across the CCAS Intake & Assessment Department as of April 2026. Key improvements include:

Integrating CYAC Cases
Child and Youth Advocacy Centre (CYAC) cases will be integrated to fully test Level 3 interventions within HARP's service continuum.

Development of a Screening Guide and Program Manual
Clear screening criteria to be developed and implemented to classify cases to each of the three Levels of response. Program manual/guide will document the Logic Model, theory of change, roles/responsibilities, processes and workflows.

Expanding Staffing Training and Supervision Support
Training will be expanded to include ACW modules, and an updated supervision model is in development to better support teams through navigating the HARP approach.

Standardizing Warm Transfers with Community Partners
Standardizing the transfer process with partners so that CCAS supports connection between HARP service users and partners.

Extending Outcome Monitoring
Prolonging outcome tracking will allow us to better evaluate the long-term impacts of HARP and answer additional questions, e.g., Can community partnerships successfully create an off-ramp away from child welfare?

Engagement with Government
Ongoing sharing of learning and successes with government supports child welfare redesign

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