

Request for Proposal (RFP) – Evaluation Consultant

Children's Aid Foundation of Canada working in partnership with the Child Development Institute and Changing Ways invites qualified individuals/groups to submit a proposal to carry out a **five year** process and outcome-based evaluation for our upcoming **Safe at Home** project.

Organization Summary

Children's Aid Foundation of Canada is our country's leading national charity dedicated to improving the lives of children and youth in and from the child welfare system. Together with our community of dedicated donors and supporters, we are helping them move from surviving to thriving, and empowering them to break the cycle of abuse and neglect they were born into through no fault of their own. Our vision is a future where the children and youth we serve have the strength and resilience to create a lifetime of their own unstoppable successes.

The Child Development Institute (CDI) is an accredited children's mental health agency offering early intervention, family violence and early learning programs. CDI developed Mothers in Mind®(MIM), a trauma-informed mother-child group program specifically designed to meet the parenting needs of mothers who have experienced interpersonal trauma³ sites and have children under the age of four. MIM intervenes early in the lives of mothers and their young children impacted by trauma. MIM helps mothers connect with their young children in a playful, supportive environment, where parenting strengths are highlighted and built upon. MIM covers a range of topics to support mothers explore diverse ways to be kind to and take care of themselves while reflecting on and gaining strategies to respond sensitively to the needs of their young child.

Changing Ways (CW) provides alternatives for those wishing to end and take responsibility for their abusive behaviour. We help men and women who are emotionally, psychologically, verbally, sexually and/or physically abusive towards their partners. CW offers the program called Caring Dads (CD), which is an internationally-implemented leading perpetrator-based program that is unique in its focus on the intersection of domestic violence and fatherhood. The program focuses on helping to keep women and children safer by holding the dads accountable for abuse and supporting them in developing safe and healthy relationships with their children and children's mothers. The 17-week program engages fathers (perpetrators of DV) to help them understand and take responsibility for their actions and improve relations with their children. The intention is to work towards preventing the reoccurrence of domestic violence and child maltreatment.

Project Description*

Safe at Home will empower child welfare agencies and child and youth serving organizations in 12 communities in Ontario and Manitoba to deliver scalable, culturally responsive, and evidence-based services for young children exposed to domestic violence and their families by providing trauma and violence informed parenting support to mothers who have experienced domestic violence and intervention focused on accountability, safety and change to fathers who have perpetrated domestic violence.

The project is designed to respond to research and learnings demonstrating that best practice involves a collaborative front-line approach, with both child welfare and community-based agencies working together

with families. This improves enrollment and participation of parents, leverages existing trust and relationships between child welfare agencies and families, builds program knowledge and training across both agencies and creates a multi-agency team approach to supporting families.

Safe at Home will invest in proven programs to support children and families. For non-Indigenous communities, Safe at Home will scale two evidence-informed programs – Caring Dads and Mothers in Mind – in partnership with child welfare and community agencies.

Recognizing that Indigenous children and families require tailored, culturally sensitive approaches that take their unique needs into account, Indigenous-led child welfare agencies will have the option to design and deliver their own interventions aligned to the overall goals of Safe at Home or to adapt Caring Dads and Mothers in Mind to be culturally appropriate.

By helping Indigenous families heal, develop long-term resilience and safety, and remain together, Safe at Home holds the potential to strengthen Indigenous communities while advancing our collective journey of reconciliation.

**Please see RFP Appendix for more detail information about the Safe at Home program including logic model, key features and theory of change.*

RFP Timeline

RFP Circulated	July 29, 2022
Consultants to indicate interest in responding to RFP if they want to receive answers to questions	August 5, 2022
Questions to be submitted	August 12, 2022
Questions to be answered	August 24, 2022
Proposal Deadline	September 2, 2022
Proposal Assessments	September 5 – 9, 2022
Candidate Interviews	September 12 – 16, 2022
Evaluator Selection	September 23, 2022
Contract	September 2022 – June 2027

Proposals are to be submitted via email to Rebecca Green, *Director, Grants & Programs* at Children's Aid Foundation of Canada at rgreen@cafdn.org no later than **September 2, 2022 at 5:00 PM (EST)**. Please Quote "RFP Evaluation" in the subject line.

Scope*

The selected consultant shall accomplish the following:

1. Create a process and outcomes-based evaluation framework that will capture both qualitative and quantitative data on both program implementations/processes and outcomes/impact for parents and children participants over the span of five years which will be utilized to capture our work, improve our processes over the span of the program, analyze the impact on participants and report back to our donors.

2. Create new or augment existing evaluation surveys and tools to ensure necessary data is collected for Safe at Home and advise partners on appropriate data collection methods for this program.
3. Work collaboratively with partners to adapt the evaluation framework to incorporate Indigenous ways of knowing and evaluation methodologies for our Indigenous focused sites.
4. Participate in the program Community of Practice consisting of Children's Aid Foundation of Canada, Child Development Institute and Changing Ways and partners offering the Caring Dads, Mothers in Mind and/or Indigenous programs.
5. Analyze collective partner data for the purpose of providing interim and final evaluation reports to our donors.

**See Appendix 1&2 for more details.*

Activities

Specifically the consultant will:

- Create an evaluation framework/plan. The framework/plan should include:
 - Process Evaluation focusing on the effectiveness of: program implementation, partnerships, community of practice and program materials
 - Outcomes/Impact Evaluation focusing on the intermediate and long-term outcomes identified in the theory of change compared against a sample of families who are not accessing parenting programs. There won't be a control group but we are interested in looking at data for Mothers and Fathers who are participating and those who aren't. Program resources at the child welfare partner organization(s) will provide data for the comparison groups.
 - Demographic information about participants including race-based data
- Assess existing surveys and evaluation tools for Caring Dads and Mothers in Mind Programs and consult with participating partners to recommend changes/additions to or build new tools to ensure we are collecting necessary data for Safe at Home evaluation.
- Collaborate with appropriate partners to incorporate Indigenous evaluation methodologies for our Indigenous-focused sites.
- Participate in the Community of Practice, which can be used as an opportunity/method to collect data as part of the evaluation.
- Work closely with the CAFC Program Staff to facilitate the collection of data points from partners as well as other strategic communications.
- Analyze collective data and prepare evaluation data and analysis for the purposes of program refinement and donor reporting.
- The Safe at Home program will be operating in Ontario and Manitoba. Most meetings will take place virtually. The evaluator could be located anywhere in Canada with the ability to attend virtual meetings during business hours of Central and Eastern time zones.

