BPS (Broader Public Sector) Business Document 2016/17 Thunder Bay - CAS

Introduction

This document represents the 2016-17 Business plan for the Children`s Aid Society of the District of Thunder Bay. It highlights the mandate, strategic priorities, key activities and performance indicators of the organization for the upcoming year. The plan also demonstrates how the Children`s Aid Society of the District of Thunder Bay continues to improve our child protection services in the District of Thunder Bay including communities of Marathon, Geraldton, and Nipigon.

Mandate

Children's Aid Societies are independently governed agencies that are responsible for providing mandatory and critical services. Children's Aid Societies have been providing these services to communities in Ontario for over 100 years.

They are legislated to perform certain functions under the provisions of Section 15 of the *Child and Family Services Act (CFSA)*[1]. The mandate of CASs, as described in this section of the *CFSA,* includes the following functions:

- Investigate allegations or evidence that children who are under the age of sixteen years or are in the society's care or under its supervision may be in need of protection;
- Protect, where necessary, children who are under the age of sixteen years or are in the society's care or under its supervision;
- Provide guidance, counselling and other services to families for protecting children or for the prevention of circumstances requiring the protection of children;
- Provide care for children assigned or committed to its care under this Act;
- Supervise children assigned to its supervision under this Act;
- Place children for adoption under Part VII; and,
- Perform any other duties given to it by this or any other Act.

[1] Child and Family Services Act

This legislation and the supporting regulations, directives and standards prescribe specific and detailed requirements for what services CASs must provide, how they must provide these services, including services to Aboriginal children and families and French language services, as well as the timelines in which these mandatory services must be provided.

CASs provide critical and essential services which are a safety net for the most vulnerable members of our society – infants, children and youth who are at risk of or are experiencing physical, sexual and/or emotional abuse, neglect or abandonment. CASs are mandated to intervene if a caregiver cannot adequately care for or provide for a child.

Children's Aid Societies protect and safeguard most children while they remain with their families in the community. This family-based support takes the form of intensive assessments and service plans, contacts with numerous other professionals and service providers, as well as ongoing supervision of the child while he/she remains in the family home. These are complex cases in which child protection concerns have been verified and there are risks of, or actual, abuse and neglect. As such, the work must be performed by skilled, qualified child welfare staff. Serving these children in the context of the home – when it is safe to do so – is consistent with the legislative and regulatory mandate and with the policy direction of government.

Vision, Values and Strategic Direction

Mission Statement
To protect and enhance the lives of children through strengthening families in partnership with our community.

Vision Statement
Our vision is to develop, through collaboration, a community where all children grow up with a sense of belonging, in a safe and nurturing environment. Our vision is to be a highly valued child welfare agency which is recognized as a helping organization.

Value Statement
Children and families are our priorities. We value:

Integrity: we are guided by what is ethical.
Diversity: we respect all individuals' unique differences.
Dignity: we respect the inherent worth of each individual

Key Activities supporting Strategic Directions

Strategic Direction #1: Strengthen families to keep children in their own home:

Topic
• enhance client engagement • enhance collaborative service partnerships (addictions, mental health, poverty, domestic violence)

Strategic Direction #2: Find alternative permanent families for children that can't stay in their own home:

Topic
• kinship • adoption/legal custody

Strategic Direction #3: Provide all children in our care the opportunity to experience:

Topic
• family-based care • placement stability • positive educational outcomes

Performance Measurement

Children's Aid Societies understand the importance of measuring performance and outcomes for children and their families. To this end we have developed key Performance Indicators (PIs) that best outline effectiveness in delivering the child protection mandate.

There are currently five PIs that are reported:

- Recurrence of Child Protection Concerns in a Family after an Investigation
- Recurrence of Child Protection Concerns in a Family after Ongoing Services were Provided
- Days of care by placement type
- Time to permanency
- Quality of the caregiver-youth relationship

Each of these Performance Indicators is described in more detail below.

Recurrence of Child Protection Concerns in a Family after an Investigation

This PI measures the percentage of family cases closed at investigation in a fiscal year that were re-investigated within 12 months after closing and where the child protection concerns were verified.

This measure is important because closing a case following an investigation assessment suggests that there are no child protection concerns requiring ongoing Children's Aid Society involvement. However, at the conclusion of many investigations, workers make referrals to community-based services for families. This measure is important for further understanding of those families that return to a Children's Aid Society with verified protection concerns and those that do not, both in terms of the nature and intensity of the services offered, and the risks, strengths and needs of children and families. Increasing knowledge in these areas will inform decision-making and improve service delivery.

