



# 2018-2019 Business Plan

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## Introduction

This document represents the 2018-19 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, children's mental health and developmental services 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.

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 CASSs, 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.

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

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

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



**Chatham-Kent  
Children's Services**

**Strategic Plan  
2019 - 2020**

### Strengthening Children and Families for a Better Future



Strategic Direction #1

#### **Supportive, collaborative workforce**

- Staff survey
- Decrease in grievances
- Succession plan will be in place for management and senior management positions
- Wellness initiatives will be informed by identified staff needs



Strategic Direction #2

#### **Child, Youth & Family Engagement**

- Youth Advisor position will be established
- Child's voice is engaged
- Service User survey



Strategic Direction #3

#### **Signs of Safety**

- 95% of staff, volunteers, foster parents and Board members will be trained
- Increased kin/family-based care
- Decreased # of children in care
- Decreased court involvement



Strategic Direction #4

#### **Governance**

- Development of a menu of Board training opportunities that align to the skills matrix
- Evaluation of new Board structure
- Development of a recruitment strategy
- Development of a community engagement plan



Strategic Direction #5

#### **Equity**

- Identity-based information is collected by HR
- Facilities support cultural practices
- Increased collaborative community partnerships with equity-seeking groups

**Always ask how our actions will make things better for children, youth and their families.**

## Service Statistics

	2018-2019	2017-2018
<b>Intake/Family Services</b>		
Total Reports Received	2372	2508
Total New Investigations	1105	1021
Investigations Not Required	435	919
Cases Opened	218	262
Cases Open At End of Year	307	373
<b>Children in Care</b>		
Children Admitted to Care	79	118
Children Discharged From Care	108	107
Children in Care At End of Year	148	176
Total # of Children Served in Care	262	283
Total Days Care Provided	59747	63554
Total Adoptions Completed	12	12
Total New Foster Homes Opened	8	8
Total Foster Homes at End of Year	56	63
New Kinship Service Homes Opened	57	62
# of Kinship Service Homes at End of Year	48	44
Adoption Disclosures Completed	26	26
<b>Children's Mental Health</b>		
Intake Referrals	707	719
Short Term Assessment & Treatment	397	225
# Served - Treatment Services	494	577
Psychological Assessment	150	218
Young Offenders Served	5	5
<b>Child Development</b>		
Children's Special Needs Resourcing	220	253

## 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.

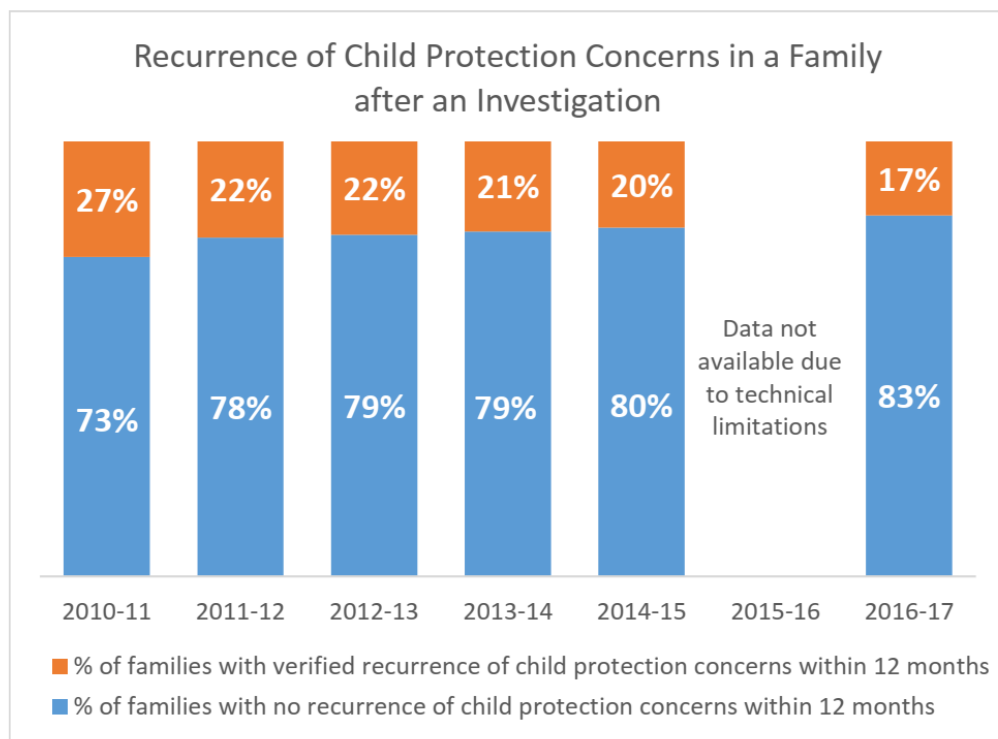
### **Safety Outcome - *Recurrence of Child Protection Concerns in a Family after an Investigation***

