



Centre for Family, Child and Adolescent Advancement

CFCAA

CFCAA PROGRAM OVERVIEW, SUMMARY & OUTCOMES

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The Centre for Family, Child and Adolescent Advancement (CFCAA) in Toronto, Canada, is a private donation funded and operated non-profit registered charitable foundation whose mandate is to provide pragmatic prevention and intervention services to at-risk parents and their children. Guided by the research literature, using a unique and highly integrated inter-disciplinary model, the Centre serves to identify and rehabilitate the academic, cognitive, emotional, psychosocial and familial origins of familial distress/dysfunction. All services of the foundation are free to the public. The Centre also provides intervention services to non-custodial parents towards promoting their consistent, active and healthy involvement in the lives of their children.

To date, through its initial 100% private donations (¼ million dollars) for the initial 2 year start up phase, the Centre has successfully completed a pilot project involving over 30 families served over the past 24 months. This has been achieved through our current 1.5 FTE Parent Educators, who are now at maximal caseload capacity. Although a solid referral base has been established (see p. 11), the current referral base represents roughly only 30-35 % of the related family and public service potential referrals, as reflected by the Toronto Community & Social Services Directory (2005) for instance. This does not include potential additional referrals from independent practitioners in the fields of family medicine, social work/family counselling, mental health professionals, nor does it include potential school based referrals. Moreover, existing referring agencies, understanding our current resource limitations through constant communication with our staff, hold off on referrals until they know that we have an opening in our caseload. Taking a cautious approach to growth, we are currently looking to establish funding to continue the Centre's work and to expand the front line services to support 4 FTE Parent Educators, and serve approximately 80 families annually.

History

Incorporated in late 2000, it took a number of years of working through the Canada Revenue Agency for the organization to finally achieve charitable foundation status in 2003. Because so much time had passed, the foundation regrouped and re-surveyed the research and community needs before finally beginning to implement its services. After the long-term program and staff development initiative, CFCAA officially launched its programs in early 2005.

The initial impetus of providing intervention services to people with long term risk concerns came from one of the founder's experiences in co-developing a comprehensive intervention proposal to the Ministry of Corrections for incarcerated young adults suspected of having cognitive and learning impairments, which were thought to be responsible in part for their corrections involvement. While that proposal was accepted, due to the ill timing of government cutbacks at the time, it was never funded. Another of the founders who has an extensive mental health nursing background has long recognized the harmful effects of various mental health conditions on the children of those affected.

More broadly, the founders recognized that both in the mental health and cognitively impaired communities, services were woefully lacking in terms of dealing with

parenting issues. From a commissioned literature review, CFCAA confirmed that the children of such circumstances are highly vulnerable to the perpetuation of family instability, academic problems, chronic under/unemployment, increased mental and physical health concerns and increased involvement with the social welfare and justice systems.

CFCAA is therefore dedicated to strengthening the family bonds, promoting a positive environment and breaking the perpetuation of long term maladjustment in such vulnerable family situations.

The foundation strives to do so using a unique intervention model coupled with state of the art evaluation and outcome measurement protocols. Finally, in recognizing the particularly unique needs of the aboriginal and visible minority communities, CFCAA has sought partnership with, and has dedicated services for those communities

Our Mission

To encourage and support families who require parental enrichment including needs assessments, counselling, life skills, parenting coaching and community referral/education.

Mandate

The Centre for Family, Child and Adolescent Advancement is a private non-profit organization whose mandate it is to provide support services to parents and their children, who are at risk for long term adjustment concerns. More specifically, the Centre focuses upon assisting parents who have known emotional or cognitive conditions, or whose children are otherwise at risk, to acquire effective parenting skills, and to buffer the potential ill effects of the parent's condition upon their children.

The Centre also provides support to non-custodial parents towards promoting their consistent, active and healthy parental involvement in the lives of their children. The Centre works with at-risk children/adolescents towards identifying and rehabilitating the academic, cognitive, emotional, psychosocial and familial origins of their distress/dysfunction. Through interpreting and funding research studies, the Centre contributes to the knowledge base, conducive to positive social policy initiatives towards the prevention and amelioration of the adverse effects of child poverty, neglect and complex parenting issues.

