



# 2017-2018 Business Plan

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## Introduction

This document represents the 2017-18 Business Plan for Chatham-Kent Children's Services (CKCS). It highlights the mandate, strategic priorities, key activities and child welfare performance indicators of the organization for the upcoming year. As an integrated child protection and children's mental health agency, the plan also demonstrates how Chatham-Kent Children's Services continues to improve our child well-being services in the municipality of Chatham-Kent.

## Mandate

Chatham-Kent Children's Services is an independently governed agency that is responsible for providing mandatory and critical 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.

Additionally, our children's mental health, development and prevention programs offer treatment, support or prevention services for children and their families with a mental or psychiatric disorder. CKCS also provides Youth Justice programming as part of our integrated service delivery model.

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 35 (1) of the *Child, Youth and Family Services Act 2017 (CYFSA)*<sup>1</sup>. The mandate of CASs, as described in this section of the *CYFSA*, includes the following functions:

- Investigate allegations or evidence that children may be in need of protection;
- Protect children where necessary;
- 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 VIII (Adoption and Adoption Licensing); and,
- Perform any other duties given to it by this Act or the regulations of any other Act.

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<sup>1</sup> Child, Youth and Family Services Act 2017

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.

Although not a mandated service, many of these criteria also apply to the delivery of our children's mental health, development and prevention services.

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.

## **Mission, Aspiration and Values Statement**

### **MISSION**

Strengthening Children and Families for a Better Future.  
Des familles et des enfants plus forts, pour un avenir meilleur.

### **ASPIRATION STATEMENT**

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.

### **VALUE STATEMENT**

**Together with our community, CKCS CREATES:**

Collaboration

Respect

Equality

Accountability

Trust

Empowerment of families

Support

# Key Activities Supporting Strategic Directions

## 2014-18 STRATEGIC PLAN HIGHLIGHTS

**Mission:**  
**Strengthening**  
**Children and Families**  
**for a Better Future**

CKCS is an accredited multi-service agency that responds to the uniqueness 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 #1

#### Services to Empower & Strengthen Children and Families

- ✓ CKCS continues to participate in the provincial Lead Agency Consortium as well as the Community of Practice to strengthen overall children's mental health services.
- ✓ Participation in an Education Data sharing agreement with MCYS, Ministry of Education to assist with better support for academic success for children in care
- ✓ United Way continued funding of the Autism treatment Classroom. Our annual Christmas Gift campaign provided presents for 421 children in 2016
- ✓ In 2016, 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.
- ✓ A high level of client satisfaction was achieved throughout 2017/18 in our Mental Health programs.

### Strategic Direction #2

#### Maintain, Strengthen and Develop Community Partnerships

- ✓ CKCS was confirmed as Lead Agency for Chatham-Kent as part of the ministry's Moving on Mental Health initiative
- ✓ Assisted with organizing the You, Him, Her and Me Mental Health Affects Everyone symposium along with Making Children Better now.
- ✓ Updated Police-Schools-CAS protocol with the public, separate and French language school boards
- ✓ CKCS provides on-site staffing to Access Open Minds, an 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
- ✓ In partnership with the Chatham-Kent Health Alliance, we provide a mental health counselor to the Emergency Department to assist with youth presenting with mental health challenges.

### Strategic Direction #3

#### Provide Inclusive and Accessible Services through an Accountable + transparent System

- ✓ First formal Customary Care Protocol signed with Delaware Nation providing extended family and kin placements for Delaware Nation children
- ✓ Internal communications increased through quarterly Town Hall meetings, Staff meetings and an agency newsletter
- ✓ MCYS Crown Ward Review resulted in a 95% overall compliance rating in 2016, with the Ministry commenting on staff professionalism and concern 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 agencies utilizing the Child Protection Information Network (CPIN), we participate in the MCYS CPIN Community of Practice exploring continuous improvements to the CPIN platform
- ✓ Mental Health and Developmental Services wait times are monitored closely and reported on quarterly
- ✓ 96 clients accessed the new Walk-in Program this past year
- ✓ The Ministry's Quality Improvement Plan results improved significantly over the past year, demonstrating accountability and a high level of compliance with meeting standards in Child Protection
- ✓ Crown Ward results were again favourable this past year, with scores of 98% in the area of Well-being and 83% in the area of Permanency for Children in Care

