

2016-2017 Annual Review

Introduction

This document represents the 2016-17 Annual Review for Chatham-Kent Children's Services. It highlights the strategic priorities, key activities and accomplishments, and the Child Welfare performance indicators of the organization for the past year for services in the Municipality of Chatham-Kent.

Vision, Values and Strategic Direction

- Strengthen Children and Families

 Review the Service Delivery N

 Increase Prevention Services

- Eliminate wait lists Implement Signs of Safety
- Measure client feedback and participation

CKCS is an accredited multi-service agency that responds to the unique dynamics of our families. We support the well being and safety of our children and their families through evidence based practices and collaboration with community partners. Together, CKCS employees strive to foster an environment that encourages positive growth, professional development and progressive change.

Strategic Direction 2: Maintain, Strengthen and Develop Community

- - > Addiction & Mental Health

 - Domestic Violence
- Enhance agency presence on

- - > Cultural diversity training and protocol

Strengthening Children and Families for a Better Future

Collaboration

Respect

Equality

Accountability

Trust

Empowerment of families

Support

Key Activities Supporting Strategic Directions

Strategic Direction #1 Services to Empower & Strengthen Children and Families

- ✓ Through the joint MCYS and Ministry of Education Crown Ward Education Championship Committee, CKCS explored hiring a youth mentor to work with the children in our care
- ✓ Summer Camp Program once again our Supportive Foster Care Services Team provided a camp experience from July 6 September 2 to promote skill development in the areas of; literacy, relationship building, self-esteem, numeracy, self-help, language, social-emotional and physical wellbeing. This year we also included a School Readiness program for the younger children.
- ✓ Our annual Christmas Gift campaign provided presents for 421 children. The gifts are donated by sponsors or purchased by our staff to ensure families that would otherwise not receive many gifts have a joyous Christmas Day.
- ✓ We also hosted our annual Christmas dinner and gift giving for 27 of our older youth which provides a traditional holiday meal as well as many practical household gifts and gift cards the youth can use in their independent living situations.
- ✓ Dr. Gopidasan is a new child psychiatrist who complements our mental health services providing psychiatric consultations every other Tuesday
- ✓ We have embedded one of our mental health counselors at the Rain & Shine agency to facilitate counseling for those children and youth referred by the Youth Justice system

Strategic Direction #2

Maintain, Strengthen and Develop Community Partnerships

- ✓ Access Open Minds Chatham-Kent opened in May and CKCS provides on-site staffing to this innovative new multi-service mental health centre located in downtown Chatham.
- ✓ In partnership with the United Way, Operation School Readiness provided a backpack full of school supplies along with a lunch bag, running shoes and clothing to over 50 children.
- ✓ Along with Mayor Hope, our Executive Director assumed the co-chair of the C-K Community Leaders' Cabinet, a group of business, political, agricultural and social services agencies with a goal of overall betterment for the Chatham-Kent citizens.
- ✓ CKCS has added our name to a growing list of employers committed to minimally
 providing employees with the designated living wage of \$15.80 per hour. The living wage
 is that required to cover the necessary expenses of food, clothing, shelter and
 transportation to support a family of four.
- ✓ In partnership with Chatham-Kent Health Alliance, we provide a mental health counselor to the Emergency Department to assist with youth presenting with mental health challenges. This service is available every day of the week until 10:00 p.m.
- ✓ Due to a change in funding sources, the Ontario Early Years Centre staffing will be overseen by the Municipality with the funding from the Ministry of Education. This will mean an end to a long employment arrangement for CKCS.

Strategic Direction #3

<u>Provide Inclusive & Accessible Services through an Accountable & Transparent System</u>

- ✓ MCYS Crown Ward Review resulted in a 95.3% overall compliance rating for CKCS with the Ministry commenting on staff professionalism and obvious concern and care for the children in our care.
- ✓ Participation in the One Voice, One Vision symposium that provided recommendations on changes to the child welfare system to improve services to African-Canadian children and families
- ✓ As one of the 15 "live" Child Protection Information System (CPIN), we participate in the MCYS CPIN Community of Practice exploring continuous improvements to the CPIN platform.
- ✓ MCYS annual Foster Care Licensing and Child Care Review provided positive feedback about the work our staff and alternate care providers have done with children in our care.

Strategic Direction #4

Be an Employer of Choice with a Supportive Environment & Promote Professional Excellence

- ✓ Our annual Volunteer Recognition dinner acknowledged our volunteers as "Just like roots are essential for trees to bloom, volunteers are essential for communities to bloom".
- ✓ We reached a labor agreement with OPSEU Local 148 that provides labor stability through to April 2019.
- ✓ A revitalized Staff Satisfaction survey provided feedback to what we are doing well and areas where the agency can improve.
- ✓ Formal Signs of Safety training commenced involving both our child protection and children's mental health staff and will continue throughout 2017.
- ✓ An annual staff recognition event acknowledged the commitment, professionalism and caring of all our staff who reached significant career milestones.

