

Introduction

This document represents the 2015-16 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



Key Activities Supporting Strategic Directions

Strategic Direction #1

Services to Empower & Strengthen Children and Families

- ✓ 2015 MCYS Crown Ward review results demonstrating excellent outcomes for safety, permanence and wellbeing of the children in our care
- ✓ CKCS volunteered for the second wave of CPIN deployment with a 'go live' date of April 2016
- ✓ CKCs continues to participate in the provincial Lead Agency Consortium 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

Strategic Direction #2

Maintain, Strengthen and Develop Community Partnerships

- ✓ CKCS was confirmed as the 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.
- ✓ CKCS regularly participates in the Chatham-Kent Leaders Cabinet providing a networking opportunity with our community partners.
- ✓ Involved in the development of the Fast Intervention Risk Specific Team (FIRST) to address situations of acutely elevated risk as part of community safety and wellbeing
- ✓ Updated Police-Schools-CAS protocol with the public, separate and French language school boards
- ✓ CKCS a key partner in the ACCESS Open Minds single point of access for child and youth mental health services
- ✓ CKCS hosted training to community partners; SAFE-Talk (parents and community partners), ASK (Assessing Suicide in Kids)
- ✓ Hosted two separate VTRA training (Violence Threat Risk Assessment) for CKCS staff and community partners for early identification of possible threat/risk assessments in the community and schools

Strategic Direction #3

Provide Inclusive & Accessible Services through an Accountable & Transparent System

- ✓ Funding from the LHIN for Child & Adolescent Crisis Intervention at Chatham- Kent Health Alliance to provide early access to mental health services for children/adolescents presenting at the Emergency department experiencing emotional/mental health issues.
- ✓ First formal Customary Care Protocol signed with Delaware Nation providing extended family and kin placements for Delaware Nation children
- ✓ CKCS files reviewed by the Motherisk Commission reflected that court decisions were made without undue dependence on any substance abuse testing
- ✓ Internal communications through quarterly Town Hall meetings, Staff meetings and an agency newsletter.

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
- ✓ Opening of our Drop In Clinic "Door of Hope" to provide short term counseling support to families and their children
- ✓ MCYS Foster Licensing Reviews reflected exceptional plans for children in care
- ✓ Volunteer recognition events celebrating that "Volunteers are the roots of strong communities> just like roots are essential for trees to bloom, volunteers are essential for communities to bloom"
- ✓ Inclusion of an Enhanced Education Program to support staff upgrading their academic qualifications in the area of social work
- ✓ Successful labor relations negotiations resulting in a contract with OPSEU that provides staff with a 2% wage increase in each of the three years of the contract.

Strategic Direction #5

Maintain, Strengthen and Develop Governance and Financial Acuity

- ✓ MCYS Child Welfare funding continues to reflect a 2% reduction year over year with the Board of Directors maintaining a Balanced Budget
- ✓ The Board of Directors participate in the OACAS 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 OACAS 2nd Annual Forum on Governance sharing best practices, tools and ideas amongst all CAS's.
- ✓ Development of a Quality improvement Plan and quarterly reporting to MCYS along with the publicly posted key Performance Indicators