INTRODUCTION

“Our children are nurtured, supported, protected and educated within families, thus The idea of enabling children to succeed by enabling their parents, and ultimately their families, is critically important...” Susan Pigott and Lidia Monaco of St. Christopher House in Toronto make the case for why we must focus our attention on enabling families through community-based supports. *October 2004*

The Centre for Family, Child and Adolescent Advancement (CFCAA) is committed to continue to respond to the issues of parents with long term risks and high-level needs by seeking funding sources to expand and enrich its unique home-based parenting education program. Presently, the program provides a wide range of supports including:

- Facilitation in home environment safety and stabilization (housing, food/nutrition/organizational management, etc.)
- Parenting/coping life skills development.
- Parenting educational/support group (currently on hold). See FathersTime.
- Individual counselling and support.
- Community integration
- School liaison and addressing of barriers to full benefit for children/youth
- Vocational facilitation for youth and parents re-entering workforce/skills and income upgrading
- Specialized assessments. Arranged through the Centre and may include: neuropsychological/psycho-educational assessment; psychodiagnostic assessment; medical/visual/auditory/speech-language assessment
- Related interventions, advocacy and community referrals

Initially, CFCAA’s target population was geared toward the Aboriginal and Black communities; however the need for a broader demographic group was quickly identified. Presently, through private donations CFCAA is able to fund 1.5 staff (60 hours per week) parent educator services, and clinical supervision supports. With a high demand for home-based parenting interventions based partly on existing community agencies/services referrals to CFCAA there continues to be a high service demand, especially since CFCAA’s client eligibility/criteria is at risk parents/families with known or suspicions of, or vulnerability to:

- Mental health conditions (to moderate functional severity)
- Fetal alcohol effects
- Learning disability
- Acquired and congenital brain injuries (to moderate severity)
- Attention deficit/hyperactivity disorder
- Other cognitive and intellectual conditions
- Experience significant parenting, and/or related daily living or life skills concerns

SUMMARY

“Parents learn by doing and are offered practical assistance, information, and resources to cope with the stresses of living in poverty, isolation, with mental/physical/environmental challenges and family violence.” (Fraser Mustard, Margaret McCain: Reversing the Real Brain Drain: Early Years Study Final Report, 1999, page 46.)

CFCAA program objectives:

1. To impart effective parenting and coping skills, and related supports to parents who have an identified psychological/behavioural disorder, which places their children at risk of adverse developmental effects;
2. To encourage (particularly) non-custodial parents towards, and to support them in providing, consistent, regular, loving, disciplinarily-appropriate parenting to their children;
3. To identify and rehabilitate the sources of adverse academic, cognitive, emotional, psychosocial and familial origins of distress and behavioural dysfunction in children/adolescents/parents;
4. To provide meaningful and personal strength identification, vocational exploration experience, and a career guidance/academic interface to at risk adolescents and parents;
5. To study/understand the effects of divorce, and traditional custody arrangements, poverty, neglect, complex parenting issues (including parental psychopathology) and environmental degradation, upon child/adolescent development;
6. To monitor the Centre’s progress and cost effectiveness with respect to the above objectives;
7. To be cost effective by providing problem identification, triage and integrative linkages with existing community resources.

“Parenting across the socioeconomic spectrums and parents with specific mental/physical health barriers could benefit from advice and support with enhancing their parenting skills.... Parenting was identified as a key factor in child development for families’ at all socioeconomic levels with programs of parent support and education.” (Fraser Mustard, Margaret McCain: Reversing the Real Brain Drain: Early Years Study Final Report, 1999, page 123)

CFCAA is committed to continue providing parenting coaching/educator’s home-based/community accessible services for at-risk families. However due to limited funding and an identified need for services CFCAA is in the process to seek stable funding to maintain its present delivery of service and to expand our model with more

front-line community-based Parent Educators hours/positions, and a centralized administrative base to effectively respond to inquiries and coordinate immediate and responsive intake/assessment specifications. In Appendix D, are our present budgetary costs and below that is our recommendation/request for funding based on our current program/service expenditures needs, and most importantly our need to further enrich and enhance this much needed service.

On the following page is a comparison of the unique integrated services provided by CFCAA in relation to a broad array of other service agencies which also address the needs of families.

CFCAA PROGRAM SERVICES IN COMPARISON TO OTHER COMMUNITY SERVICES

Agency/Service → Provision of Service/Funding Factor ↓	CFCAA	Ontario Early Years	Speech & Language Services	Family Counselling Services	CAMH	CAS
<i>Government funding</i>		√	√	√	√	√
<i>Community referral service</i>	√	√	√	√	√	√
<i>Exclusively in home services</i>	√	√	√			√
<i>Parent coaching</i>	√	√		√		
<i>Housing/food stabilization /coordination</i>	√					√
<i>Direct teaching meal prep. & nutrition</i>	√					
<i>Direct teaching home cleaning</i>	√					
<i>Organizing daily routines</i>	√					
<i>Scheduling and time management</i>	√					
<i>Coping with poverty</i>	√			√		√
<i>Establish community support involvement</i>	√	√				√
<i>Parent/child interaction intervention</i>	√			√	√	√
<i>Teaching child discipline</i>	√			√		√
<i>Family conflict resolution</i>	√			√		√
<i>Work with infants</i>	√	√	√	√	√	√
<i>Work with school age</i>	√			√	√	√
<i>Work with teens</i>	√			√	√	√
<i>Linkage with schools</i>	√					√
<i>Psych assessments for parents</i>	√				√	
<i>Psych assessment for children</i>	√				√	√
<i>Vocational guidance for parents/teens</i>	√				√	
<i>Integration of above services</i>	√					
<i>Progressive services as family evolves</i>	√					