### Strategic Direction #4

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

- ✓ Renovations at the Grand avenue campus creating additional private meeting and conference rooms for client services
- ✓ MCYS Foster Licensing Reviews reflected exceptional plans for children in care. Volunteer recognition events celebrating that "Volunteers are the roots of strong communities, and just like roots are essential for trees to bloom, volunteers are essential for communities to bloom."
- ✓ We reached a labour agreement with OPSEU Local 148 that provides labour 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.
- ✓ An annual staff recognition event acknowledged the commitment, professionalism and caring of all our staff who reached significant career milestones.
- ✓ 100% of performance appraisals for staff that were due were completed in 2017
- ✓ Workload targets as set out in the Collective Agreement are reported upon quarterly in the strategic plan

### Strategic Direction #5

#### Maintain, Strengthen and Develop Governance and Financial Acuity

- ✓ CKCS continues to experience a 2% reduction in Ministry funding for our child welfare services year over year with the Board of Directors maintaining a balanced budget
- ✓ The Board of Directors participate in the DACAS Good Governance survey which reflects improved understanding of agency governance and financial management
- ✓ The Board has initiated a new Board orientation process for both new and existing Board members
- ✓ Participation in the DACAS 2nd Annual Forum on Governance sharing best practices, tools and ideas amongst all CAS's
- ✓ With a change in funding Ministries, the Ontario Early Years Programming will leave CKCS and move to the C-K Municipality effective end of 2017
- ✓ In an audit review, KPMG has confirmed that our internal financial controls are one of "the best they have ever seen"

Collaboration Respect Equality Accountability Trust Empowerment of families Support

## Service Statistics

	2017-2018	2016-2017
<b>Intake/Family Services</b>		
Total Reports Received	2508	2407
Total New Investigations	1021	1065
Investigations Not Required	919	909
Cases Opened	262	295
Cases Open At End of Year	373	415
<b>Children in Care</b>		
Children Admitted to Care	118	103
Children Discharged From Care	107	114
Children in Care At End of Year	176	164
Total # of Children Served in Care	283	278
Total Days Care Provided	63554	59575
Total Adoptions Completed	12	18
Total New Foster Homes Opened	8	19
Total Foster Homes at End of Year	63	71
New Kinship Service Homes Opened	62	67
# of Kinship Service Homes at End of Year	44	49
Adoption Disclosures Completed	26	27
<b>Children's Mental Health</b>		
Intake Referrals	719	672
Short Term Assessment & Treatment	225	223
#Served - Treatment Services	577	637
Psychological Assessment	218	231
Young Offenders Served	5	7
Telepsychiatry Consults	29	64
Telepsychiatry Educational seminars	5	22
<b>Child Development</b>		
Children's Special Needs Resourcing	253	275
<b>Community Services</b>		
Hope Housing - Resident Contacts	1336	1235
Total # of Volunteers	99	106
Volunteer Hours	792	885

## Analysis of Operational Performance

In 2009, the Ontario Minister of Children and Youth Services established the Commission to Promote Sustainable Child Welfare. One of the commission's strategies was to identify principles and concepts to "implement a new approach to accountability and system management."

Performance indicators were one of the mechanisms put forward by the commission to measure service performance in the outcomes of **safety, permanency, and well-being** of children, youth, and families on a provincial level.

The child welfare sector has lead the work of the Performance Indicator Project which began in April 2013. The impact of the project and results will continue to grow as the data and analysis develops over the next decade.

### Children's Aid Societies & Performance Indicators

Through the implementation of a provincial performance measurement and management system, Children Aid Societies (CASs) have taken an important step to enhance their accountability and their commitment to better outcomes for the children, youth and families they serve. The goal of this system and the reporting of performance indicators is to support effective organizational planning, oversight, and to generate increased knowledge aimed at improving services as well as monitoring and reporting outcomes.