There is no agreed-upon benchmark for the "acceptable" level of recurrence. While a lower level is generally desirable, the rate of recurrence is unlikely ever to be 0% for a variety of reasons, including the chronic nature of many of the struggles experienced by families commonly known to the child welfare system, e.g., poverty, substance abuse and mental health problems. Furthermore, the reconnection of some families with the child welfare system can be in and of itself a protective factor to children whose families are connected with necessary supports.

Recurrence of Child Protection Concerns in a Family after Ongoing Protection Services Were Provided

This PI measures the percentage of family cases closed at ongoing protection in a fiscal year that were re-investigated within 12 months after closing where the child protection concerns were verified.

This measure is important because closing a case following ongoing services suggests that child protection concerns have been addressed and no longer require ongoing Children's Aid Society involvement. However, at the conclusion of Children's Aid involvement, many families continue to receive supportive services from other agencies in the community. This indicator measures the extent to which services have been successful in reducing risk to children over the 12 month period following Children's Aid Society involvement. This measure is important for further understanding of those families that return to a Children's Aid Society with verified protection concerns and those that do not, both in terms of the nature and intensity of the services offered, and the risks, strengths and needs of children

and families. Increasing knowledge in these areas supports improvements in decision-making and service delivery.

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Permanency Outcome – They Days of Care, by Placement Type

This PI measures, for all children admitted to the care of a Children's Aid Society, the days of care provided in the fiscal year, by placement type. That is family-based care versus non-family-based care.

It is important because children placed in family-based care are more likely to achieve permanency when the exit care, i.e., be discharged to parents or family including adoptive families or legal custody arrangements, compared to children in group care. Family-based care is the preferred placement setting for the majority of children in care. Children placed in family settings have greater opportunities to form a connection with consistent caregivers and to experience the benefits associated with membership in a family.

While a high rate of family-based care is desirable, selection of a placement setting should be first and foremost influenced by the needs of the child and the fit to the placement. Given the mandate of a Children's Aid Society, and the nature of the challenges experienced by some children and youth, it is likely that there will always be some young people in care who require specialized treatment, programs and structure associated with group care settings.

Permanency Outcome – The Time to Permanency

This PI measures, for all children admitted to the care of a CAS during the fiscal year, the cumulative percentage discharged within a specific time period (i.e. 12 months, 24 months and 36 months since admission).

It is important because one of the mission-critical outcomes in child welfare is to facilitate permanent living arrangements for all children that are safe, stable and supportive of lifetime relationships. The child welfare system in Ontario has multiple options through

which permanency can be achieved (e.g., reunification with parents, legal custody, and adoption). Permanency planning is a significant focus for children in care, whose permanency status, both legally and psychologically, is uncertain. The timing and nature of permanency may look different for every child depending on the child's needs, family circumstances, court processes, and availability of community service providers.

A key factor that influences time to permanency is child age at admission. Children who enter care at a young age are more likely to be discharged to certain types of permanency (e.g., adoption) compared to older children. Young children often achieve permanency within shorter timeframes, supported by legislation that limits the allowable cumulative time in short0term care for children under 6 years of age compared to older children. An additional factor that impacts time to permanency is the needs of the child, with more complex needs associated with longer timeframes to achieving permanency.

Well-being Outcome: The Quality of the Caregiver and Youth Relationship

This PI measures the average score for children in care (aged 10-17) from a standard scale that measures a young person's perception of the quality of the relationship with his or her primary caregiver. The scale measures the following four items:

1. How well do you feel he/she understands you?
2. How much fairness do you receive from him/her?
3. How much affection do you receive from him/her?
4. Overall, how would you describe your relationship with him/her?

Each of these four items is rated from 0 to 2, yielding a composite score with a minimum of 0 and a maximum of 8.

This is important because the quality of the caregiver-youth relationship is at the heart of service to children in care. Research demonstrates that a young person's perception of the quality of his/her relationship with his/her caregiver predicts the following: current happiness; self-esteem; positive behaviour; and placement satisfaction. As scores increase on the quality of the caregiver relationship scale, so do positive outcomes across each of these areas (e.g. higher self-esteem).

The key influencing factor is the young person's perception that the caregiver understands, treats fairly, shows affection towards, and has a close relationship with him/her.

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