Key Deliverables

- Evaluation Framework/Plan for donor report including methodologies and work back schedule for partner data collection
- Refine evaluation tools and surveys for partner use
- Partner training and evaluation guidance, potentially delivered through Community of Practice
- Collect necessary data while ensuring confidentiality of partner and client data and being inclusive of Indigenous evaluation methodologies
- Produce comprehensive process and outcome evaluation reports to highlight the effectiveness and impact of the Safe at Home project

Reporting (Each year for Five Years)

- Interim reports
- Final report(s) including executive summary

**See Appendix 3 for more details.*

Budget & Payment

- In the range of \$175,000-\$200,000 total over 5 years (including HST)
- Payment to be made periodically throughout each program year and tied to deliverables

How to Respond & Proposal Evaluation

Please submit a proposal to Rebecca Green via email at rgreen@cafdn.org by **September 2, 2022 at 5:00 PM (EST)**. The proposed evaluation framework/plan should be based on the information above and in the Appendix below and should include the following:

Proposal Requirements	Evaluation
1. Contact Information (lead evaluator)	N/A
2. Highlight of Qualifications <i>*Preference will be given to candidates with the following qualifications/experience:</i> <ol style="list-style-type: none"> Expertise in both process and outcomes-based evaluation strategies Understanding of child welfare and violence against women sectors and the impact of domestic violence on children and youth Experience developing evaluation tools for use in community, mentoring or children's based programming Experience developing and deploying evaluation strategies to measure short-term and long-term outcomes for a multi-year project Understanding of Indigenous ways-of-knowing and evaluation methodologies and experience working with Indigenous communities <i>*Professional or lived experience with the child welfare sector is an asset</i> <i>*French language skills considered an asset</i>	Each component will be graded out of 2 (for a total of 10)

<p>3. Workplan <i>*The proposal should contain a detailed description of the activities to be conducted by the consultant in order to complete the requested scope of work, including:</i></p> <ul style="list-style-type: none"> i. The specific activities to be completed at each stage of the evaluation, drawing upon the activities listed above. ii. A timeline for the activities conducted at each stage (i.e. workback schedule for data collection from partners) iii. Milestones and key deliverables based on evaluation activities 	Each component will be graded out of 2 (for a total of 6)
<p>4. Evaluation Plan</p> <ul style="list-style-type: none"> o Proposed how you would evaluate the Safe at Home program by preparing an evaluation plan. Must include: <ul style="list-style-type: none"> o details regarding design and methodology o recommendation of potential data points to collect that would demonstrate program impact 	Evaluation Plan will be marked out of 10
<p>5. Budget</p> <ul style="list-style-type: none"> o Provide a fixed fee quote and breakdown of all expenses for evaluation services, travel, report writing etc. (in the range of \$175,000-\$200,000) 	Marked out of 2
<p>6. References</p> <ul style="list-style-type: none"> o Please provide 2-3 references 	Marked out 6

APPENDIX

1. Safe at Home Project Description
2. Safe at Home Theory of Change
3. Project Reporting Schedule
4. Safe at Home Proposal

APPENDIX 1

Safe at Home Project Description

Background

Without safe, supportive, and responsive parents, young children who witness or experience domestic violence are at a much greater risk of short and long-term developmental and learning challenges compared to other children. Given children's dependence on their parents and their developmental vulnerabilities, the impacts of toxic stress and domestic violence are most pronounced for young children under the age of four and include delayed cognitive, emotional, language, and physiological development.ⁱ Young children will react to inter-parental conflict and exposure to domestic violence in a variety of ways including becoming withdrawn or anxious, engaging in repetitive play or regressive behaviour, having inhibited independence (such as separation anxiety), sleep problems, tantrums and impaired understanding.ⁱⁱ

These behavioural reactions pose challenges for learning and poor academic adjustment. A study at the Children's Aid Society of London and Middlesex determined that children exposed to domestic violence showed poor academic adjustments, including leading to grade repetition and expulsion.ⁱⁱⁱ Another study by Fantuzzo and Mohr demonstrated that children exposed to domestic violence are more likely than their peers to demonstrate an impaired ability to concentrate, difficulty in their schoolwork, and significantly lower scores on measures of verbal, motor, and cognitive skills.^{iv}

Before the pandemic, 44 percent of women in Canada reported having experienced some form of violence at the hands of their intimate partner during their lifetime.^v And during the pandemic, rates of domestic violence have risen dramatically. Studies show a significant increase in the numbers of calls to police and to victim support services in Canada, including a recent StatsCan report which identified that 54% of victim services reported an increase in domestic violence victims between mid-March and early July of 2020.^{vi}

In homes where domestic violence is occurring, children often bear witness to abuse and are victims themselves.^{vii} We know that exposure to domestic violence is one of the most common childhood adversities and one of the most frequently substantiated forms of child maltreatment in Canada^{viii} accounting for almost half (48%) of all cases. In Ontario alone, this equates to 20,500 child welfare cases each year.

Unfortunately, there is a lack of support to help families experiencing domestic violence - especially for families with children under 4; and programs that do exist are falling short. A national review of provincial and territorial domestic violence action plans has identified that only a few programs focus on children. And those that do typically provide general mental health services that address a variety of issues; and rarely have the capacity or ability to support parents with children under the age of four.^{ix}

Similarly, most programs for mothers experiencing domestic violence are not geared toward strengthening the bond between mothers and young children – a critical relationship that establishes the foundation for a child's cognitive, social, emotional, and behavioural development.

And with most domestic violence services focused on engaging women, fathers – who are always the perpetrators of abuse – are not being engaged or held accountable, and therefore not changing their behaviours. The result of which is increased risk to mothers and children.

Despite multiple and ongoing calls to improve practice, available services are failing to address the root causes and the unique impacts of abuse. This is concerning as the mothers' and fathers' ability to be safe, involved, engaged, sensitive and responsive parents is impaired and negatively affecting their ability to help their children learn emotional regulation and to create a healthy parent-child attachment that is essential for healthy development and learning.

In addition, the child welfare sector is ready for change. For over 100 years, child welfare in Canada has focused on protection, which led to thousands of Indigenous and non-Indigenous children being removed from their parents and placed in government care. But we know that children raised in government care too often experience adverse long-term outcomes such as poverty, homelessness, unemployment, incarceration, low high school graduation rates and poor mental and physical health.^x

In partnership with leading experts in child welfare, child development and family violence, the Foundation has been developing a large-scale, innovative project called Safe at Home to address the critical and growing need to support young children, mothers and fathers experiencing domestic violence.

Project Description

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The project is designed to respond to research and learnings demonstrating that best practice involves a collaborative front-line approach, with both child welfare and community-based agencies working together with families. This improves enrollment and participation of parents, leverages existing trust and relationships between child welfare agencies and families, builds program knowledge and training across both agencies, and creates a multi-agency team approach to supporting families.

Safe at Home will invest in proven programs to support children and families. For non-Indigenous communities, Safe at Home will scale two evidence-informed programs – Caring Dads and Mothers in Mind – in partnership with child welfare and community agencies.

Recognizing that Indigenous children and families require tailored, culturally sensitive approaches that take their unique needs into account, Indigenous-led child welfare agencies will have the option to design and deliver their interventions aligned to the overall goals of Safe at Home or to adapt [Caring Dads](#) and [Mothers in Mind](#) to meet community needs.