Through the system and analysis of performance indicators, the child welfare sector will be able to answer the following strategic questions:

1. What is important about the work that a CAS does?
2. How can we better understand the impact services are having on the safety, permanence and well-being of the children, youth and families being served?
3. How well is an agency serving children and families?
4. How likely is an agency to continue to improve?

### Facts and figures

To date there have been 26 provincial performance indicators approved by the Ministry of Children and Youth Services measuring the following five areas: 16 service performance indicators measuring the safety, permanency and well-being of a child, 6 organizational capacity performance indicators and 4 governance effectiveness performance indicators.

Of those 26 provincial performance indicators approved, five have been identified as the publicly reported service performance indicators:

- 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 (as of March 31, 2018).

## **Moving forward**

Establishing a performance measurement and management system takes years of development and requires the investment by every stakeholder involved including leadership commitment, active involvement, capacity building, communication and resources.

This investment needs to be directed at the vital work of Children's Aid Societies, to provide additional understanding of the sector and individual agency's strengths and where to focus continuous improvement strategies.

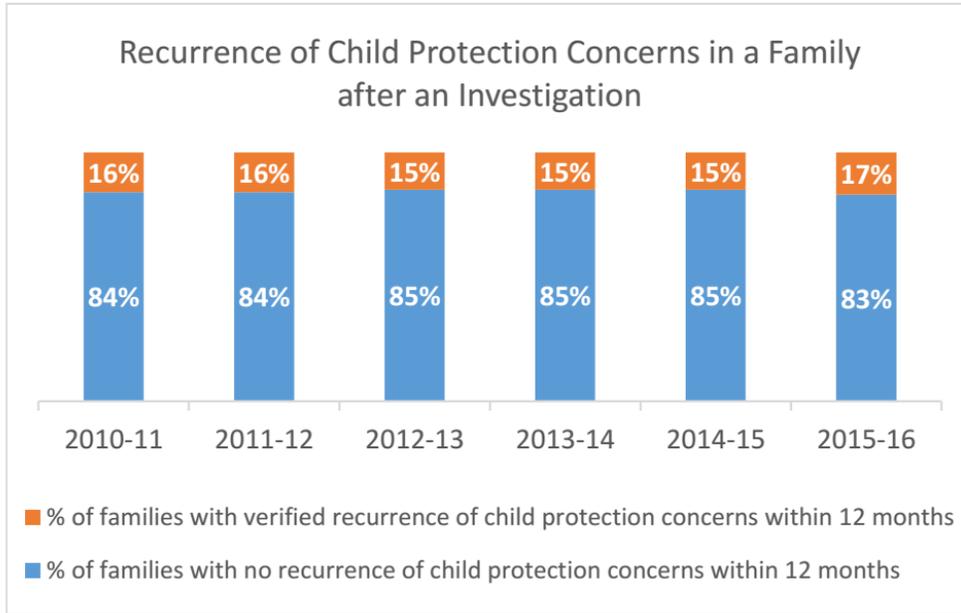
The Ministry's *Moving on Mental Health* initiative in conjunction with the Lead Agency's are in the stages of developing performance measurements for our children's mental health services. Those measures are not yet available.

## **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 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 experienced valuable supports from the agency which addressed their risks and needs.



**Results:**  
 Data suggest that the majority (i.e., 83-85%) of families do not return for service within 12 months of case closure. A minority of families return to a Children’s Aid Society with verified child protection concerns within 12 months: between 15-17% in each of the years under review.

**Safety Outcome - *Recurrence of Child Protection Concerns in a Family after Ongoing Protection Services Were Provided***