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 or there are factors that are present that are beyond the control of the agency. 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, 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 such as 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 73-83% of families do not return for service within 12 months of case closure. A minority of families return to the Chatham Kent Children's Services with verified child protection concerns within 12 months: between 17-27% in each of the years under review.

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

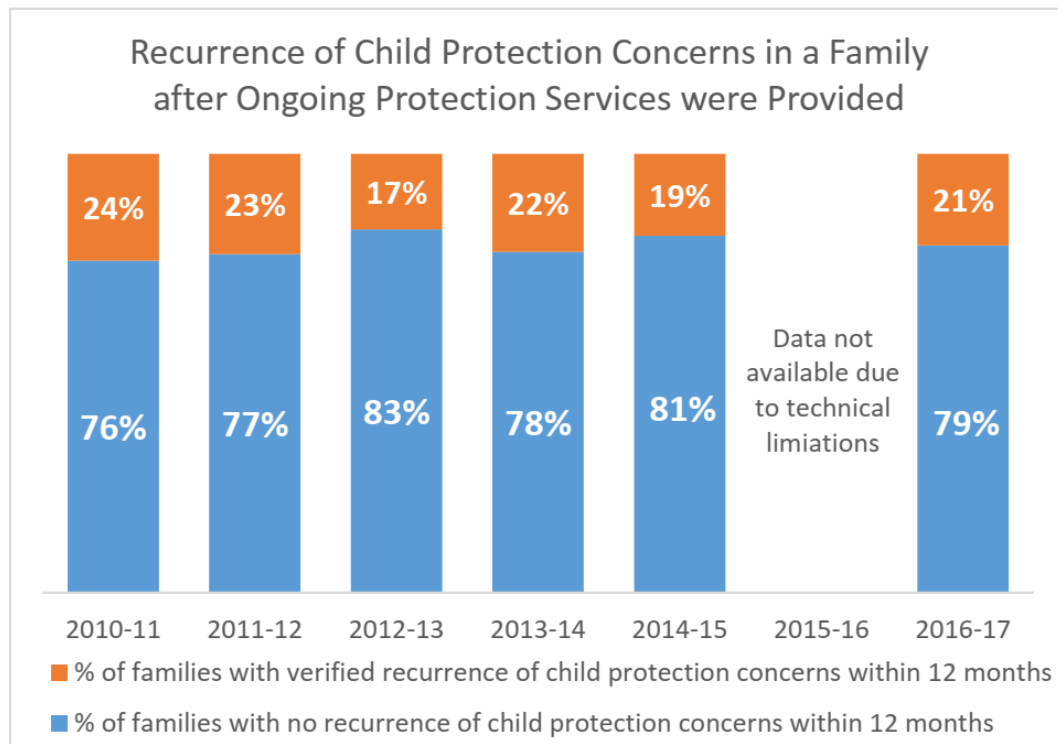
This PI measures the percentage of family cases closed at ongoing protection in a fiscal year that were re-investigated within 12 months after closing where the child protection concerns were verified.