CFCAA SERVICE AREAS

Angel Rose Touchstone Services:

Parent Educators/Coaches & Clinical Team

Parent Educators are experienced in Crisis Intervention, Addictions, Counselling, Trauma, ECE, and Youth & Family Counselling. Parent Educators provide in-home assessments with families to determine the family's immediate needs. Parent Educators will intervene with the families for an unlimited number of sessions until the Parent's goals are met. Daily *clinical supervision* of the Parent Coaches is provided by the consulting Social Worker (Clinical Supervisor), while *biweekly case review meetings* are attended by both the Clinical Supervisor and consulting Psychologist (Executive Director).



PROGRAM SERVICE DELIVERY

REFERRAL/SELF-REFERRAL ↓	<ul style="list-style-type: none"> ▪ Self-referral ▪ Agency/Service referral
INTAKE ↓	<ul style="list-style-type: none"> ▪ Complete necessary documentation processes to ensure appropriate service ▪ Devise Action Plan
ASSESSMENT ↓	<ul style="list-style-type: none"> ▪ Situational and Functional ▪ Comprehensive Evaluation Comprehensive Family Needs Assessment (CFNA). The CFNA shall explore such issues as <ol style="list-style-type: none"> 1. The nature of the parent/child relationship, living arrangement, parental role and frequency/nature of contact 2. The history of the family 3. Child rearing/disciplinary characteristics/issues within the family 4. The presence of anger control issues within the family 5. General health history 6. General nutrition history ▪ Specialized Assessments. Arranged through the Centre and may include: neuropsychological/psycho-educational assessment; psycho diagnostic assessment; medical/visual/auditory/speech-language assessments

Intervention Model

Interventions shall be loosely guided by developmental stage of the children in the household, in addition to family needs more broadly as follows. Long term support is anticipated as family's move through the consecutive streams.

Infant-Pre-School Stream	K-8 Stream	9-12 Stream
<ol style="list-style-type: none"> 1. Parenting coaching 2. Parent directed stimulation – directed by parenting coach? 3. Early Years Centres/ Community support facilitation 4. Non-custodial parent support. 5. Culturally sensitive/oriented milieu support. 6. Individual/group counselling. 	<ol style="list-style-type: none"> 1. Parenting coaching 2. Parent homework strategies – facilitated by parenting coach 3. Non-custodial parent support. 4. Diagnostic assessment: Psychoeducational/ neuropsychological. 5. Educational advocacy based upon #4 above. 6. Tutorial support/referral. 7. Psychoeducational reviews. 8. Culturally sensitive/oriented milieu support 9. Parental career support: Vocational/Neuro-vocational assessment 10. Individual/group counselling. 	<ol style="list-style-type: none"> 1. Same as K - 8. 2. Anti-drug, anti-gang inoculation 3. Youth Vocational/career asst/exploration. 4. Occupational placement support.



Core Service Delivery Competencies, Skills, & Developmental Objectives:

At Risk Children/Parents Include known or suspicions of:

Fetal Alcohol Spectrum Disorder (FASD); Learning disability; Traumatic brain injury (up to moderate functional severity); AD/HD; Psychological Disorders (up to moderate functional severity).

<p>1. LIFE SKILLS</p>	<ul style="list-style-type: none"> ▪ Safety/security ▪ Housing (clean and pest free) ▪ Health ▪ Family schedule/organization/daily routine ▪ Meals (nutrition, shopping, planning, organization, implementation) ▪ Transportation ▪ Finances/budgeting ▪ Laundry; cleaning/organization.
<p>2. PARENTAL RELATIONSHIP/ SKILLS</p>	<ul style="list-style-type: none"> ▪ Attachment/bonding ▪ Communication skills ▪ Activities ▪ Appropriate discipline ▪ Conflict resolution
<p>3. SOCIAL/ COMMUNITY LINKAGE SUPPORT</p>	<ul style="list-style-type: none"> ▪ Parenting support (e.g. Early Years Centres, parent-tot programs) ▪ Ethno-cultural, religious and new Canadian support ▪ Social/group interactions ▪ Personal development ▪ Recreational
<p>4. CHILDREN</p>	<ul style="list-style-type: none"> ▪ Academic readiness, support ▪ School liaison and addressing of barriers to full benefit for children/youth ▪ Problem identification/referral ▪ Diagnostic assessments: Psychological, neuropsychological, learning disability
<p>5. ADOLESCENTS</p>	<ul style="list-style-type: none"> ▪ Problem identification/referral ▪ School liaison and addressing of barriers to full benefit for children/youth ▪ Academic support ▪ Diagnostic assessments: Psychological, neuropsychological, learning disability ▪ Gang and substance abuse prevention ▪ Career assessment/exploration/identification to link to academic motivation/aspiration ▪ Facilitation of vocational guidance and job skills development
<p>6. ADULTS</p>	<ul style="list-style-type: none"> ▪ Problem identification/referral; ▪ Personal support ▪ Liaison with primary intervention program (e.g. mental health, substance abuse, brain injury services, etc.) ▪ Diagnostic assessments: Psychological, neuropsychological, learning disability ▪ Vocational guidance ▪ Career assessment/exploration/identification for re-entry/advancement

