

CCAS Business Plan 2017-2018



CCAS Business Plan: 2017-2018

Introduction

This document represents the 2017-18 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 fiscal year ending March 31, 2018.

Mandate

Children's Aid Societies (CASs) 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.

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.

CASs 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

¹ Child and Family Services Act

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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.

In June of 2017, Ontario passed the *Child, Youth, and Family Services Act* (CYFSA). The legislation, once proclaimed, will put children at the centre of decision-making, and support more accountable, responsive and accessible child and youth services. It will also strengthen oversight for children's aid societies and licensed residential services.

Key changes include:

- Raising the age of protection from 16 to 18 to increase protection services for more vulnerable youth in unsafe living conditions, to support their education and to reduce homelessness and human trafficking;
- Strengthening the focus on early intervention, helping prevent children and families from reaching crisis situations at home;
- Making services more culturally appropriate for all children and youth in the child welfare system, including Indigenous and Black children and youth, to help ensure they receive the best possible support; and,
- Improving oversight of service providers, including children's aid societies, so that children and youth receive consistent, high-quality services across Ontario².

Mission, Values, and Strategic Direction

CCAS Mission Statement

For the Love of Children...Tagline

...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

² Ministry of Children and Youth Services (2017). 'Ontario strengthens legislation for child and youth services'. Retrieved from: <http://www.children.gov.on.ca/>

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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: 2017-18

For the 2017-18 year, CCAS is continuing its commitment to the following three (3) initiatives as our Priority Projects for 2017-18:

- (1) Child Protection Information System (CPIN) Transition to Operations Program
- (2) Services to African Descent Children, Youth, and Families
- (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.

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Priority Project 1: CPIN Transition to Operations Program

In 2016-17, CPIN Facilitators from the CPIN Transition to Operations (TTO) Team were partnered with service teams across the organization. Together, they identified individual and team learning goals and participated in weekly practice labs designed to address their CPIN learning needs.

The CPIN TTO Team also successfully implemented several new organizational processes, including CPIN technical support and document digitization processes, all while they continued to provide leadership, support, and expertise to the interagency and Provincial CPIN Work Groups.

Key Activity	Goal(s) for 2017-18
Support CPIN integration in service areas by building staff capacity through learning.	<ul style="list-style-type: none"> • Develop and conduct CPIN Competency Self-Assessment Survey. • Develop and implement individual and team learning plans. • Develop and conduct CPIN Competency Exercise. • Continue to provide Full Series Training as needed. • Continue to collaborate with CCAS Quality Assurance to align CPIN processes with the CCAS Quality Improvement Plan (QIP) and support staff to learn and integrate these processes.
Collaborate in inter-agency and Provincial CPIN sustainment and business harmonization initiatives.	<ul style="list-style-type: none"> • Strengthen leadership and participation in CPIN Work Groups. • Continue to participate in CPIN User Groups and User Acceptance Testing.
Establish capacity for ongoing operational management of CPIN.	<ul style="list-style-type: none"> • Analyze the functional requirements for the ongoing management of CPIN, and implement a strategy to establish the capacity needed, including (but not limited to): <ul style="list-style-type: none"> ○ Bulk Scanning ○ Policies & Processes ○ Training & Learning ○ Technical Oversight ○ Strategic & Operational Management

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

In 2016-17, the CCAS Strategic Service Initiatives (SSI) Team successfully established a number of new programs and support services for children, youth, and families of African Descent who become involved with CCAS, both internally and through community partnerships, such as the CCAS Freedom Walk program and the Rites of Passage Program (in partnership with Woodgreen Community Services).

The SSI Team established an Advisory Group comprised of management and frontline staff from all branches of the agency, foster caregivers, representatives from community organizations and other social service agencies, youth advocates, and a CCAS Board member.

An internal repository of resources was established on the CCAS intranet site (MyCCAS) and staff were engaged through all-staff learning events, eLearning modules, and facilitated discussions about racism and anti-racist, anti-oppressive (ARAO) practice in child welfare.

Key Activity	Goal(s) for 2017-18
<p>Organizational Development: Engage with staff to promote changes in the agency that will allow us to identify, understand, and respond effectively to the individual and systemic racial biases that impact racialized children, youth, and families and lead disproportionality and disparity in child welfare outcomes.</p>	<ul style="list-style-type: none"> • Establish a permanent Anti-Racist and Anti-Oppression (ARAO) Supervisor position. • Establish Outcomes Framework and Monitoring and Evaluation Strategy. • Expand breadth of self-directed learning resources available to staff. • Ensure all CCAS staff have participated in a facilitated discussion about ARAO practice in child welfare. • Ensure all CCAS staff have completed an eLearning module on Key Concepts in ARAO Practice. • Continue developing the capacity of the CCAS Services to African Descent Children, Youth, and Families Advisory Group. • Continue to support the development of internal capacity to accurately collect, analyze, and report regularly on service data disaggregated by race.
<p>Service and Practice Development: Enhance the CCAS Service Model</p>	<ul style="list-style-type: none"> • Identify and implement specific strategies to address the disproportionality of racialized children and youth in care, with a focus on admission prevention. • Identify and implement changes to Child in Care Expenditure Guidelines to provide greater support for the needs of racialized children and youth. • Identify and implement changes to placement and cultural matching strategies for racialized children and youth and foster parents. • Support establishment of Resolution Circle and Youth Advocate

