

CCAS Business Plan 2016-2017





CCAS Business Plan: 2016-2017

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Introduction

This document represents the 2016-17 Business Plan for the Catholic Children's Aid Society of Toronto (CCAS). It highlights our organization's mandate, strategic priorities, key activities, and performance indicators for the year ending March 31, 2017.

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.

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.

¹ Child and Family Services Act

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

CCAS Mission Statement

For the Love of Children...

...the Catholic Children's Aid Society of Toronto, on behalf of the Catholic community is committed to providing social services that protect children and strengthen family life.

CCAS Values

We value...

- Human Dignity
- The Courage and Integrity to Take a Stand
- Partnership and Teamwork
- Cultural, Racial and Individual Differences
- Professional Excellence

CCAS Strategic Directions

Our ongoing priority is supporting the safety, permanency, and well-being of children and youth in the family and community. To achieve this, CCAS is committed to continuous improvement in:

- (1) Enhancing our service framework; and
- (2) Supporting our staff in their direct work with children and families.

Key Activities Supporting Strategic Directions: 2016-17

CCAS has identified the following three (3) initiatives as our Priority Projects for 2016-17:

- (1) Child Protection Information System (CPIN) Transition to Operations Program
- (2) Services to African Descent Children and Families Program
- (3) Enhancing Worker Safety Program

Each of the three Priority Projects is aligned with provincial priorities in child welfare and will impact all staff across the organization. CCAS will continue to adopt best-practice change management strategies to support the successful achievement of these priorities.

Priority Project 1: CPIN Transition to Operations Program

| Key Activity | Goal(s) for 2016-17 |
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| Support CPIN integration in service areas by supporting supervisors to build staff capacity. | <ul style="list-style-type: none"> • Conduct Needs Assessment Survey to gauge development needs. • Provide Full Series Training every 8-10 weeks. • Run weekly labs that address identified needs for further support, e.g. Outcome Plans. |
| Provincial CPIN sustainment and business harmonization support. | <ul style="list-style-type: none"> • Participate in Functional Work Group and Sub Groups. • Provide a lead, a Facilitator, and a technical expert to represent CCAS at each weekly CPIN Users Group meeting. • Participate in User Acceptance Testing. |
| Support CPIN integration in non-service functional areas (Legal, Finance, IT, and Admin). | <ul style="list-style-type: none"> • Identify and support workers to consistently complete CPIN processes that will support Quality Improvement Plan (QIP) reporting. • Develop and implement training for Legal Forms. • Develop and implement training for Resource Services workers. • Implement new HelpDesk workflow in which CPIN-related tickets will be reassigned to CPIN facilitators and resolved within 3 days. |
| Address CPIN in agency policies and procedures. | <ul style="list-style-type: none"> • When CCAS policies are being reviewed, provide recommendations to ensure alignment with CPIN processes and workflows. |
| Organize, digitize, attach, and verify offline case and person information in CPIN. | <ul style="list-style-type: none"> • Digitize all non-electronic pre-CPIN documents and upload them into the associated case or person record in CPIN. • Develop a long-term plan for document uploading into CPIN. |

Priority Project 2: Services to African Descent Children and Families Program

| Key Activity | Goal(s) for 2016-17 |
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| Understand the organizational climate and articulate the future vision. | <ul style="list-style-type: none"> Engage racialized and non-racialized staff in focus groups and confidential interviews to capture the experiences and needs of racialized staff and clients, the current challenges, and a vision for the future. Develop a Logic Model that captures the expected outcomes of change and the mechanisms for change, as informed by best practices. |
| Analyze and share service data on clients who are of African descent. | <ul style="list-style-type: none"> Share CCAS service data with all staff and discuss what it tells us about racial disproportionality and disparity at CCAS. |
| Enhance the CCAS Service Model. | <ul style="list-style-type: none"> Develop an information package designed to address the need for additional information about the child welfare system, as identified by the African Canadian community. Conduct outreach and strengthen collaboration with community organizations that support children, youth, and families of African descent. Enhance and/or establish programs for youth of African descent who are involved with CCAS, including Soul Journey, Rites of Passage, youth advisory groups, and youth mentorship events. Support the Ontario Association of Children's Aid Societies (OACAS) in the development of the One Vision One Voice Practice Framework for working with African Canadian children and families. In partnership with the African Canadian Legal Clinic (ACLC), launch the African Canadian Child Welfare Intervention Service (ACCWIS) pilot project. |
| Promote change in organizational culture through staff engagement and capacity building. | <ul style="list-style-type: none"> Create an intranet site and update it regularly with resources and current information about the program. |

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| | <ul style="list-style-type: none"> Engage staff at all levels of the organization in capacity building activities that will strengthen the ability of staff to: understand power and oppression; talk openly about race and racism (systemic and interpersonal); reflect critically on our own biases and the impact of these biases on our work with each other and with clients; and take action to address our biases. Establish an Advisory Group that will give staff an opportunity to contribute to decision making, provide on-the-ground insight, and act locally to champion change among their colleagues. |
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Priority Project 3: Enhancing Work Safety Program

| Key Activity | Goal(s) for 2016-17 |
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| Implementing physical upgrades/changes at CCAS service sites to enhance physical safety. | <ul style="list-style-type: none"> Work in collaboration with Property Department to ensure all physical changes/upgrades identified for service sites has been completed. Develop communicate plan in collaboration with Property Department that identifies the physical changes made to CCCA properties to ensure worker safety. |
| Identifying and implementing policy or procedural changes at CCAS service sites to enhance physical safety. | <ul style="list-style-type: none"> Identify all policies that require updates as they pertain to worker safety. Participate with a work group to review and amend current policies and procedures. support staff to adopt changes to policies and procedures. Support the Ontario Association of Children's Aid Societies and other interagency network groups with regard to worker safety policy development. |
| Develop and implement learning strategies that will support staff to practice physical safety strategies. | <ul style="list-style-type: none"> Conduct review of the current training offered at CCAS. Identify the training required to support worker safety. Identify vendors in the community who can deliver on the identified training along with associated costs. Develop and implement worker safety training strategy. Consultation with CCAS Health and Safety Committees, Senior Leadership, Executive, Supervisors, and Union. |

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| | <ul style="list-style-type: none">• Develop intranet page that contains information and links to physical safety strategies and update it regularly with resources and current information.• Conduct outreach and strengthen collaboration with other CASs and OACAS to create opportunities for shared curriculum.• Create worker safety curriculum that can be provided in multiple modes (e-learning, case studies, lectures, group discussions) to address diverse learning styles and that can be delivered within CCAS Onboarding and Orientation programs. |
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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.

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 – 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. 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 they 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 with 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 six 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.

Contact Information

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