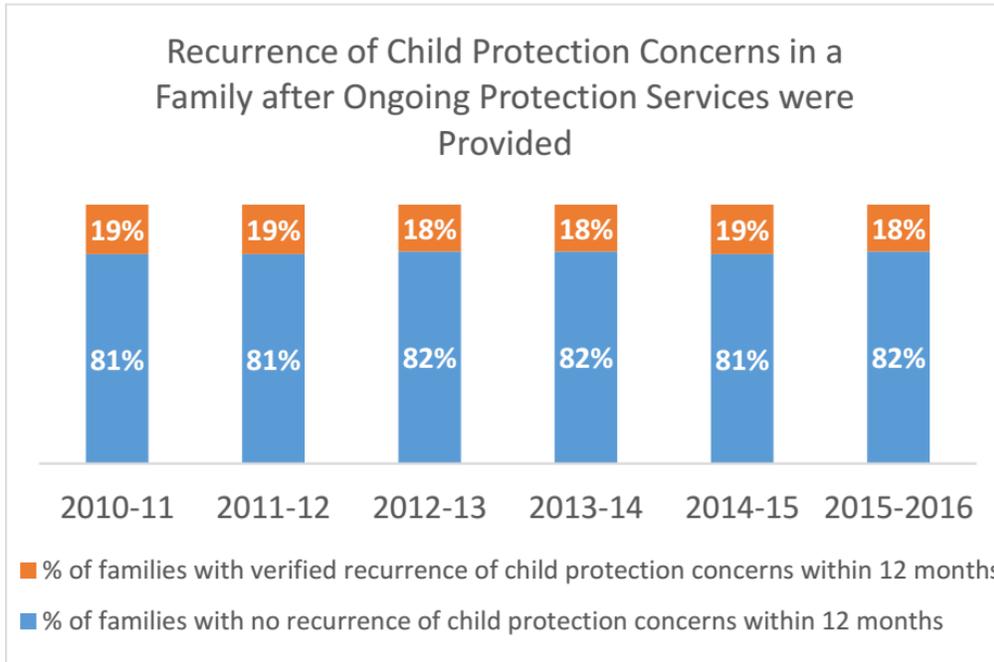
This PI measures the percentage of family cases closed at ongoing protection in a fiscal year that were re-investigated within 12 months after closing where the child protection concerns were verified.

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 or there are factors that are present that are beyond the control of the agency. The recurrence of child protection concerns is higher for these families as they often experience multiple complex difficulties, such as poverty, mental health issues, addictions and other adverse life events.

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. 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 the 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 struggle 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 support.



**Results:**  
 Data suggest that the majority (i.e., 81-82%) of families do not return for service within 12 months of service closure. A minority of families return with verified child protection concerns within 12 months: between 18-19% in each of the years under review.

**Permanency Outcome – *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).

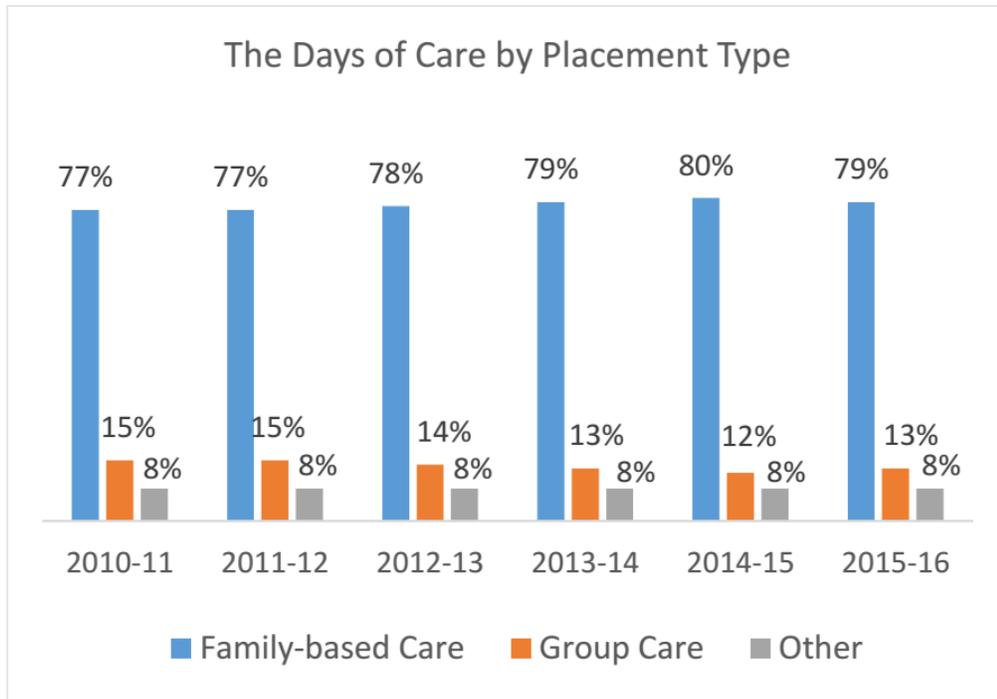
Family-based care is the preferred placement setting for the majority of children in care. Children placed in family settings have greater opportunities to form a connection with consistent caregivers and to experience the benefits associated with membership in a family.