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

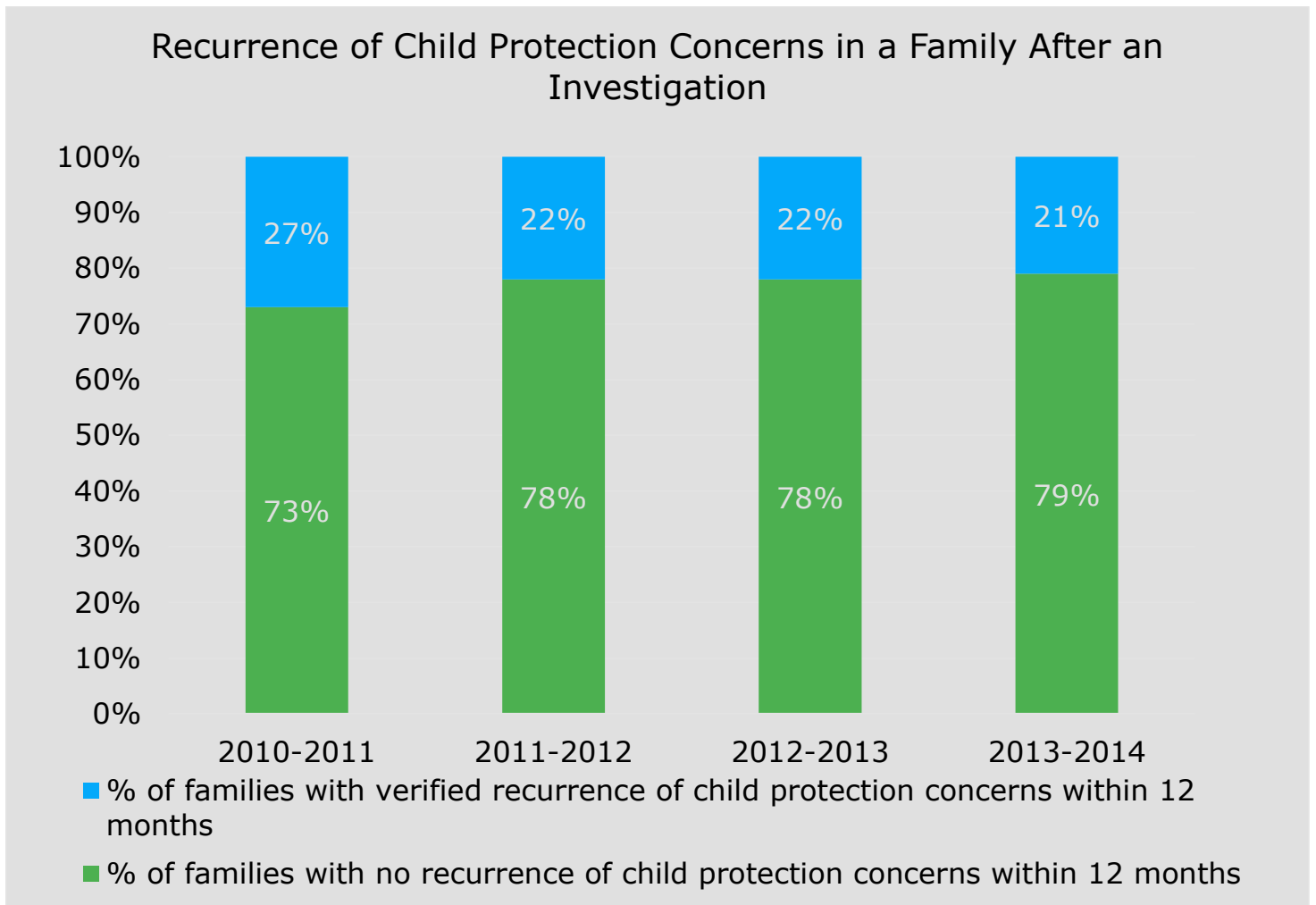
Each of these Performance Indicators is described in more detail below.

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 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.