Strategic Direction #5

Maintain, Strengthen and Develop Governance and Financial Acuity

- ✓ Our Vic Park (215 Murray Street) property was sold and MCYS approved using the proceeds to cover numerous replacement or repairs at our Grand Avenue Campus which is now the agency's sole property.
- ✓ With a change in funding Ministries, the Ontario Early Years Programming will leave CKCS and move to the C-K Municipality effective the end of the year.
- ✓ CKCS continues to experience a 2% reduction in Ministry funding for our child welfare services for 2016-17 and projected into the forthcoming years.
- ✓ In a pre-audit review, KPMG has confirmed that our internal financial controls are one of "the best they have ever seen"
- ✓ CKCS is one of only seven CAS agencies that maintained a balanced budget.

Analysis of Operational Performance

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

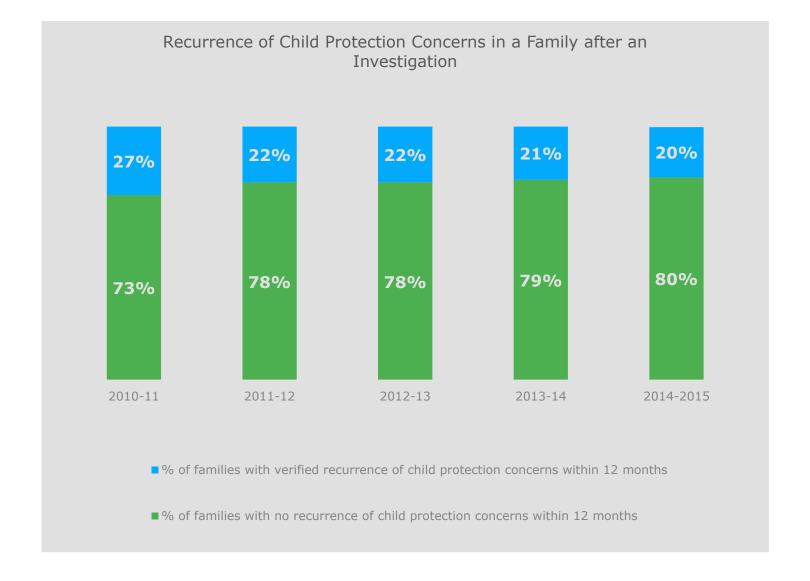
Each of these Performance Indicators is described in more detail below.

Safety Outcome - 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 reinvestigated 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 long-lasting 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.



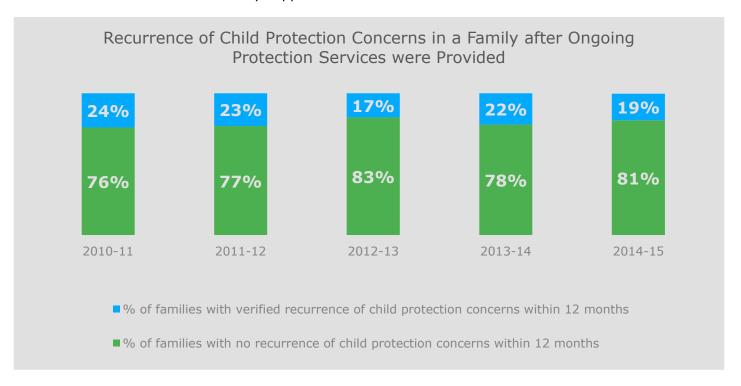
Results: Data suggest that the majority 73-80% of families do not return for service within 12 months of case closure. A minority of families return to Chatham-Kent Children's Services with verified child protection concerns within 12 months: between 20-27% in each of the years under review.

Safety Outcome - 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 reinvestigated 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, in terms of the families' willingness to work with agency, the emergence of new child protection concerns not present at the time of closure, the level of engagement and intensity of the services offered, as well as the risks, strengths and needs of children and families.

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 long-lasting 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.



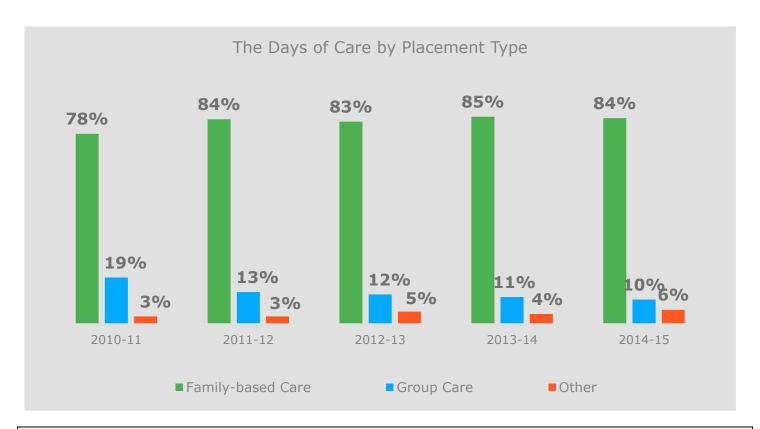
Results: Data suggest that the majority, 76-83% of families do not return for service within 12 months of service closure. A minority of families return to Chatham-Kent Children's Services with verified child protection concerns within 12 months: between 17-24% in each of the years under review.