Safe at Home will target young children and parents in Ontario and Manitoba who are experiencing intimate partner violence. More specifically:

- Children under four: Children under four are at the greatest risk of negative short and long-term development and learning outcomes caused by intimate partner violence due to their developmental vulnerabilities.¹ These children need strong relationships with their parents for their overall well-being and to foster learning.
- Mothers with children under four years of age: Living day to day with trauma, fear, and isolation, these women are often unable to be responsive and effective as their child's first teacher in the areas of cognitive, social, emotional, and behavioral development. Participating mothers must be either living with their children or working towards re-unification and must be in a position where they can focus on the needs and development of their child(ren) (i.e. be reasonably safe and secure, and not managing substance issues).
- Fathers with children under four years of age who are perpetrating intimate partner violence. Participating fathers must be engaged with a child welfare agency due to concerns of intimate partner violence, be in a position where access to their children has not been fully removed, and not pose an immediate risk to the mother or child.

Project Roll-Out

There will be a gradual roll-out of the project over the first three years with sites (locations where the programs will be run) coming on board in years one through three.

	Year One 2022-23	Year Two 2023-24	Year Three 2024-25	Year Four 2025-26	Year Five 2026-27
Caring Dads	3 sites	6 sites	8 sites	8 sites	8 sites
Mothers in Mind	1 site	2 sites	5 sites	5 sites	5 sites
Indigenous Programs	1 site	3 sites	4 sites	4 sites	4 sites

Caring Dads

Designed by a team of academics, clinical psychologists, social workers, and experts in family violence and children's mental health services, **Caring Dads works with fathers to help them understand and take responsibility for their actions and motivates change to improve the father-child relationship and subsequently the development of the child.** Using cognitive behavioural therapy and psychoeducational and motivational interviewing, Caring Dads builds trust with participating fathers, helps them understand the roots and consequences of their behaviour, and promotes child-centered parenting and non-abusive interactions with their parenting partners.

Child-centred fathering is critical to child development as children learn from involved, engaged, and responsive parents. Through Caring Dads sessions, fathers learn how to be their child's teacher by learning how to listen, positively engage, and understand and meet their child(ren)'s needs; and how to play and explore with their child(ren). Engaged fathers are constantly teaching their child(ren) through modeling and interaction.

While the program is focused on working directly with men, it ultimately strives to improve the safety and well-being of mothers and children. To this end, there is interaction with mothers to ensure they have the information they need to make the best decisions for themselves and their children.

Currently being delivered in communities around the world, the Caring Dads model has seen great success: the re-open rate of cases with child welfare agencies has reduced by half, and father-child relationships have significantly improved.

Each Caring Dads session will be led by 2 trained facilitators. The facilitators will be employed by either the local child welfare agency or a community-based organization working in partnership with the child welfare agency. In large communities, child welfare organizations may prefer to run Caring Dads in-house, and in smaller communities, where the stigma and visibility of participating in child-welfare led program is greater, it may be preferable to run Caring Dads from a community-based organization (but in partnership with the local child welfare agency).

Fathers will be referred to the program by frontline child protection workers. Fathers who are eligible to participate in the program include those who are: currently engaged with a child welfare agency due to concerns about intimate partner violence; in a position where access to their children has not been fully removed; have a child under the age of four and do not pose an immediate risk to the mother or child(ren).

Depending on the size of the community, Safe at Home partners will run two to six Caring Dads groups per year. Each group will include 10-15 fathers and will meet one evening each week for 17 weeks. Sessions will be held in person at the child welfare or community-based organization and can be delivered via video calls if necessary due to Covid-19 concerns. The Caring Dads organization will provide in-depth training and ongoing consultation to the facilitators as well as high-level training and oversight to either the child welfare or community-based organization; and will participate in the Safe at Home Community of Practice.

The program includes the following components:

- Initial sessions to develop trust and motivation to engage men in the process of examining the approach to fathering.
- Ongoing sessions to:
 - increase awareness and application of child-centered fathering
 - increase awareness of, and responsibility for, abusive and neglectful fathering behaviours and their impact on children
 - consolidate learning, rebuild trust with their children, and plan for the future.
- Fathers practice what they've learned in between sessions by interacting with their children during access visits.
- Outreach to mothers (3 or more times) to inform them about the intervention, ensure safety and freedom from coercion, anticipate and work to avoid potential unintended negative consequences, provisional referral, and safety planning to her (if necessary).
- Follow up work to:
 - ensure the safety and well-being of the child through collaborative case management that engages fathers, child welfare workers, and the local Caring Dads facilitators
 - respond to ongoing or rising risk through joint meetings and planning.

Outcomes of the Caring Dads intervention include:

- 2,900 fathers reached (assuming 8 sites)
- 4,350 children under 4 years of age reached (assuming 8 sites)
- Improved safety through reduced rates of intimate partner violence (re-open rates reduced by half)
- stronger father-child relationships
- improved parenting skills and self-efficacy
- improved child development
- increased respectful treatment of child's mother
- a reduced number of kids entering and growing up in government care.

Mothers in Mind

Mothers experiencing intimate partner violence are often unable to provide consistent, safe, and compassionate parenting for their child(ren). Living day-to-day with trauma, fear and increased levels of social isolation puts mothers and their children at risk and can prevent them from accessing necessary support and resources. Without support, mothers may be unknowingly triggered by their child and may respond in ways that adversely impact their child's cognitive, social, or emotional development. Helping mothers understand the impact their trauma can have on their parenting has been shown to improve their capacity for attachment and help them become more responsive and effective to help their child with healthy development and learning.¹⁰

Designed by the Child Development Institute and rooted in a trauma-informed approach and the principles of attachment theory, Mothers in Mind is widely considered a leading program model for mothers whose experiences of abuse are making it difficult to parent.

Mothers in Mind is a relationship-focused, mother-child group intervention that is designed to improve the cognitive, emotional, social, and behavioural development of young children by providing parenting support to mothers who have experienced intimate partner violence. It was developed to respond to a gap in service for mothers who have experienced trauma and abuse and are currently parenting children under the age of four.

The Safe at Home adaption of Mothers in Mind blends the expertise of trained clinicians at community-based children's mental health agencies with social workers at child welfare agencies. Sessions are run at child welfare agencies and co-facilitated by staff from both sectors. This collaborative, adapted approach is specifically designed to strengthen enrolment and participation by addressing the feelings of the stigma associated with participating in a program run by a community-based organization or the feelings of investigation associated with participating in a program run by a child welfare agency; help mothers feel safe given the involvement of a child welfare worker, and provide constant communication and support from multiple sources.