CLIENT & COMMUNITY PROFILE

Referral Agencies: - Updated to March 17, 2006

Since the inception of services in June 2005 and working with 1.5 FTE in parent coaches, CFCAA has received 30 referrals. The referral sources were:

- Anduhyaun (3)
- Jewish Family & Child Services (4)
- Métis Nation (2)
- Native Child and Family Services (4)
- Red Door (1)
- Redwood House (1)
- Rosalie Hall (7)
- Syme Woolner (5)
- Toronto Children's Aid Society (3)

Of these families, 14 had an active CAS child protection worker at the point of referral.

There are 60 children in these 30 families from all age groups. CFCAA has rejected only one referral as inappropriate because of special risk factors; the CAS apprehended the children. The current status of the caseload is as follows:

- | | |
|-------------------------------|-------------|
| ▪ Referrals, awaiting service | 1 family |
| ▪ Active cases | 19 families |
| ▪ Closed | 8 families |
| ▪ Inappropriate or no show | 2 families |

Cultural Profile of the cases referred:

- West Indian (8)
- Aboriginal Canadians (8)
- African (2)
- Mainstream Canadian (8)
- Not specified (4)

Treatment success: treatment limits

Three of the cases closed have not responded to our intervention. The dominant problem in these cases is domestic violence and child neglect. All of these unsuccessful cases were involved with CAS. Three of the cases were very successful. The focus of our intervention was in solving environmental problems (housing, teaching Mom her rights as a tenant, getting a house freed of pests, helping with food bank). Once these problems associated with poverty were solved, the remaining family issues ceased to be of concern. The quality of parenting in these homes appeared to be quite sound.

Presenting Issues

The presenting issue in these families is a mix of (a) children with mental illness, LD, FASD or other neurological symptoms and or (b) parents with one of the above. We have three children or teens that we are seeking psychological assessment (diagnosis, vocational and academic) from the charitable organization (CFCAA).

We have several parents who are working with parent coaches on very basic aspects of family organization and functions. We have implemented an outcome evaluation system involving the use of several standard instruments.

Case Examples: Review of Initial Group of Families Served

In a short time, this model of intervention (which itself is evidence based) has had great success with parents who have significant parenting deficits. Four case examples illustrate the method of intervention.

In the first example, SB is native lone parent father who has never been an active parent. He is a graduate of residential school. He has two children with a history of physical and sexual abuse at the hands of grandparents; the mother is addicted to drugs and had abandoned her children. The oldest girl (13 years olds) was a chronic runaway and living on the street at the time of the referral in June 2005. Native Child and Family found the father and placed the two girls with him. CFCAA was asked to teach the father how to be a parent.

Our parent educator visited the father in his home two times a week; the program is focused on basic elements of parenting. After a few months, both children are now attending school everyday and living at home with Dad. The chronic runaway behaviour has stopped. Our parent educator is teaching the father how to talk to his children using a talking circle. We have taught the father with the help of an Elder how to run a safe, stable, nurturing household with established daily routines, nutritious meals and an organized and cleanly environment. We helped the father access and participate in community recreational services.

The second example is a woman (DM) who had been diagnosed with learning disabilities as a child. She is on income supports (ODSP); she has two children age 11 and 9. Both children are very disturbed, with significant trouble functioning at school. The mother herself is barely able to function and has been under CAS supervision in two provinces for many years. This family was referred to CFCAA by a community agency offering housing and drop in support. Since June, we have joined together with Public Health to improve hygiene and daily aspects of functioning.

The older boy is now receiving intensive support from the Hospital for Sick Children. We have worked closely with the school and both children are now receiving special education supports for the first time.