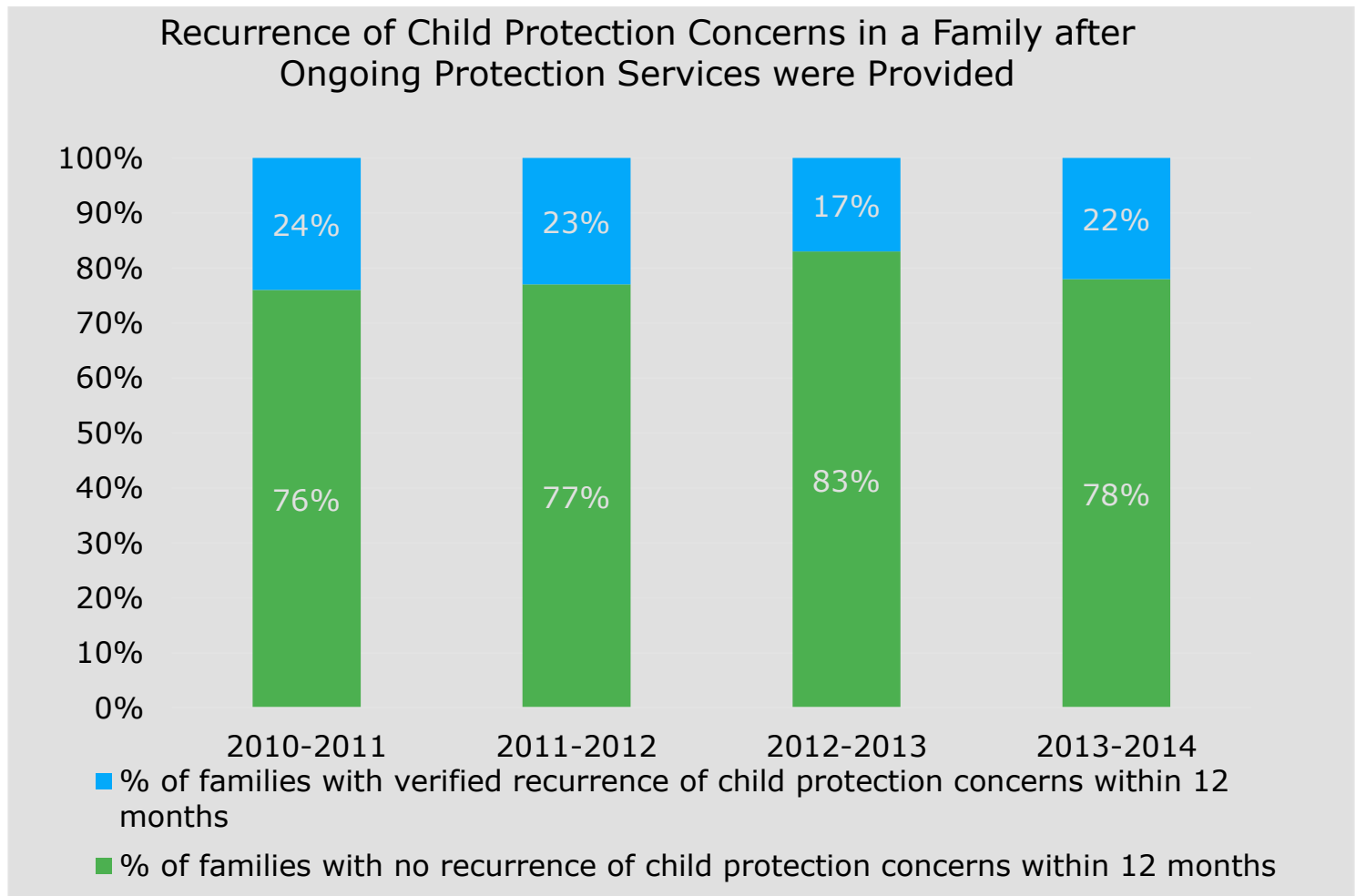


Safety Outcome - Recurrence of Child Protection Concerns in a Family after Ongoing Protection Services Were Provided

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. 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.

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.



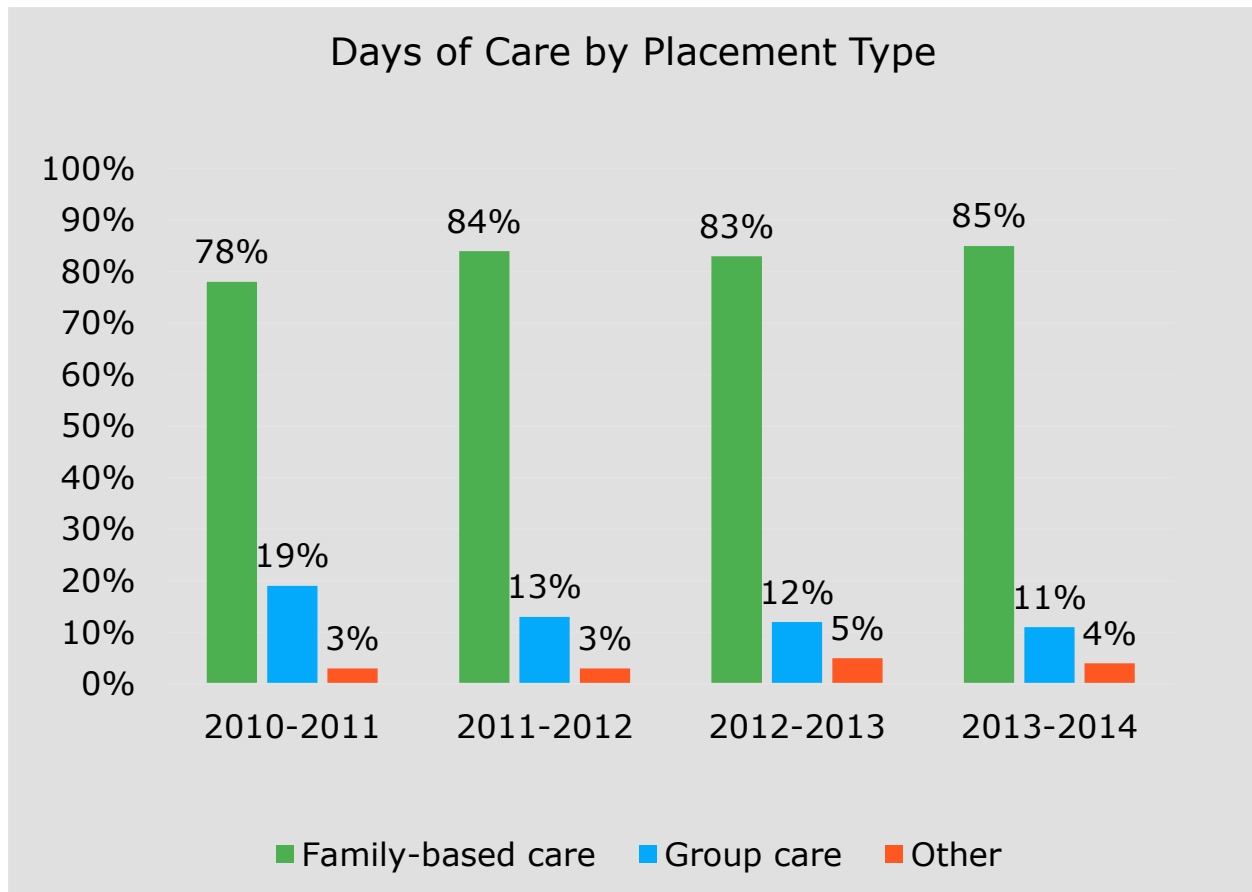
Permanency Outcome – Days of Care, by Placement Type