Child welfare workers will refer mothers to the program based on their eligibility which includes having a child(ren) under the age of four, experiencing trauma due to intimate partner violence, being reasonably safe and secure, not managing substance issues, and not living with the abusive father. If a child is in kin/foster care, then the mother must be working towards reunification.

Outcomes from the Mothers in Mind intervention include:

- stronger mother-child bond/relationship (essential for child learning and development)
- improved parenting skills and parenting self-efficacy
- improved child development
- a reduced number of kids entering and growing up in government care.

Mothers In Mind will run 5 groups per year, each for 10 weeks. A maximum of six mother-child pairs participate in each weekly session throughout the program. Each session will be co-facilitated by two

clinicians (employed by the local children's mental health agency) who are specially trained to facilitate trauma-informed care in a group environment and a child welfare worker (employed by the local child welfare agency). Equipped with the knowledge and clinical expertise needed to recognize and understand the nuances of how trauma can affect the moment-to-moment interactions between mothers and their young children, the clinicians and child welfare workers will create a comfortable and playful environment where mothers are supported in their current parenting strengths and exploring new ways of sensitively responding to their child.

Sessions will be held in person at either the child welfare or children's mental health agency and can be delivered via video calls if necessary due to Covid-19 concerns. The Child Development Institute will provide in-depth training and ongoing consultation to the clinicians as well as high-level training and oversight to both the child welfare and children's mental health agency; and will participate in the Safe at Home Community of Practice.

The Mothers in Mind sessions are designed to gradually support mothers in exploring their parenting and their relationship with their child. The ten sessions are divided into three main areas.

1. Laying the Foundation (sessions 1-3) - The initial focus is on the mothers' wellbeing (self-care, self-compassion, the stressful parts of parenting, and developing approaches to manage them) to help mothers identify useful strategies before focusing directly on attending to the needs of their child.
2. Strengthening Mother-Child Relationship through Responsiveness (sessions 4-8) - Mothers examine the emotional needs of their young children, including different components of responding sensitively and finding comfortable and safe ways to support their children. Understanding and responding to their child's development and temperament are also explored as a means of providing practical, trauma-informed parenting support.
3. Closure (sessions 9-10) - During the final two sessions, mothers, clinicians, and child welfare workers work together to reflect on experiences and look ahead to identify future hopes for themselves and their relationship with their child and put a plan in place for any additional supports and interventions that may be needed.

Follow-up can include additional counseling or parenting programs at one of the two partnering agencies or referrals to other community services.

APPENDIX 2

Safe at Home Project Theory of Change

Need	Resources (Inputs)	Activities (Outputs)	Implementation Outcomes	Mechanisms of Change	Outcomes
The specific need(s), problem(s) or issue(s) the intervention addresses	The resources required to address the need	What is done or provided to address the need and lead to change	Change(s) for practitioners, organizations or systems arising from the activities	Participants' responses and learning from the activities (understanding, thinking, feeling)	The change(s) that should result for participants (behaviours, practices, relationships, states)
<ul style="list-style-type: none"> Young children who witness or experience domestic violence are at a much greater risk of developmental and learning challenges compared to other children. There is a lack of support to help families experiencing IPV - especially for families with children under 4; and programs that do exist are falling short. Most programs for mothers experiencing IPV are not geared toward strengthening the bond between mothers and young children Most IPV services focused on engaging women, fathers – who are always the perpetrators of abuse – are not being engaged or held accountable, and therefore not changing their behaviours. The result of which is increased risk to mothers and children. 	<ul style="list-style-type: none"> Funding Time and expertise Program Experts Staffing Training Referrals Programs Partnerships 	<ul style="list-style-type: none"> Mothers and Fathers have access to Mothers in Mind, Caring Dads and Indigenous Programs and learn skills 	<ul style="list-style-type: none"> Training for child welfare to better understand how to help families affected by IPV and how to engage fathers (not just mothers) Increased/enhanced partnerships between child welfare and community-based organizations to support families affected by IPV Improved relationships between child welfare agencies and families at risk 	<ul style="list-style-type: none"> Learning skills Reduced anxiety and depression Reduced isolation Reduced feelings of shame and guilt around parenting after violence and trauma Emotion regulation 	<ul style="list-style-type: none"> Improved developmental outcomes for children Improved safety through reduced domestic violence Improved parent-child relationship Increased parental confidence in teaching their children Increased parental skills and self-efficacy <ul style="list-style-type: none"> increased knowledge of child development including understanding typical child behaviours and socio-emotional needs increased knowledge of positive parenting strategies including identifying the impact of their behavior on their children increased engagement in more child-centered parenting Increased respectful treatment of children's mother Reduce the number of kids entering and growing up in government care.

APPENDIX 3

Program Reporting Schedule

Program Reporting Deadlines	Report Type	Time Period
September 15, 2022	Interim Report	April 1, 2022 – August 31, 2022 (CAFC to complete based on project implementation work completed to date)
January 15, 2023	Narrative and Financial Report	April 1, 2022 to January 15, 2023 (CAFC to complete based on MIM project implementation work completed to date)
March 31, 2023	Narrative and Financial Annual Report	April 1, 2022 – March 31, 2023
September 1, 2023	Interim Report	April 1, 2023 – August 31, 2023
January 15, 2024	Narrative and Financial Report	April 1, 2023 to January 15, 2024 (CAFC to complete in cooperating with Evaluator based on MIM project implementation work completed to date)
March 31, 2024	Narrative and Financial Annual Report	April 1, 2023 – March 31, 2024
September 1, 2024	Interim Report	April 1, 2024 – August 31, 2024
January 15, 2025	Narrative and Financial Report	April 1, 2024 to January 15, 2025 (CAFC to complete in cooperating with Evaluator based on MIM project implementation work completed to date)
March 31, 2025	Narrative and Financial Annual Report	April 1, 2024 – March 31, 2025
September 1, 2025	Interim Report	April 1, 2025 – August 31, 2025
January 15, 2026	Narrative and Financial Report	April 1, 2025 to January 15, 2026 (CAFC to complete in cooperating with Evaluator based on MIM project implementation work completed to date)
March 31, 2026	Narrative and Financial Annual Report	April 1, 2025 – March 31, 2026
September 1, 2026	Interim Report	April 1, 2026 – August 31, 2026
March 31, 2027	Narrative and Financial Annual Report	April 1, 2026 – March 31, 2027
June 30, 2027	Final Project Report	Covers the entire project period

ⁱ Carpenter, G. L., & Stacks, A. M. (2009). Developmental effects of exposure to intimate partner violence in early childhood: A review of the literature. *Children and Youth Services Review*, 31, 831-839. cited in [The Effects of Violence on Academic Progress and Classroom Behavior: From a Parent's Perspective \(counseling.org\)](#)

ⁱⁱ Baker and Cunningham (2009) [Domestic Violence and Education: Examining the Impact of Domestic Violence on Young Children, Children, and Young People and the Potential Role of Schools \(nih.gov\)](#).