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	<p>functions within CCAS.</p> <ul style="list-style-type: none"> • Establish the 'Coco Collective' program to provide Afrocentric art and educational programming to participants of the CCAS Homework Club
<p>Community Organizing: Engage with the community and establish service partnerships to support children, youth, and families of African Descent</p>	<ul style="list-style-type: none"> • Participate in One Vision One Voice Implementation Reference Group and other interagency or provincial work groups. • Enhance supports for racialized youth transitioning from care, including partnerships with Delta Family Resource Centre (Black Youth in Transition Program) and youth advocate Anayah Phares (CHEERS Youth Mentorship Program). • Partner with African Canadian Community Services (ACCS) to run Imani Healing Circles for youth of African Descent who are involved with CCAS, a program designed to help racialized youth address trauma and learning coping mechanisms. • Develop proposal to partner with post-secondary educational institutions and launch an academic bridging program for racialized youth in care. • Continue partnership with ACCS and Durham CAS to pilot the African Canadian Child Welfare Intervention Service (ACCWIS).

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Priority Project 3: Enhancing Worker Safety Program

In 2016-17, the CCAS HR Team was actively engaged in provincial and interagency working groups addressing Worker Safety recommendations that were identified in Phase 1 of the Ontario CAS Worker Safety Project. Working in collaboration with the CCAS Corporate Joint Health and Safety Committee and the CCAS Union Management Committee, CCAS has implemented many of recommendation made by the OACAS Labour Relations Committee. The CCAS Property Team has and continues to make every effort to ensure that physical safety issues at all CCAS properties are managed in a timely manner.

Key Activity	Goal(s) for 2017-18
Lead efforts to strengthen how we understand and address contemporary worker safety issues.	<ul style="list-style-type: none"> • Display 'CCAS Safety Statement' outlining a zero-tolerance policy towards violence in public areas at all CCAS service sites/offices. • Adopt the OACAS Incident Reporting Guidelines. • Develop a proposal to establish a Shared Service approach for a Worker Health and Safety specialist with other CAS partners in Toronto. • Participate in pilot projects and other exploratory initiatives to identify how CCAS can nurture a psychologically safe workplace.
Identify and implement upgrades to facilities and/or policy and procedural changes to continue promoting physical safety.	<ul style="list-style-type: none"> • Provide a First Aid Kit to every CCAS employee who uses their vehicle for work. • Enhance processes and practices relating to co-teaming, as per the CCAS Collective Agreement.
Develop and implement learning strategies that will support staff to practice worker safety strategies.	<ul style="list-style-type: none"> • Implement training initiatives related to Worker Safety. • Review the recommendations released by the Provincial Worker Safety Group (Spring 2017) and develop an implementation strategy that prioritizes them.

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Performance Measurement

Children's Aid Societies understand the importance of measuring performance and outcomes for children and their families. The Performance Indicators (PIs) project is a province-wide initiative designed to help Children's Aid Societies measure and monitor the quality of their services.

The University of Toronto, the University of Ottawa, the OACAS, and CASs have collaborated to collect, validate and calculate PIs for each agency. Some of the PI's are tracked through the Ontario Child Abuse and Neglect Database System (OCANDS) and the Ontario Looking After Children (ONLAC) data collection project.

This year, CASs are publicly reporting their individual data for fiscal years 2012, 2013 and 2014. While it is difficult to draw specific conclusions based on the initial results, CCAS will conduct more detailed analyses to better understand its data and how we can improve our services. CASs have committed to reporting on a minimum of two additional PI's per year.

For the most part, there are many differences between agencies in terms of socio-economic factors, demographics and service models. In order to make appropriate comparisons, the Ministry and field, as recommended by the Commission to Promote Sustainable Welfare, are in the process of developing a "statistical neighbours' model", which groups CASs who serve similar populations together for the purpose of comparison.

CCAS currently reports on the following five (5) Performance Indicators, which can also be viewed on the [CCAS Website](#):

- Safety Outcome- [Recurrence of Child Protection Concerns in a Family after an Investigation](#)
- Safety Outcome - [Recurrence of Child Protection Concerns in a Family after Ongoing Services were Provided](#)
- Permanency Outcome - [Days of care by placement type](#)
- Permanency Outcome - [Time to permanency](#)
- Well-Being Outcome - [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.

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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 – They 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 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

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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 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: 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.

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Contact Information

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