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, 76-79% of families do not return for service within 12 months of service closure. A minority of families return to the Chatham Kent Children's Services with verified child protection concerns within 12 months: between 21-24% in each of the years under review.



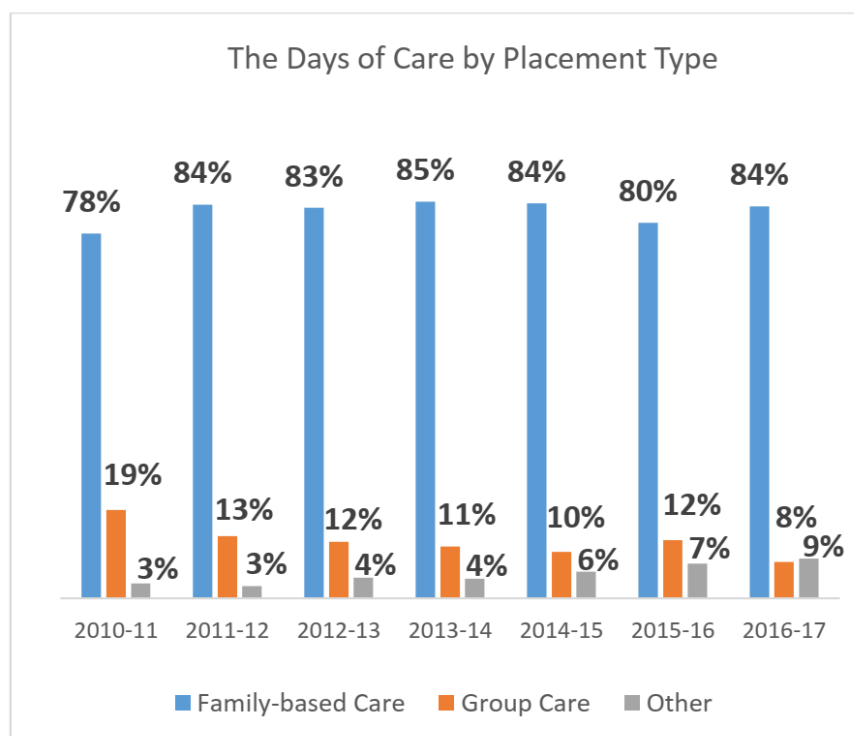
## Permanency Outcome – *Days of Care, by Placement Type*

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, Community & Social 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 the Chatham Kent Children's Services are family-based in each of the years under review.

"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 centers or youth justice facilities.