ⁱⁱⁱ Chiodo, D., Leschied, A. W., Whitehead, P. C., & Hurley, D. (2008). Child welfare practice and policy related to the impact of children experiencing physical victimization and domestic violence. *Children and Youth Services Review*, 30(5), 564–574.

^{iv} Fantuzzo, J. and Mohr, W. (1999). "Prevalence and effects of child exposure to domestic violence." *The Future of Children*, 9(3), 21-32. 26. Schechter, S. and Edleson, J.L. (2000). Domestic violence and children: Creating a public response. Center on Crime, Communities and Culture for the Open Society Institute <https://doi.org/10.1016/j.childyouth.2007.11.008> 6.

^v Statistics Canada, "Intimate partner violence in Canada, 2018: An overview," updated April 26, 2021.

^{vi} [The COVID-19 pandemic and its impacts on Canadian victim services \(statcan.gc.ca\)](#).

^{vii} Modi, M.N., Palmer, S., Armstrong, A. (2014). "The Role of Violence Against Women Act in Addressing Intimate Partner Violence: A Public Health Issue." *Journal of Women's Health*, 23(3): 253-259.

^{viii} Public Health Agency of Canada, "Canadian Incidence Study of Reported Child Abuse and Neglect – 2008: Major Findings," 2010.

^{ix} Jenney, A & Scott, K. (2019) A Canadian scan of provincial treatment and intervention services for children aged 0 to 4 years who have been exposed to domestic violence

^x Conference Board of Canada, 2014, and Ontario Association of Children's Aid Societies, 2011

Safe at Home

Strengthening parent-child relationships, reducing domestic violence and improving outcomes for vulnerable young children.



CHILDREN'S
AID FOUNDATION
OF CANADA

Imagine a Canada in which every child is safe at home.

Right now, that's not the case. Canada is facing a domestic violence crisis that is having profound long-term impacts on children and families; and families, and rates of domestic violence have increased dramatically during the COVID-19 pandemic.

Yet despite the vast intergenerational consequences of domestic violence, vulnerable families currently face a major gap in services.

Without access to the right supports, rates of domestic violence in Canada will remain high, children will remain at risk and continue to struggle with the lifelong effects of abuse and more children will grow up in government care – a reality that puts them at significant risk of experiencing adverse long-term outcomes.

Safe at Home aims to close that gap.

Led by Children's Aid Foundation of Canada and delivered in partnership with leading experts in child welfare, child development and family violence, Safe at Home is an innovative program that will empower child welfare agencies and community organizations to deliver scalable, culturally responsive and evidence-based services for young children and families experiencing domestic violence.

Through its focus on building healthier parent-child relationships, helping parents develop the skills they need to prevent violence from reoccurring and supporting healthy child development, Safe at Home aims to keep children safe at home and build a stronger, more resilient future for everyone.

With the support of our generous donor community, over the next five years Safe at Home will be delivered in communities across Ontario and Manitoba – establishing a foundation of evidence and best practices for scaling to communities across Canada.

You can help keep vulnerable children safe from violence.

In order to fully launch in Ontario and Manitoba, Safe at Home requires a collective \$10 million public-private investment.

As a leading champion of our country's most vulnerable young people, you can fuel urgently needed change for the landscape of domestic violence services and family supports in Canada.

Today, Children's Aid Foundation of Canada gratefully requests your consideration to stand up for children and families experiencing domestic violence. With a transformational investment, you will help enable the launch of a bold new strategy that will change lives and change the future for children in need.

Thank you so much for your consideration.

The Child Victims of Canada's Domestic Violence Crisis

Canada is facing a domestic violence crisis – one that is having profound short and long term impacts on children.

Even before COVID-19, 44 per cent of women in Canada reported having experienced some form of psychological, physical or sexual violence at the hands of an intimate partner.¹ During the pandemic, rates of domestic violence have risen dramatically. Studies show a significant increase in the numbers of calls to police and to victim support services in Canada, including a recent StatsCan report which identified that 54% of victim services reported an increase in domestic violence victims between mid-March and early July of 2020.²

In homes where domestic violence is occurring, children often bear witness to abuse – or are victims themselves.³ In fact, domestic violence is one of the most frequently substantiated forms of child maltreatment in Canada,⁴ accounting for almost half (48 per cent) of all cases. In Ontario alone, this equates to 20,500 cases each year.

Adverse childhood experiences, which includes domestic violence, elicit intense stress responses in children. While positive stress helps achieve peak performance, toxic stress is harmful to brain development, health and well-being. Toxic stress is chronic, excessive stress that exceeds a child's ability to cope, especially in the absence of supportive parents or caregivers. Over time, toxic stress will

increase children's risk of developmental delays, learning disabilities and childhood behaviour problems - as well as a host of physical and mental health problems as adults.⁵

"Children are not passive witnesses... little eyes and little ears don't miss much. ... Child 'witnesses' of violence and abuse are overwhelmed by intense feelings and concentrate hard on their own thoughts. They may feel confused and scared and blame themselves,... imagine what might happen next, and anticipate potential consequences.

"A child who lives in violence is forever changed, but not forever 'damaged'. There is a lot we can do to make tomorrow better."

- From the report *Little Eyes, Little Ears: How Violence Against a Mother Shapes Children as They Grow* (Public Health Agency of Canada, 2007)



1. Statistics Canada, "Intimate partner violence in Canada, 2018: An overview," updated April 26, 2021.

2. The COVID-19 pandemic and its impacts on Canadian victim services (statcan.gc.ca).

3. Modi, M.N., Palmer, S., Armstrong, A. (2014). "The Role of Violence Against Women Act in Addressing Intimate Partner Violence: A Public Health Issue." *Journal of Women's Health*, 23(3): 253-259.

4. Public Health Agency of Canada, "Canadian Incidence Study of Reported Child Abuse and Neglect - 2008: Major Findings," 2010.

5. Clinton, Jean (2020) *Love Builds Brains*, 63-66., Kaiser Permanente and the Centers for Disease Control and Prevention, *Preventing Adverse Childhood Experiences (1997) The Adverse Childhood Experiences Study (ACE Study)*.

The Child Victims of Canada's Domestic Violence Crisis continued

But when parents themselves are involved in the toxic stress, as in the case of domestic violence, they are often unable to provide support and may also lack the skills needed to teach their child(ren) and help them overcome traumatic experiences. To make a difference in the life of children, we have to help their parents.

Given their dependence on their parents and their developmental vulnerabilities, the impacts of toxic stress and domestic violence are most pronounced for young children under the age of four and include delayed cognitive, emotional, language, and physiological development.⁶

The impacts are dire. Research shows that children who experience or witness abuse face significant short- and long-term emotional, behavioural and academic challenges – challenges that put them at risk of a lifetime of adversity.⁷

Furthermore, these children are significantly more likely to be removed from their family homes and placed in government care. But we know that children raised in government care too often experience adverse long-term outcomes such as poverty, homelessness, unemployment, incarceration, low high school graduation rates and poor mental and physical health.⁸



6. Carpenter, G. L., & Stacks, A. M. (2009). Developmental effects of exposure to intimate partner violence in early childhood: A review of the literature. *Children and Youth Services Review*, 31, 831-839. cited in *The Effects of Violence on Academic Progress and Classroom Behavior: From a Parent's Perspective* (counseling.org).