The parent educator has provided brief psychotherapy to the oldest boy and his teachers have noticed significant improvement in his mood and behaviour. He had been soiling



earlier in the year and was excluded from most social activities at the school. He has stopped soiling and he is now integrated into the full school program. The parent educator has also taught the mother how to contain the sexually provocative behaviour of the female child in the family. The young daughter (with an obvious learning disability) was also provided with a large daily schedule chart for her room detailing the structure of her day/week. As a result, the morning routine now flows easily and she has many more positive interactions during her day, likely because of the added predictability and reduced stress. One morning the educator found her at the door, reminding her mother of the day's plan, and being concerned that she may be late for school.

The mother is currently being assessed by the CFCAA psychologist to determine the nature of her disabilities and her potential to be gainfully employed.

The third case (VC) is a two parent family with three children at home. The nine year old presented serious problems, with numerous suspensions from school. On assessment, the household was much disorganized; the children had no assigned chores and expected the mother to do everything. The father's role in the family was described as simply to punish the children. The parent educator helped the mother and father to bring good order and structure to the household. The children were assigned chores and the parents were responsible to reward good behaviour. The children responded very positively and the physical appearance of the house improved. The parent educator helped the parents to set aside one day per week for their exclusive time to together, facilitated their mutual parental support of one another, and encouraged them each to give the other praise for the changes they made. Their relationship did improve. The father and the identified "problem child" were given homework to share activities together and the father learned how to talk to his son in a warmer and more responsive manner. He was taught to set high expectation of rewards for good behaviour rather than to just punitively focus on the negative ones. The child's behaviour improved significantly.

The fourth case (SR) is a single parent mother living on spousal support with her five children ranging in age from 3 years to 14 years. This mother of Jamaican descent had three major problems: (a) intense poverty, with less than \$100 per month for food, medicine, dentistry, transportation and clothing; (b) severe mouth pain from untreated dental pathology; (c) severe stress at school for her four children. The school stress was related to one child who had LD, but was not being provided with remedial support; some of the children were bullied in school; some of the children were disruptive in class and were being suspended. The parent educator taught the mother how to use the food bank and obtain supplementary supports from Ontario Works for dental needs. Eventually, this mother has been accepted by Ontario Works for full support. The parent educator worked with the school principal and helped the school to address the bullying issue and be more supportive towards the children.

We use a variety of assessment tools including the RADLS, the Parenting Stress Index and the Conners' Behaviour Checklists to establish baseline functioning and monitor changes over time within the family as a whole and within family members. These tools then form a comprehensive guide for intervention and a comprehensive outcome measurement system, as described in the next section.

OUTCOME MEASUREMENT OF CFCAA SERVICE AREAS

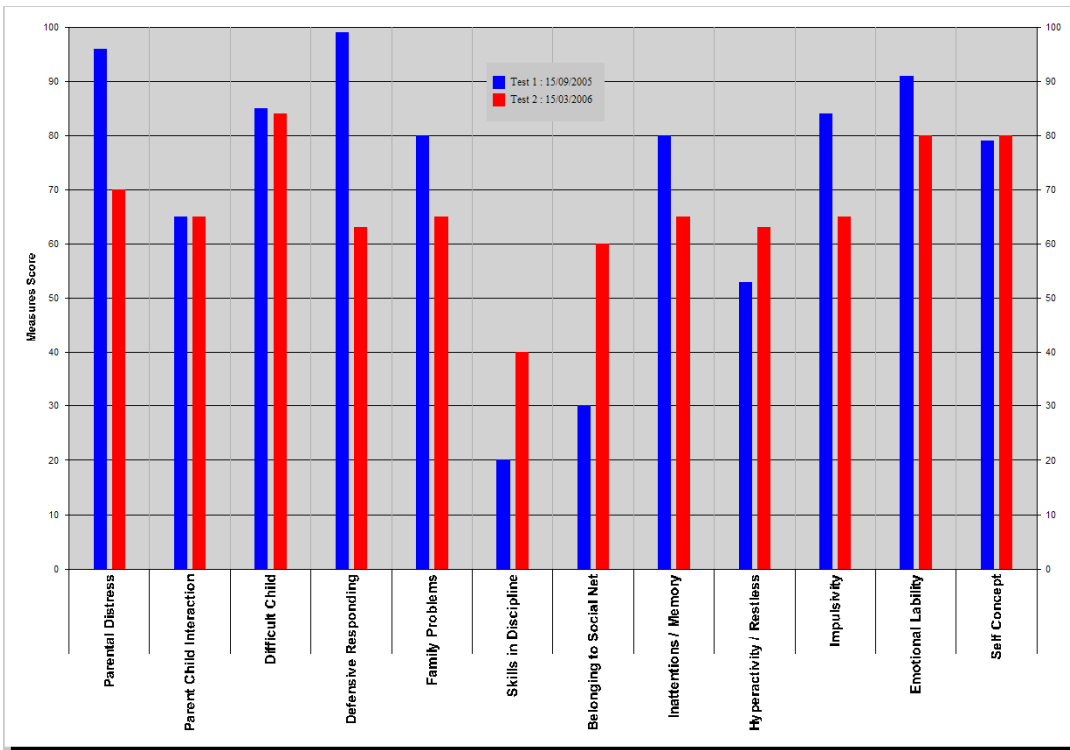
The Centre for Family, Child and Adolescent Advancement (CFCAA) will continually structure its evaluation to appraise and illustrate the extent to which the program has achieved its specific outcome objectives and process strategies. Most importantly the progress of every client will be confirmed by the transformation in their family/parenting/individual environments based on their needs at intake, assessment(s) and successful intervention strategies and the influence that this program may have had in that progression.