Permanency Outcome - The 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 (i.e. family-based care versus non-family-based care).

The focus of Children's Aid Societies is to keep children safe in their home of origin with necessary supports for their family. When a child cannot remain safely in their home of origin, a Children's Aid Society provides an alternative quality of care such as living with Kin or Foster Care. There are approximately 10% fewer children coming into care today than there were five years ago. On any given day in Ontario, there are approximately 14,500 children and youth in the care of the Province's Children's Aid Societies. A prominent focus of the Ministry of Children & Youth Services Transformation Agenda was to expand family-based care options for children to include and value the participation of extended family members and significant individuals in the child's community.

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 can be difficult for agencies to recruit and train quality alternative care through Kin arrangements or Foster Parents.



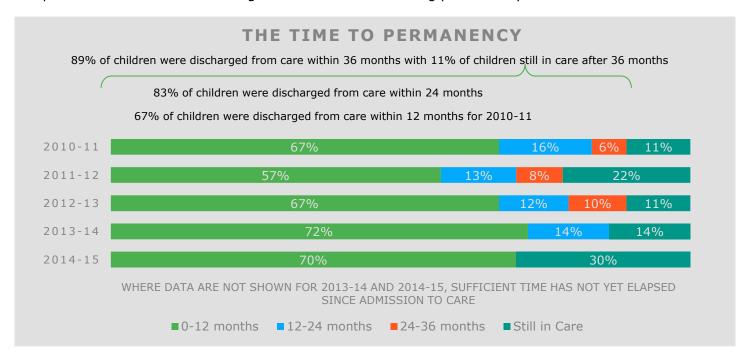
Results: The majority, 78-85% of days of care provided by Chatham-Kent Children's Services are family-based in each of the years under review.

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).

Providing children with permanency in their care promotes healthy development, encourages continuity in relationships, a sense of community and identity. However, for some children reunification with their family of origin is not possible and stable alternatives must be pursued. 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 the child's 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 short-term 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.



Results: Data shown above illustrate that of all children admitted in any given fiscal year, 57-72% exit care within 12 months post-admission as shown by the blue bars. By 24 months post-admission 70-86% of children that came into care had been discharged from care as shown by the blue and orange bars added together. Data for children admitted in 2010-11 and 2011-12 show that by 36 months post-admission, 78-89% had been discharged from the care, with 11-22% of children remaining in the care of Chatham-Kent Children's Services.

Well-being Outcome - 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:

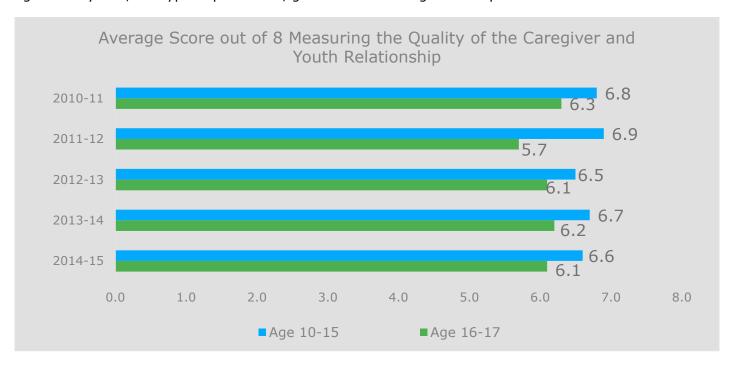
Thinking of your caregiver (female or male):

- 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.

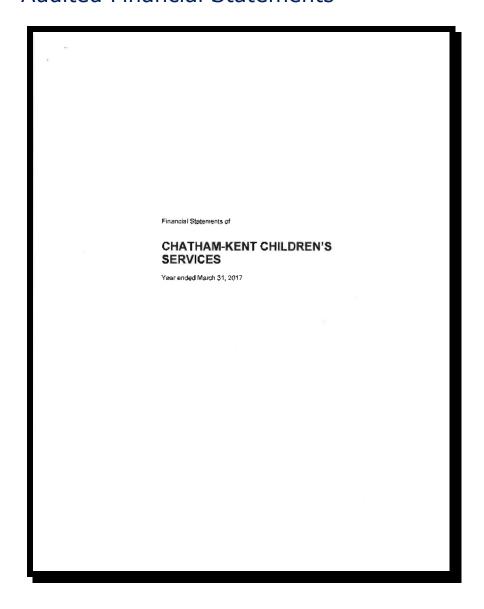
The quality of the caregiver-youth relationship is at the heart of service to children in care. Research demonstrates that a young person's perception of the quality of his/her relationship with his/her caregiver predicts the following: current happiness; self-esteem; positive behaviour; and placement satisfaction and stability. 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 factors in measuring the quality of the caregiver and youth relationship include; the age of the youth, the type of placement, gender and the length of the placement.



Results: Children in care between the ages of 10 to 15 years old have scored the quality of their relationship with their caregiver 6.5-6.9 out of 8 based on the answers to the questions and the youth age 16 and 17 scored the quality of their relationship with their caregiver between 5.7- 6.3 out of 8.

Audited Financial Statements



Contact Information

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