7. Stiles, Melissa M. "Witnessing Domestic Violence: The Effect on Children," *American Family Physician*, December 2002, 66(11): 2052-2067.

8. Conference Board of Canada, 2014, and Ontario Association of Children's Aid Societies, 2011.

The Current System is Failing Families

Families experiencing domestic violence currently face a major gap in services designed to meet their complex needs.

A national review of provincial and territorial domestic violence action plans has identified that only a few programs focus on children, and those that do typically provide general mental health services that address a variety of issues. Furthermore, very few have the capacity or ability to support families with children under the age of four.

Similarly, the majority of services designed to support women victims of domestic violence do not include programs geared toward strengthening the bond between mothers and young children – a critical relationship that establishes the foundation for a child’s long-term social, mental, emotional and physical health.

And with the majority of domestic violence services focused on engaging women, fathers – who are nearly always the perpetrators of abuse – are not being engaged or held accountable, and therefore not changing their behaviors. This can result in ongoing or increased risk to mothers and children.

Despite multiple and ongoing calls to improve practice in this area of domestic violence, available services are failing to address the root causes and the unique impacts of abuse. This is concerning as these mother’s and father’s ability to be involved, engaged, sensitive and responsive parents is impaired and negatively affecting their ability to help their children with healthy development and learning.

It’s time to support the well-being of vulnerable young children exposed to domestic violence by investing in programs that help mothers and children heal and that reduce future risk by engaging fathers.



Safe at Home: Building Better Outcomes and Healthier Futures

Research has established that having responsive and engaged parents is a fundamental predictor of the social, emotional and physical well-being of very young children⁹ and is a key predictor of child adjustment in the context of adversity.¹⁰

Recognizing the power of responsive and engaged parents, Safe at Home is an innovative strategy to support healthy child development by strengthening parent-child relationships, reducing the re-occurrence of domestic violence and keeping children safe at home instead of growing up in government care.

GOALS

- Improve outcomes for young children and families by building parent-child relationships, reducing rates of domestic violence and helping parents create environments where their children can thrive.
- Reduce the number of kids entering and growing up in government care.
- Leverage and build collaboration across child welfare and community-based organizations.
- Build capacity at child welfare and community-based organizations.
- Improve relationships between child welfare agencies and families at risk.
- Bring evidence-informed programs and promising practices to scale in communities across Canada.

“When kids are safe, when families are healthy, when women are thriving, we all benefit.”

– The Honourable Maryam Monsef, Minister for Women and Gender Equality

STRATEGIES

- Strengthen families by scaling proven, culturally appropriate interventions to communities in Ontario and Manitoba.
- Deliver interventions as a collaboration between child welfare and community-based agencies.
- Engage provincial governments early and ongoing to build alignment with existing programs and provide evidence to strengthen future plans.
- Develop a Community of Practice that brings program partners and front-line workers together.
- Share learnings and outcomes with child welfare sector, Indigenous organizations, community agencies and other interested stakeholders across Canada to deepen knowledge and inform practice.
- Develop a robust evaluation plan to determine the efficacy of the program model and support further scaling across Canada.

9. Bakersman-Kranenburg et. al., 2003.

10. (Van Voorhees & Scarpa, 2004).

Embedding Evidence-Informed Programs within the Child Welfare Landscape in Ontario and Manitoba

Safe at Home has a goal to reach approximately 5,000 fathers and mothers and over 7,400 children under the age of four over five years, with the program ideally being offered to both parents of the same children.

Safe at Home will empower child welfare agencies and child- and youth-serving organizations in 12 communities in Ontario and Manitoba to deliver scalable, culturally responsive and evidence-based services for young children and families experiencing domestic violence.

The program is designed to respond to research and learnings demonstrating that best practice involves a collaborative front-line approach, with both child welfare and community-based agencies working together with families. This improves enrollment and participation of parents, leverages existing trust and relationships between child welfare agencies and families, builds program knowledge and training across both agencies and creates a multi-agency team approach to supporting families.

Ontario and Manitoba have been specifically selected for Safe at Home.

Ontario is a significant hub of child welfare expertise and collaboration, with several child welfare agencies

– including the Children’s Aid Society of Toronto and Native Child and Family Services of Toronto, both major partners of Children’s Aid Foundation of Canada – already having some experience delivering domestic violence interventions.

With over 11,000 children currently living in government care in Ontario, the province is also experiencing steady growth in the number of child maltreatment investigations underway through child welfare agencies – with exposure to domestic violence by far the most common reason for an investigation.

Manitoba’s child welfare system is facing complex challenges. The province has the highest per-capita rate of kids in care in Canada, over 90 per cent of whom are Indigenous. It is also the only province noting an increase in the number of children in care. Furthermore, the province has the second-highest rate of domestic violence of any Canadian province.¹¹

Timing is opportune as both the Ontario and Manitoba governments are searching for innovative evidence-informed programs and policies to improve outcomes for children, youth and families involved in the child welfare system and to reduce the number of children and youth entering and growing up in care.



11. Statistics Canada, “Family violence in Canada: A statistical profile, 2018.” Released December 12, 2019.

Investing in Proven and Culturally Responsive Programs

Safe at Home will invest in proven programs to support children and families.

For non-Indigenous communities, Safe at Home will scale two evidence-informed programs – Caring Dads and Mothers in Mind – in partnership with child welfare and community agencies.

Recognizing that Indigenous children and families require tailored, culturally sensitive approaches that take their unique needs into account, Indigenous-led

child welfare agencies will have the option to design and deliver their own interventions aligned to the overall goals of Safe at Home or to adapt Caring Dads and Mothers in Mind to be culturally appropriate.

By helping Indigenous families heal, develop long-term resilience and remain together, Safe at Home holds the potential to strengthen Indigenous communities while advancing our collective journey of reconciliation.

As a result of systemic racism and legacies of colonization, Indigenous children are significantly overrepresented in Canada's child welfare system – a reality that has been called a humanitarian crisis by the Canadian federal government.¹² In Manitoba alone, over **90%** of all children living in government care are Indigenous.¹³

“There is no singular solution to ending family violence [for Indigenous families]. Solutions are as diverse as indigeneity itself, as solutions must come from within Indigenous place-based, cultural practices and teachings.”
– Cindy Holmes, PhD and Sarah Hunt, PhD in “Indigenous Communities and Family Violence: Changing the Conversation.”