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.

We know that 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.



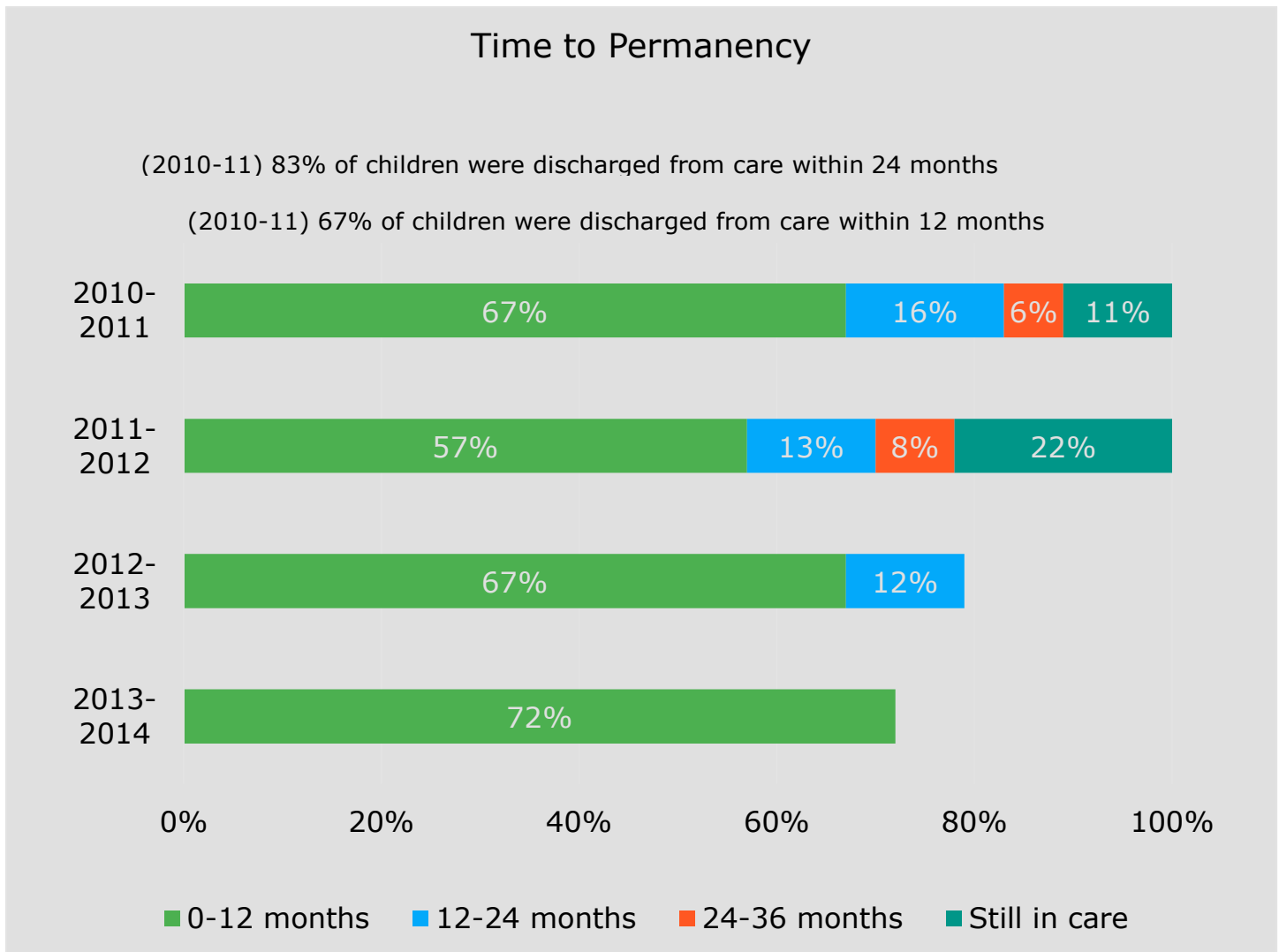
Permanency Outcome – Time to Permanency

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).