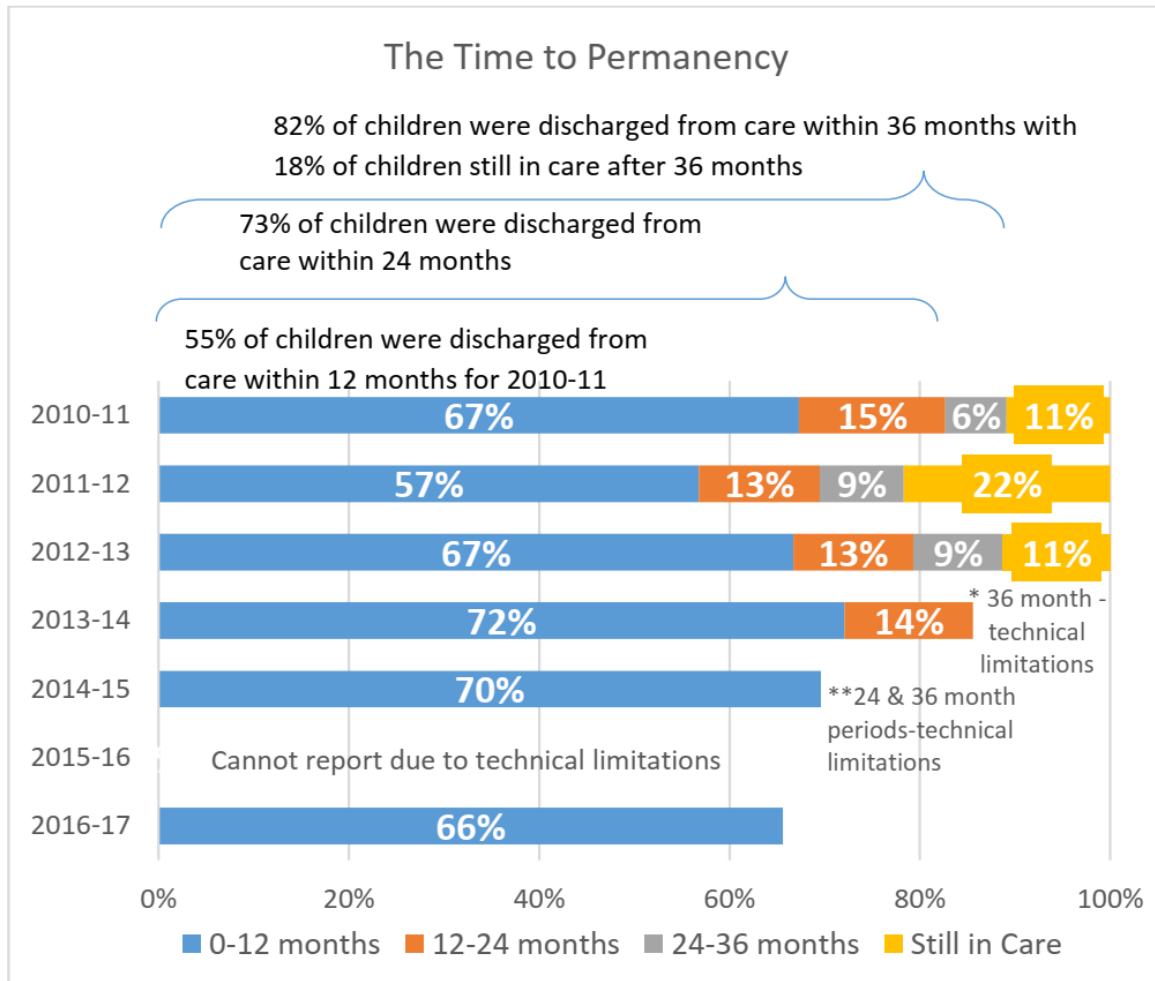
### **Permanency Outcome – *Time to Permanency***

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.

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.



Where data are not show for 2016-17, sufficient time has not yet elapsed since admission to care.

#### 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 to 2012-13 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 the Chatham Kent Children's Services.

\*Due to rounding to the nearest percent, total percentages may not always add up to 100%.