12. CBC, “Indigenous child welfare rates creating ‘humanitarian crisis’ in Canada, says federal minister,” November 2, 2017.

13. Government of Manitoba, “Opportunities to Improve Outcomes for Children and Youth,” September 2018.

About Caring Dads

In Canada, police reports indicate that fathers represent the vast majority of perpetrators in cases of domestic violence. Yet child and family services tend to focus on working with the mother of families experiencing domestic violence, not the father.

Given safety concerns, fathers perpetrating violence are often increasingly isolated from their children. As a consequence, they may start to blame their partners and their children, and develop an unhelpful and untrue narrative of themselves as the “victim”. They may use increasingly coercive strategies to try to regain a sense of connection and control. As problems continue and as they lose hope for a future relationship with their children, many will manifest their frustrations in the form of continued violence or move on to another family, where the cycle will continue.

With no one monitoring the father’s behaviours, the mother is solely responsible for her safety and that of her child(ren).

And with no one addressing the father’s behaviours – or holding him responsible – the cycle continues, leaving the mother and child(ren) at risk.

Caring Dads shifts the institutional focus from the mother to the father.

Designed by a team of academics, clinical psychologists, social workers and experts in family violence and children’s mental health services, Caring Dads works with fathers to help them understand and take responsibility for their actions, and motivates change.

Using cognitive behavioural therapy and psychoeducational and motivational interviewing, Caring Dads builds trust with participating fathers, helps them understand the roots and consequences of their behaviour, promotes child-centred parenting



and non-abusive interactions with their parenting partners and educates participants about the cyclical nature of abuse and neglect.

Child-centred fathering is critical to child development as children learn from involved, engaged and responsive parents. Through Caring Dads, fathers learn how to listen to, positively engage with, play and explore with, and understand and meet the needs of their child(ren).

While the program is focused on working directly with men, it ultimately strives to improve the safety and well-being of mothers and children. To this end, there is interaction with mothers to ensure they have the information they need to make the best decisions for themselves and their children.

Currently being delivered in communities around the world, the Caring Dads model has seen great success: the re-open rate of cases with child welfare agencies has reduced by half, and father-child relationships have significantly improved.

Through Safe at Home, program partners offering the Caring Dads intervention will run three to six groups per year depending on the size of the community. Each group will include up to 12 fathers, and will meet one evening each week for 17 weeks.

To participate, fathers must be engaged with a child welfare agency due to concerns about domestic violence, be in a position where access to their children has not been fully removed, have a child under the age of four and not pose an immediate risk to the mother or child(ren).

“Participating in Caring Dads gave me a lot of opportunity to think about myself and my actions. I want to be the best dad I can be, and I realize now that I need to have more compassion and forgiveness for my own parents.”

– Father who participated in Caring Dads



About Mothers in Mind



Mothers experiencing domestic violence are often unable to provide consistent, safe and compassionate care for their children. Living day-to-day with trauma, fear and increased levels of social isolation puts mothers and their children at

risk and can prevent them from accessing necessary supports and resources.

Without support, mothers may be unknowingly triggered by their child and may respond in ways that perpetuate cycles of child abuse and neglect¹⁴ or adversely impact their child's social-emotional development.

Helping mothers understand the impact their trauma can have on their parenting has been shown to improve their capacity for attachment and help them become more responsive and effective with their child(ren)¹⁵ – ultimately breaking the intergenerational transmission of trauma.

Designed by the Child Development Institute, Mothers in Mind is one of the only available programs recognizing how the experience of violence may impact a mother's ability to respond to her child's needs. Rooted in a trauma-informed approach and the principles of attachment theory, which is centred on building strong emotional bonds between mothers and children, Mothers in Mind is widely considered a leading program model for mothers and children experiencing domestic violence.

Through Safe at Home, Mothers in Mind will blend the expertise of child welfare and children's mental health agencies to support mothers who are working towards managing significant complexities – including experiences of trauma, parenting and ongoing child welfare involvement – and who struggle to participate in community-based programs.

Over the course of 12 weeks, this program will intervene early in the lives of mothers and their young children in order to enhance parenting skills, improve parenting self-efficacy and strengthen the critical bond between mothers and their children. A maximum of six mother-child pairs participate in each weekly session over the duration of the program.



Each session will be delivered by two clinicians and a child welfare worker, all of whom are specially trained to facilitate trauma-informed care in a group environment. Equipped with the knowledge and clinical expertise needed to recognize and understand the nuances of how trauma can affect the moment-to-moment interactions between mothers and their young children, the clinicians and social worker will create a comfortable and playful environment where mothers are supported in their current parenting strengths and exploring new ways of sensitively responding to their child.

To participate, mothers must have a child under the age of four, be experiencing trauma due to domestic violence and not be living with the abusive father. If her child is in kin/foster care, then she must be working towards reunification. The program is most effective when the mother is in a reasonably safe and secure situation (i.e. housing, mental health) and not managing substance issues, so she is able to focus on the needs of her child(ren).

“Mothers in Mind helped me to understand how responsive, sensitive parenting can help break the cycle of violence, which I now see has been creating harm in my family for generations.”

– Mother who participated in Mothers in Mind

14. Levendosky & Graham-Bermann, 2001.

15. Iyengar, et al. 2014.

About Potential Interventions for Indigenous Communities

To ensure that interventions meet the unique needs of Indigenous families, participating Indigenous-led child welfare agencies will have an opportunity to recommend program(s) that meet the Safe at Home program goals.

These agencies may choose to offer a promising or proven program designed specifically for their community or adapt the Caring Dads and/or Mothers in Mind program models to be culturally appropriate for the unique needs of the children and families they serve.

Examples of interventions that may be delivered by Indigenous-led partners include:

Circles of Fatherhood

This program, currently being delivered at Native Child & Family Services of Toronto, supports healthy parent/child relationship and positive holistic health for families with children up to the age of six who are living in conditions of risk. The program incorporates child development, infant mental health, the role of the father, traditional men's teachings and healthy relationships. Under the Safe at Home program umbrella, fathers of young children who have perpetrated domestic violence would be identified to participate.



Red Road to Healing

Animikii Ozoson Child & Family Services in Winnipeg is working in partnership with the North Point Douglas Women's Centre on a program called Red Road to Healing. This program supports women who have experienced domestic violence and are ready to move forward in their healing journey. Traditional positive parenting could also be applied to the program under the Safe at Home umbrella to further support mothers with their parenting while dealing with the traumatic effects of domestic violence.

I Am a Kind Man

Kizhaay Anishinaabe Niin (translated into English as "I am a kind man") engages Indigenous men by raising awareness and understanding of the causes of violence against women. Using culturally-based activities and teachings, this program offers Indigenous men a safe place to come together to understand their roles and responsibilities.