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 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.



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

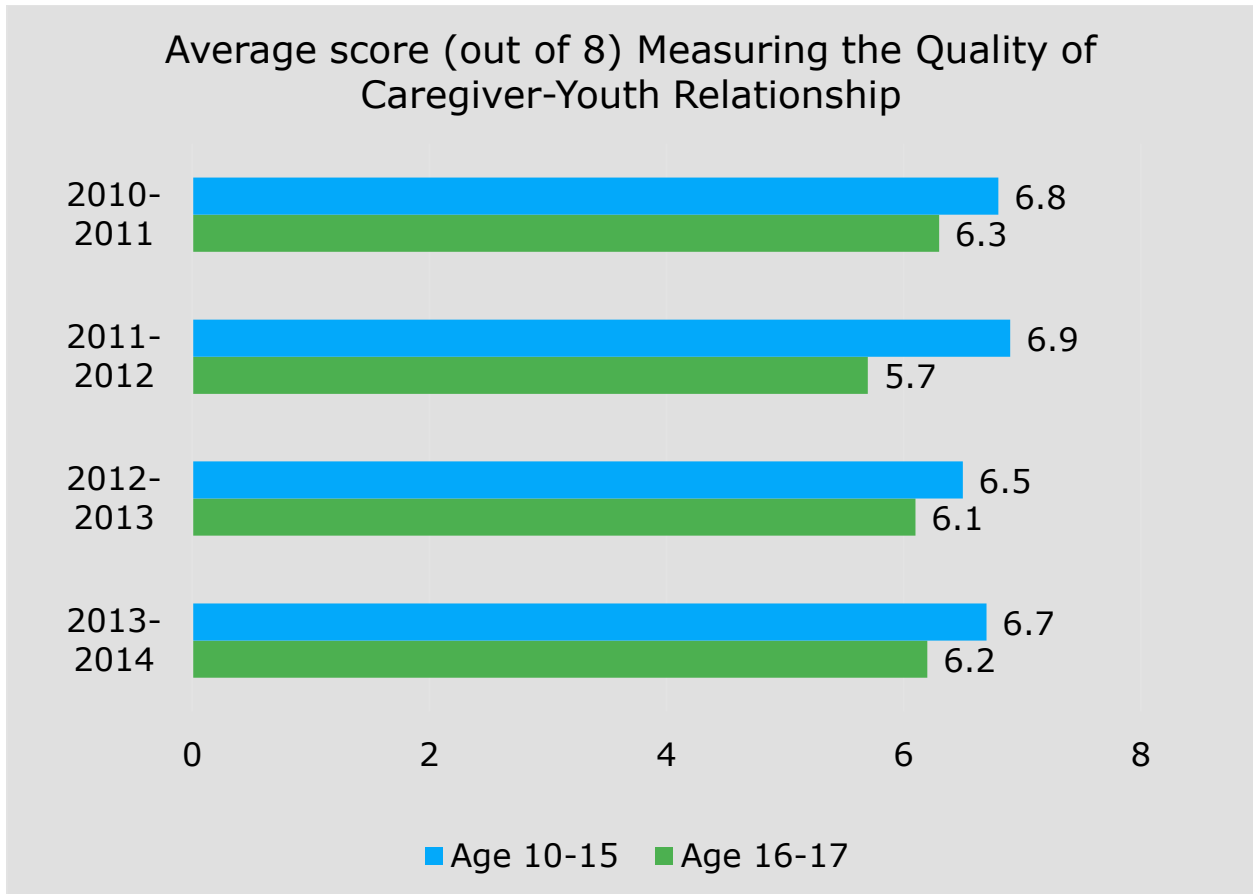
This PI measures the average score for children in care (aged 10-17) from a standard scale that measures a young person’s perception of the quality of the relationship with his or her primary caregiver. The scale measures the following four items:

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. 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.



Audited Financial Statements

Financial Statements of

**CHATHAM-KENT CHILDREN'S
SERVICES**

Year ended March 31, 2016

Contact Information

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