The research tells us that children placed in family-based care are more likely to achieve permanency when they exit care, i.e., to be discharged to parents or family including adoptive families or legal custody arrangements, compared to children in group 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 was 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.



“Other” includes days of care provided for young people who are in care but living independently; or days of care provided through institutions such as hospitals, children’s mental health centres or youth justice facilities.

**Results:**

The majority (i.e. 77 to 80%) of days of care provided are family-based in each of the years under review.

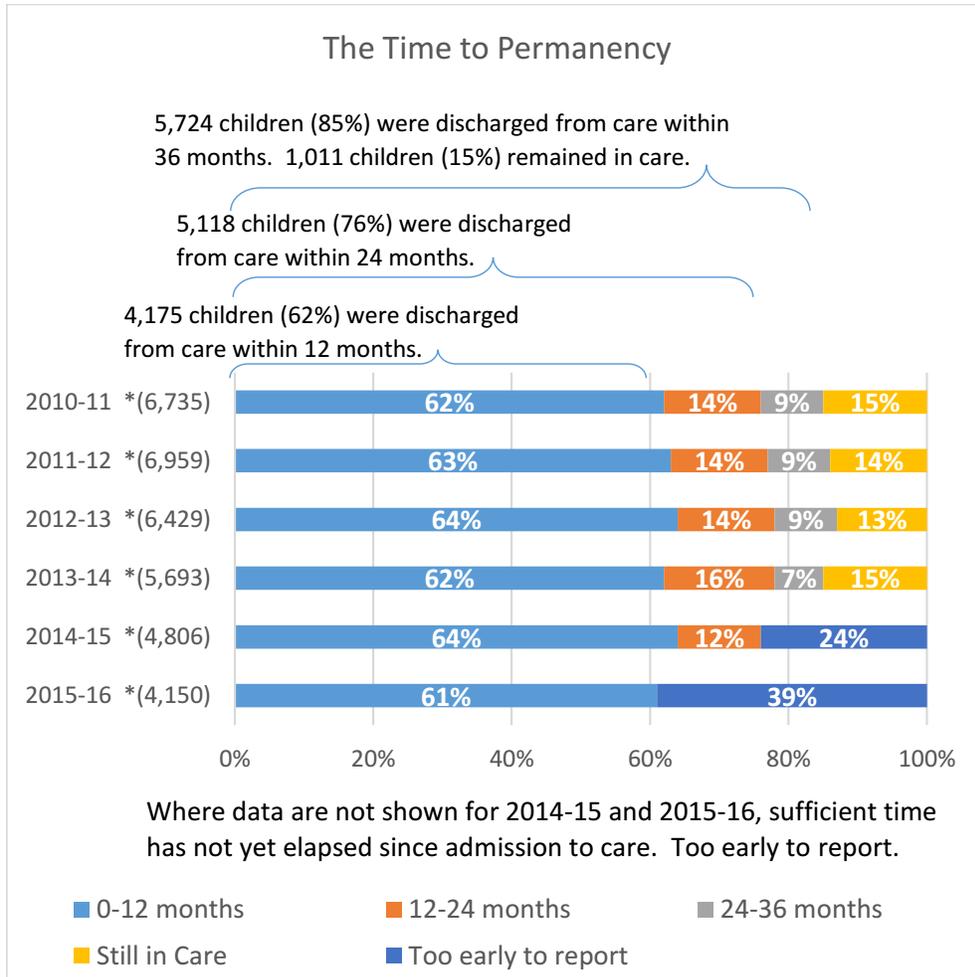
## **Permanency Outcome – *Time to Permanency***

This PI measures, 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.