## 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:

*Thinking of your caregiver (female or male):*

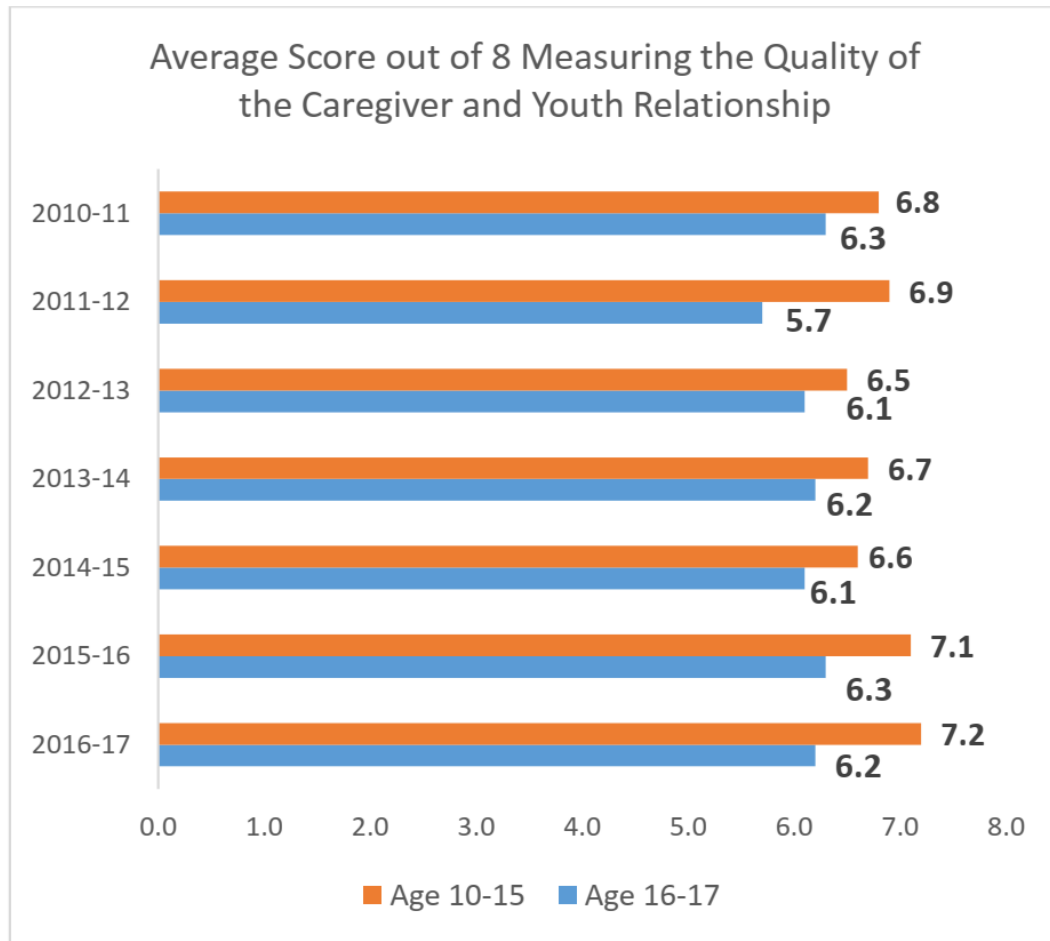
1. *How well do you feel he/she understands you?*
2. *How much fairness do you receive from him/her?*
3. *How much affection do you receive from him/her?*
4. *Overall, how would you describe your relationship with him/her?*

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.

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 ages of 10 to 15 years old have scored the quality of their relationship with their caregiver 6.5-7.2 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.

## **SIGNS OF SAFETY**

In 2016, Chatham-Kent Children's Services adopted a Signs of Safety philosophy and practice with our child protection families. In 2019, we decided to reboot our Signs of Safety journey to include all services of the organization. This has included ongoing educational sessions for all CKCS staff, foster parents, Board of Directors and community partners.

Signs of Safety is a strengths-based and safety focused approach to working with the children and families we serve. It is grounded in the philosophy that families are their own experts and know best what needs to change.

Signs of Safety is a solution focused approach. This means focusing solutions around the family's vision. It is based on the belief that problems are best solved by focusing on what is already working and how a family would like their life to be. It is imperative that children and families are an integral part of process and planning. This approach encompasses' strengths and Signs of Safety that can be built to stabilize and strengthen a child's and family's situation.

Implicit in this approach is to bring the family's network together to help facilitate a plan that addresses safety and the overall well-being of the family. Families that come up with their own solutions and plans are believed to be more committed to the change necessary to move forward.

Traditionally, service providers have taken a paternalistic approach. An approach that the professional knows what is wrong in the lives of the families served and what the solutions are to those problems.

The Signs of Safety approach seeks to create a more constructive culture which include working relationships between professionals and family members; thinking critically; and fostering a stance of inquiry. This in contrast to a conclusive all-knowing driven approach.