About the Team

Lead: Children's Aid Foundation of Canada

As the only charity in Canada with a national mandate to support children, youth and families involved with the child welfare system, and with years of experience co-designing, delivering and evaluating evidence-based, multi-sectoral solutions, Children's Aid Foundation of Canada is proud to serve as the lead of Safe at Home. In this work, the Foundation will leverage and build upon our national network of child welfare agency partners and continue developing strong relationships with the Ontario and Manitoba governments to build awareness and support to bring these programs to scale.

Creating a comprehensive, evidence-based and scalable approach is only possible through the focused leadership of a central organization connected to a broad national network. Playing this central role, the

About the Team continued

Foundation will work with experts to design and adjust the program for continuous improvement; manage the selection, oversight and support of multiple and cross-sectoral front-line program delivery partners; oversee the evaluation design, tools and implementation; lead the knowledge translation and reporting activities; establish and facilitate the Community of Practice to share learnings, outcomes and challenges; and manage the budget.

With many child welfare agencies unable to focus on prevention work due to funding and capacity constraints, Safe at Home may be their only opportunity to address the urgent needs of children and families experiencing domestic violence. Children's Aid Foundation of Canada, as the program and fundraising lead, will bring the operational and financial resources necessary to launch and implement this important work, and to develop strategies for long term sustainability, including through the enhanced knowledge and capacity of partnering agencies.

Program Experts

Caring Dads is a Canadian-based organization providing leadership and evidence-based interventions for families experiencing domestic violence, and designed the program of the same name. Caring Dads will support the training and consultation of the front-line program facilitators and will participate in the program evaluation and Community of Practice.

The Child Development Institute (CDI) is an accredited children's mental health agency offering early intervention, family violence and early learning programs, and designed the Mothers in Mind intervention. A trusted thought leader in children's mental health and family violence, CDI will support the training and consultation of front-line clinicians at community agencies and will participate in the program evaluation and Community of Practice.

Dr. Angelique Jenney is an Associate Professor at the Faculty of Social Work, and the Wood's Homes Research Chair in Children's Mental Health at the University of Calgary. Dr. Jenney has 25 years of experience in intervention and prevention services within the violence against women, child protection and children's mental health sectors. Her community-based research and practice interests focus on the impact of intimate partner violence on children, including family-based interventions for trauma in children and youth; child protection responses; and the use of reflective, simulation-based training approaches.

Dr. Katreena Scott is a professor, clinical psychologist and Director of the Centre for Research and Education on Violence Against Women and Children at Western University. She holds a Tier I Canada Research Chair in Ending Child Abuse and Domestic Violence. Dr. Scott leads an applied research program to address violence in family relationships, with specific expertise on addressing violence perpetration in men. Dr. Scott co-designed the Caring Dads program and is a co-investigator in the DV@Work Network and the Canadian Domestic Homicide Prevention Initiative for Vulnerable Populations.

Program Delivery Agencies

Safe at Home will be delivered through child welfare organizations, community-serving organizations and children's mental health agencies in communities throughout Manitoba and Ontario, including agencies led by or serving Indigenous communities. Agencies will be selected based on their capacity to deliver and administer the program and the degree of need among the children and families they serve.

Evaluating Impact

Safe at Home will have a robust evaluation framework that will measure progress towards program goals, capture learnings, inform ongoing program improvements and create a robust body of evidence.



Evaluation strategies will include standardized surveys and interviews with mothers and fathers, reviews of child protection files to assess improved practices in recognizing and responding to child exposure to domestic violence and process evaluation of the implementation of change. Evaluation activities will build on the existing and proven qualitative and quantitative evaluation methods of each intervention while adding in measures specific to the child welfare context.

Working closely with the Indigenous partners, the evaluation framework will include Indigenous evaluation methodologies and will be tailored to meet the needs of – and measure appropriate outputs and outcomes for – Indigenous children, families, communities and agencies.

We will evaluate the efficacy of the model from multiple perspectives. Examples include the impact on families when one or both parents participate, when the intervention is delivered by a child welfare agency versus a community-based organization or when the intervention is delivered in a large versus small community.

Safe at Home will be evaluated by an independent, professional program evaluator who will lead the development of the evaluation framework, tools, monitoring and reporting, working closely with Children's Aid Foundation of Canada, program experts and program delivery partners.

Building Partnerships and Sharing Knowledge

Children's Aid Foundation of Canada will establish a Community of Practice that will include program experts (Caring Dads, Child Development Institute and Drs. Scott and Jenney), child welfare agencies and community-based partners. Meeting regularly, this group will be committed to sharing information, learnings, successes and challenges to constantly evolve and strengthen the program and to continue to build a robust body of evidence demonstrating the efficacy of the interventions delivered through Safe at Home.



Outcomes, learnings, tools and resources will be shared openly and promoted widely with child welfare agencies and community-based organizations, policy-makers, academia, government, funders and researchers. Knowledge will be shared through annual program impact reports and a white paper, presentations at child welfare conferences and webinars hosted by sector leaders such as Child Welfare League of Canada.

Appendix A: About Children's Aid Foundation of Canada

Children's Aid Foundation of Canada is focused on improving outcomes for our three priority populations:

1. CHILDREN AND FAMILIES AT RISK

THE ISSUE: Nationwide, 235,000 children and youth living with their families are considered at risk of abuse, neglect or abandonment.¹⁶ If these children are removed from their family homes and placed in government care, they will be significantly more likely than their peers to experience poor academic, social, employment and health outcomes.

THE GOAL: Build stronger, more resilient families and a nation in which fewer children and youth enter into or grow up in government care.



2. CHILDREN AND YOUTH LIVING IN GOVERNMENT CARE

THE ISSUE: 63,000 young people across Canada are living in foster homes, institutional settings or with extended family as a result of abuse, neglect or abandonment.¹⁷ They are significantly less likely than their peers to graduate from high school – and significantly more likely to experience a lifetime of lost potential.

THE GOAL: Help more children and youth living in government care graduate from high school and have the confidence to move forward in pursuit of their goals.



3. YOUTH TRANSITIONING OUT OF CARE

THE ISSUE: Every year, approximately 2,300 young people “age out” of the child welfare system the moment they turn 18 – suddenly confronted with navigating life on their own with little to no support.¹⁸

THE GOAL: Empower youth “aging out” of government care with opportunities to overcome the barriers they face to education and employment, develop meaningful community connections and achieve independence.



How we do it

Together with our donors and stakeholders, we fund and deliver evidence-based programs; co-design, pilot, test and evaluate innovative new initiatives; and engage governments to influence policy and funding changes.

We work in close partnership with over 70 child- and youth-serving agencies across the country to help Canada's most vulnerable young people achieve their greatest potential.

As a national community of compassionate, dedicated individuals and organizations,
together we have the strength to change lives.

16. Public Health Agency of Canada, 2008.

17. Jones, A., Sinha, V., & Trocmé, N. (2015). Centre for Research on Children and Families, McGill University.

18. Conference Board of Canada, 2014.