Not all discharges represent permanency achieved; however, this measure is considered a good proxy for permanency. To understand permanent versus non-permanent exits from care, data by discharge type are required. Customary care (culturally appropriate care arrangements for Indigenous children) is not included in these data at this time. 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, over half (61-64%) exit care within 12 months post-admission as shown by the light blue bars. By 24 months post-admission 76-78% of children that came into care have been discharged from care as shown by the light blue and orange bars. Data for children admitted in 2010-11 to 2013-14 show that by 36 months post-admission, 85-87% had been discharged, with 13-15% of children remaining in the care of a Children’s Aid Society as shown by the yellow bars.

## **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 child in care's response to the following four items:

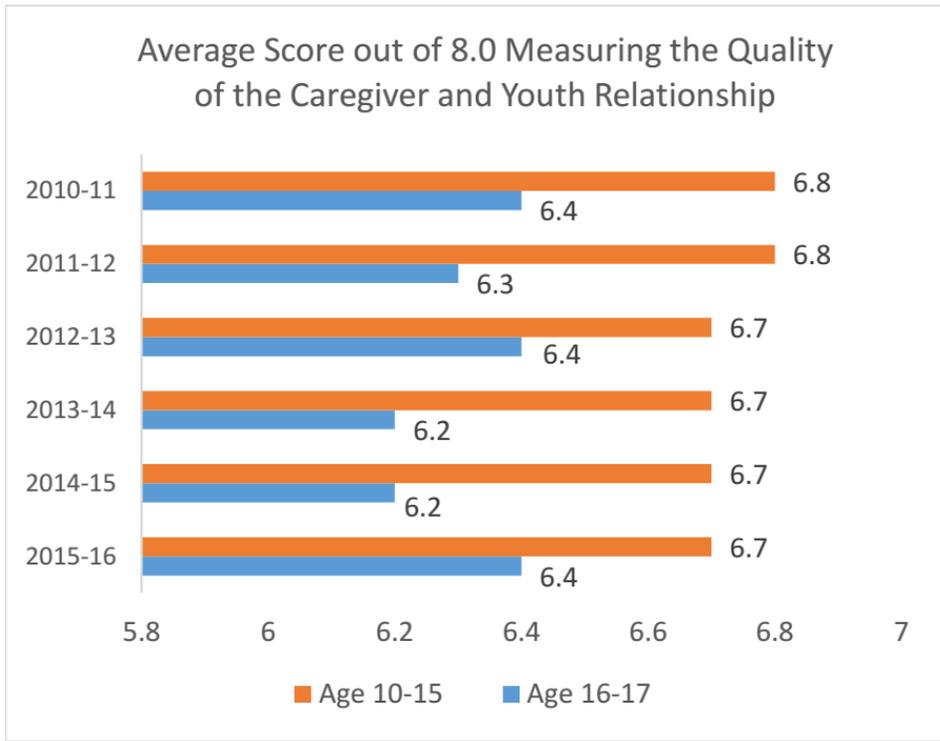
- 1. How well do you feel he/she understands you?*
- 2. How much fairness do you receive from him/her?*
- 3. How much affection do you receive from him/her?*
- 4. Overall, how would you describe your relationship with him/her?*

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 indicator 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 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).

These data form part of the Ontario Looking After Children assessment, which is completed annually for all children who have been in the care of a Children's Aid Society for at least one year. A very small number of children who should have completed this assessment are assessed within the required timeframes. Therefore, their data are not included in these results. Child protection workers ask children to provide responses verbally with the caregiver present and the child's responses may be influenced by this approach. Children usually respond to the 4 questions based on how they are feeling that day not necessarily how they have felt over the past year.

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 age of 10 to 15 have scored the quality of their relationship with their caregiver higher 6.7-6.8 out of 8 based on the answers to the questions than youth age 16 and 17 who scored the quality of their relationship with their caregiver 6.2-6.4 out of 8.

## Contact Information

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