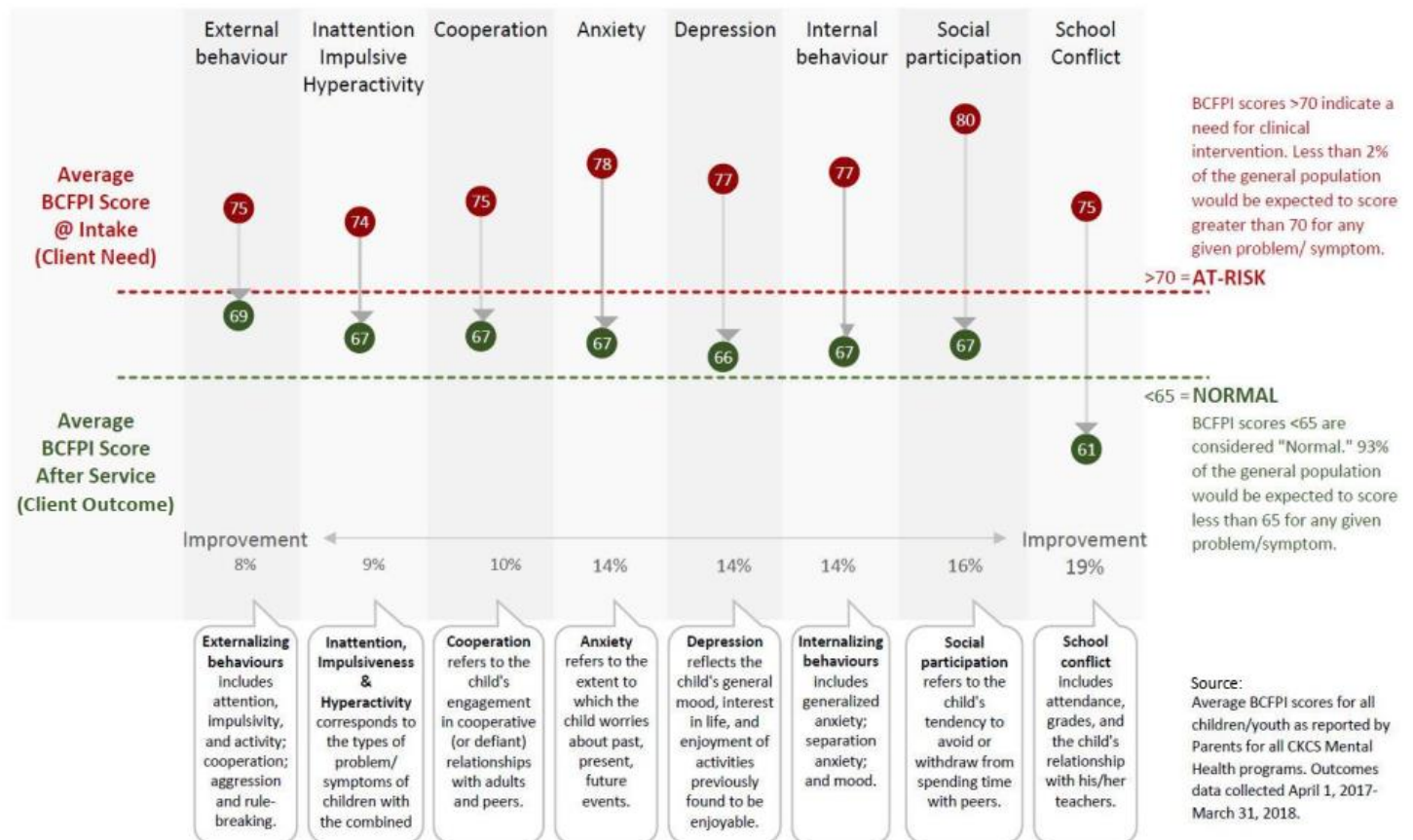
Building healthy relationships is the bedrock of human change. We at CKCS are committed to building better relationships with the children and families we serve; and our community partners. We strive to facilitate and not dictate change with each child and family we serve. This is an inclusive and ongoing process of listening; engagement and facilitation. Children and families are at the center and the drivers of our solution focused approach.