CFCAA SERVICE AREAS COMPREHENSIVE EVALUATION

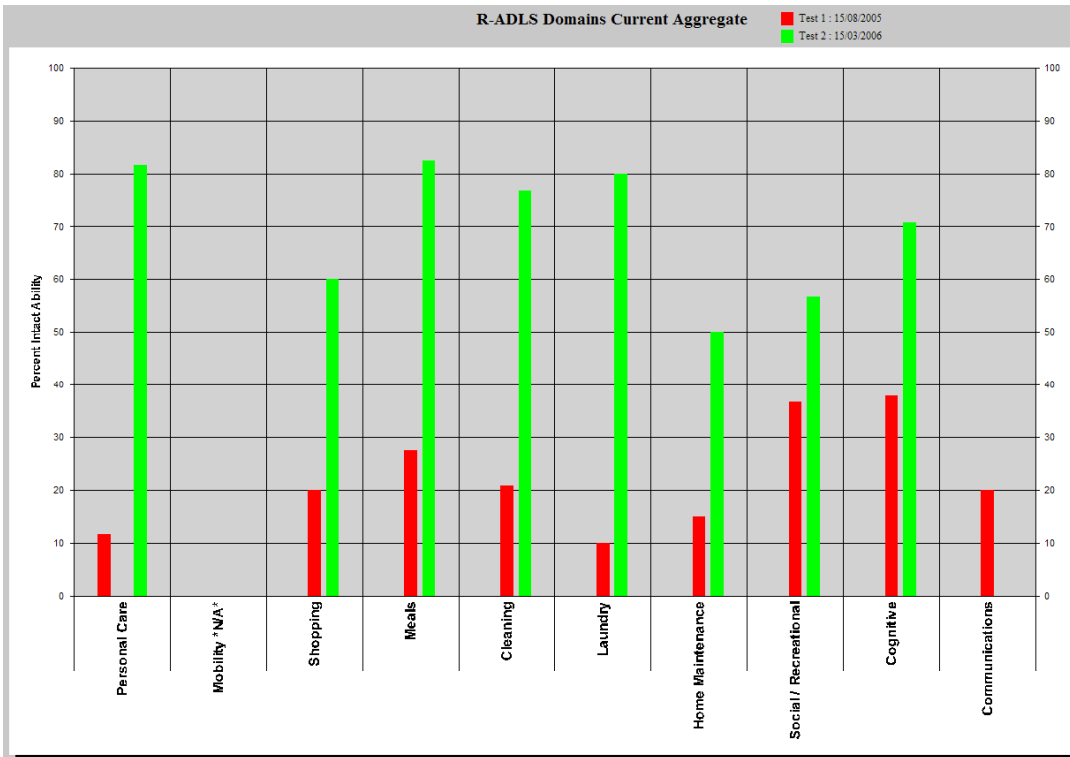
The Centre for Family, Child and Adolescent Advancement (CFCAA) will continually structure its evaluation to appraise and illustrate the extent to which the program has achieved its specific outcome objectives and process strategies. Most importantly the development of every client will be confirmed by the transformation in their family/parenting/individual environments based on their needs at intake, assessment(s) and successful intervention strategies and the influence that this program may have had in that progression.

The graph below is a pre (Test 1) and post (Test 2) clinical profile of an example participant mother following a course of CFCAA intervention. Progress in the graph below is demonstrated by either *lower* or higher scores over time, depending upon the specific subscale. In relation to the first time period, the second timeframe shows her with less: personal distress and defensive responding, attentional/memory concerns, impulsivity and emotional lability. It also demonstrates improved: behaviour management/discipline skills and more social support/sense of belonging. As the Hyperactivity/Restlessness scale is higher in the second time period, this issue would be worthy of further investigation by staff. Clearly however, the overall profile is towards improvement in the mother's and family's overall status.





The following graph shows an example of the progress in terms of daily living functioning of one of the clients described above, from the time of initial CFCAA contact (Test 1) to time of re-evaluation (Test 2). Progress in the graph below is demonstrated by *higher* scores over time across the varied domains indicated.