Signs of Safety is not a destination but a journey that requires ongoing reflection and change that we at CKCS embrace.

## MENTAL HEALTH

### BRIEF CHILD & FAMILY PHONE INTERVIEW (BCFPI)

Here's how we use BCFPI standard assessment to measure Client outcomes  
Pre- and post-treatment scores show client's improvement since receiving service.



## MENTAL HEALTH

### **PARTNERSHIP WITH STRENGTHENING FAMILIES INSTITUTE**

Young people and their families in Chatham-Kent will have timely access to Strongest Families Institute's (SFI) skill-based distance mental health intervention services thanks to \$300,000 in funding support from Medavie.

The announcement was made June 20 at the Annual General Meeting with SFI President and CEO Dr. Patricia Pottie and Don MacLellan, General Manager of Chatham-Kent EMS/Medavie EMS.

The two-year partnership between Chatham-Kent Children's Services and SFI will help to reduce wait times for families with children or youth impacted by concerns, including behaviour challenges (ages three-12), anxiety (ages six-17) and nighttime bedwetting (ages five-12).

SFI's bilingual programs are designed to remove barriers to care, providing help to families in the comfort and privacy of their own homes at convenient times, when and where they need it.

Through the Medavie Health Foundation, Medavie supports community-based programs aligned with adolescent mental health, post-traumatic stress, and type 2 diabetes. Since late 2011, Medavie Health Foundation has committed more than \$13.9 million to single and multi-year grant and partnership programs.

Chatham-Kent Children's Services integrated service model will enable families from any of our service streams to be connected to the programs and resources available through Strongest Families. The donation from Medavie is a great example of how we can work with a range of partners to strengthen families for a better future.

SFI's evidenced-based programs are highly effective with a better than 85 per cent outcome success rate in overcoming presenting issues, and a less than 10 per cent attrition rate. In addition to helping children and youth effectively control their anxiety, impacts reported include improved school attendance/academic achievements, resolved bullying, improved family relationships, and reduced parental stress.



## DEVELOPMENTAL

### Developmental Services Program Review

The Municipality initiated an external review of the Developmental Services Worker program. A 3 page report was shared among the Municipality, childcares and Chatham-Kent Children's Services.

Chatham-Kent Children's Services move to action on three main recommendations for quality improvement. A new screening tool for DSW eligibility was created, there will be regular review of all individual special needs plans, there will be standalone special needs resourcing policies and procedures and there will be a change in the geographic service model.

A working group subcommittee consisting of members from CKCS, childcares and the Children's Treatment Centre finalized the screening tool in September 2018.

The new geographic service model will;

- Reduce travel time
- Reduce DSW wait-list/wait-times
- Improve consistency of DSWs in childcares
- Improve CKCS: childcare relationships
- Facilitate "strong team approach"

Resource Consultants and DSW's are assigned to specific communities and the creation of "North" and "South" teams. Every childcare operator has a Child and Family Consultant that is readily accessible for consultation and training purposes. Consultant visits their assigned childcares on a regular basis.

	Feb 1-28, 2019	Feb 1-28, 2018	Feb 1-28, 2017
# of children on waitlist	28	41	74
# of children waiting for childcare spot	9	n/a	n/a
# of children waiting for Before & After	31	17	14
# of children on wait for Summer DSW	3	1	5
# of children on hold for Summer DSW	29	13	15
# of children actively receiving support	78	66	40
# of children actively receiving 1-on-1 support	18	31	24
# of children actively receiving shared support	60	35	16

## Contact Information

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