The outcome measures depicted in the graphs above are a subset of the total psychological and functional measurements which are collected on our participant families. Use of these measures helps to determine the target areas for CFCAA's in-

home interventions, and assures that progress is being made over time across both pragmatic areas, as well as areas of important psychological and intra-familial functioning. The second, more functional graph can also be broken down into component parts and allows us to determine the types of barriers (physical, cognitive, psychosocial) which are at the heart of a family's pragmatic difficulties. This analysis enhances the effectiveness of intervention by allowing the specific barriers underlying the family's pragmatic concerns to be identified and specifically addressed. Hence, in combination, CFCAA's comprehensive outcome measurement system is also an essential problem identification and intervention planning tool.

CFCAA's RESEARCH MANDATE

Part of the organization's mandate is to eventually provide research to support effective family interventions, utilizing our outcome data. To date, CFCAA has commissioned two literature reviews, which reflect the first steps in the research mandate of the organization:

1. *“Recent Developments in the Effects of Early Parental Intervention and Subsequent Adaptation of Children, Adolescents and Adults with Commonly Diagnosed Learning Disorders: An Indictment of Poverty and Dysfunctional Parenting”*.
2. *“Supporting Parents in Early Child Development: Research and Resources”*.

These documents have helped to support the clinical model as well as specific clinical intervention methods.

APPENDIX A
BOARD OF DIRECTORS 2006

- **Ms. Bonny Cann, C.Y.W.:** A Métis woman presently working within the Aboriginal Community with 17 years experience in Social Services, specifically 10 years in Social services within the Aboriginal community. Particular areas of experience and interest involve childhood trauma and FASD.
- **Mr. Chris Chaltis:** Business owner.
- **Ms. Susan Fraser:** B.A., M.N., R.N.: Mental health nurse with Master's in Nursing, with special interest in trauma and interventions for parents with known psychopathology. She is a co-founder of CFCAA.
- **Mr. Beau Malik:** Lawyer, general practice.
- **Dr. Andre Myrie-Nurse:** Registered psychologist who works with children and adolescents in a school board, as well as has a practice offering psychotherapy to adults, couples and families.
- **Dr. Judith Pilowsky:** Spanish speaking Clinical Registered Psychologist with interest in clinical and rehabilitation aspects with a particular focus in multicultural/multi-ethnic communities.
- **Dr. J. Douglas Salmon, Jr.:** Registered psychologist with practice in rehabilitation, neuropsychology, adult learning disability and related vocational assessment/counselling. A co-founder of CFCAA, he is currently Chair, Board of Directors. (Further information: www.rrees.com)

Past & Co-founding Board Member

- **Dr. Bill Colvin:** Registered Psychologist. Practice in School and Clinical Psychology. Dr. Colvin works at a school board where he oversees a variety of assessments and consults with parents and teachers on how to help challenged children adjust academically and socially.

APPENDIX B

STAFF

- **Ms. Mabinti Dennis:** Parenting Educator (Part-time)

- **Mr. Robert Fulton:** Clinical Supervisor/ Consultant

- **Mr. Ron Johnson:** Consultant (contractual)

- **Ms. Tracy Marvin:** Aboriginal Parenting Educator

- **Dr. Andre Myrie-Nurse:** Psychologist (Volunteer)

- **Dr. J. Douglas Salmon Jr.:** Executive Director

APPENDIX C: Family Progress Log

Family: _____ Parents-home (P): _____ Non-custodial: _____ Number Kids: _____

Kids not home: Reunite: _____ No: _____

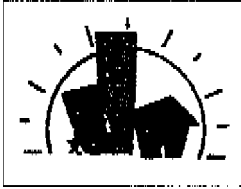
C H I L D R E N

Dates Seen/Hours	Environmental	Early Years/Community Support:	Primary Caregiver Disability/Risk:	1. _____	2. _____	3. _____	4. _____
	<input type="checkbox"/> Food: _____ <input type="checkbox"/> Nutrition: _____ <input type="checkbox"/> Safe: _____ <input type="checkbox"/> Housing stable: _____ <input type="checkbox"/> Pest Free: _____ <input type="checkbox"/> Organized: _____ <input type="checkbox"/> Structured day: _____ <input type="checkbox"/> Budgeting: _____ <input type="checkbox"/> Chores: _____ <input type="checkbox"/> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Desired <hr/> <hr/> <hr/>	_____ _____ <input type="checkbox"/> Work-PT/FT: <hr/> <input type="checkbox"/> Home <input type="checkbox"/> Desire work: Type: _____ Issues: _____ _____ _____ _____ <input type="checkbox"/> Ass't Req: _____ <input type="checkbox"/> Ass't Monitor: _____ <input type="checkbox"/> Referrals: _____ _____	Age: _____ Grade: _____ School: _____ IEP: _____ Job: _____ Disability/Risk: _____ _____ Issues: _____ _____ _____ <input type="checkbox"/> Ass't Req: _____ <input type="checkbox"/> Ass't Monitor: _____ <input type="checkbox"/> Referrals: _____ _____	Age: _____ Grade: _____ School: _____ IEP: _____ Job: _____ Disability/Risk: _____ _____ Issues: _____ _____ _____ <input type="checkbox"/> Ass't Req: _____ <input type="checkbox"/> Ass't Monitor: _____ <input type="checkbox"/> Referrals: _____ _____	Age: _____ Grade: _____ School: _____ IEP: _____ Job: _____ Disability/Risk: _____ _____ Issues: _____ _____ _____ <input type="checkbox"/> Ass't Req: _____ <input type="checkbox"/> Ass't Monitor: _____ <input type="checkbox"/> Referrals: _____ _____	Age: _____ Grade: _____ School: _____ IEP: _____ Job: _____ Disability/Risk: _____ _____ Issues: _____ _____ _____ <input type="checkbox"/> Ass't Req: _____ <input type="checkbox"/> Ass't Monitor: _____ <input type="checkbox"/> Referrals: _____ _____

APPENDIX E: COMMUNITY SUPPORT CORRESPONDENCE

Since the majority of our clients are referred from community agencies and services, CFCAA is committed to establish effective and positive interactions with all of the community, government, medical, legal, educational and social service agencies that we liaise with to enhance and maximize all of our clients and their families potential. On the following pages are letters of support from some of our community partners.





Syme-Woolner Neighbourhood & Family Centre

Administration & Adult Services

2468 Eglinton Ave. W.
Toronto, ON M6M 5E2
Tel: (416) 766-4634
Fax: (416) 7666162

Family Services

George Syme Community School
69 Pritchard Avenue Toronto, ON
MON 1T6 Tel: (416) 767-2186 Fax:
(416) 767-9766

Dr. J. Douglas Salmon Jr.
Executive Director
Centre for Family, Child, and Adolescent
Advancement 105 Sylvan Ave
Scarborough, ON
M1M 1J9

April 6, 2006

Dear Dr. J. Douglas Salmon Jr.

We would like to express our support for funding for further development of **The Centre for Family Child and Adolescent Advancement (CFCAA)**. In the past year **Syme Woolner Neighbourhood and Family Centre** has referred several families to CFCAA. We found the services they provide very helpful to our families particular those of Caribbean, African and First Nation heritage.

In a joint effort with our Centre, the staff at CFCAA has been involved in improving parenting skills, involved in case conferencing with the schools and other service providers to improved parenting capacity and of helping children reach their full potential.

The issues experienced by these families are: children and parents with mental illness, Learning Disability, Fetal Alcoholic Syndrome, Attention Deficit Disorder or other neurological symptoms. The CFCAA provides psychological assessment diagnosis, vocational and academic assessment at no cost to parents and children.

The Parent Educators have been quite successful in helping the families to improve parenting skills. Some of the skills used by Parent Educators are setting up and improving structures in the homes; work with communication skills between parents and children; restoring family units; setting up daily routines and work with the school to assist the parent in following through with behavioural guidelines with children at home.

We appreciate the presence of the parents who work with families in our community on a regular basis. It has certainly been a valuable and successful program for families here at Syme Woolner. We have found that with the limited time of the Parent Educator many of our families may have to be placed on a waiting list. We hope that with additional funding the program will expand to serve more families in our community.

Sincerely;

Christine Taylor,
Manager, Syme Woolner Family Centre,

Bob Olsen
Executive Director



A **United Way** member agency

Charitable No. 88380 2985 RR0001

Native Child and Family Services of Toronto



May 28, 2009

Dr. J. Douglas Salmon Jr
Executive Director
Centre for Family, Child, and Adolescent Advancement
105 Sylvan Avenue
Scarborough ON M1M 1J9

Dear Dr. Salmon:

The Native Child and Family Services of Toronto has referred six families to CFCAA since June 2005 and has been a service partner in ten other families referred by other Native organizations.

The presenting issue in these families is a mix of: (a) children with mental illness, LD, FAS or other neurological symptoms, and/or (b) parents with one of the above. CFCAA had also provided psychological assessment (diagnosis, vocational and academic) free of charge to parents and children. The parent educators have helped the families to improve on basic aspects of routines, structure and communication skills between the parents and the children. We have already seen some success; two fathers who recently assumed parental responsibility with their children learned a great deal from the parent educator and the children were provided with better structure. One of the children who had been a frequent runaway has settled down and is attending school regularly.

Thank you very much for a valuable service to our families.

Sincerely,

Kenn Richard, MSW
Executive Director

