

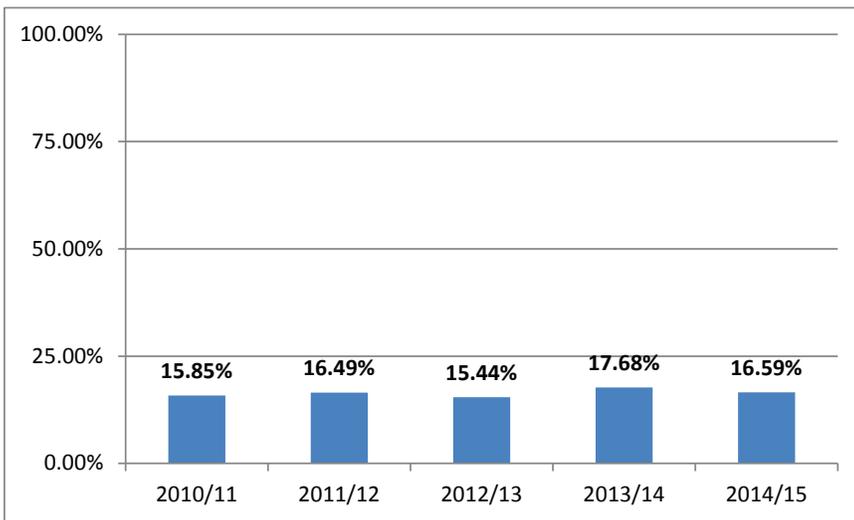


Performance Indicators

REPORT MARCH 2017

Like all CAS's in Ontario, we're committed to accountability and to continually improving our services through the use of data and analysis. As part of that commitment, we're pleased to present our Performance Indicators for 2017. These five measurements are tools to help child welfare in Ontario strive for better outcomes for the children and families we serve. Performance indicators will inform the practices, protocols and procedures as well as help influence management decision-making related to program development, budgeting and planning.

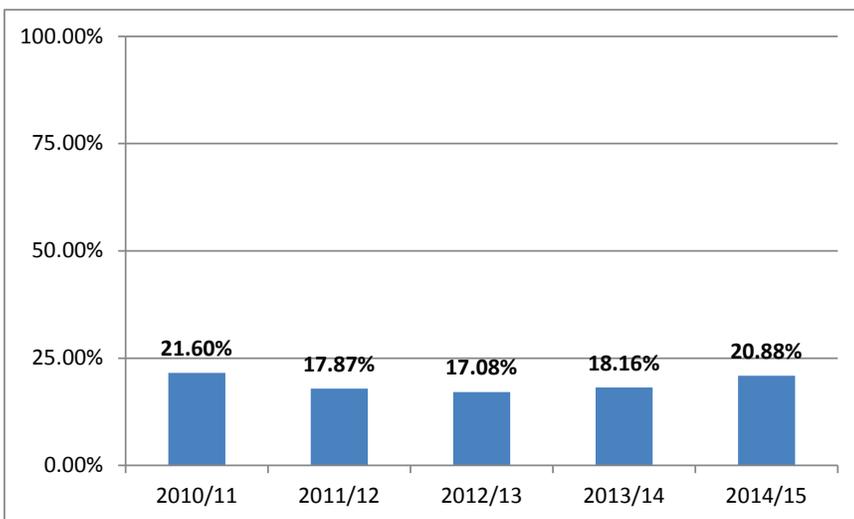
Safety Outcome Recurrence of Child Protection Concerns in a Family after an Investigation



This measures the number of cases that were closed after an initial investigation but where the family subsequently needed to return to the child welfare system within 12 months after closure. Data suggest that the majority of families do not return for service within 12 months of service closure.



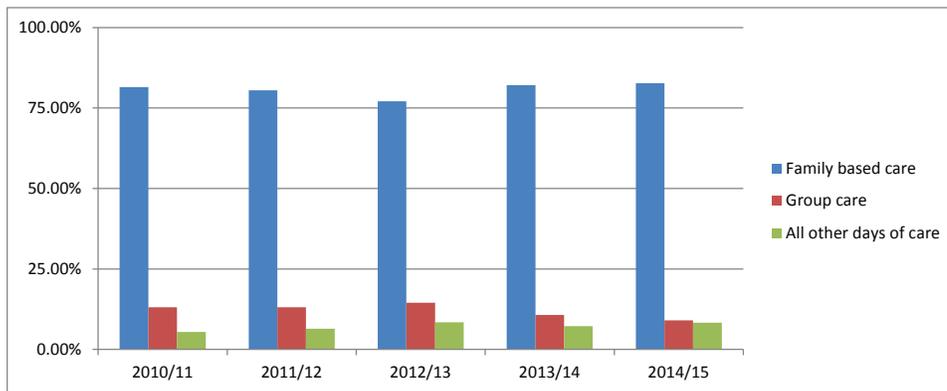
Safety Outcome Recurrence of Child Protection Concerns in a Family after Ongoing Protection Services Were Provided



This measures the number of cases that were closed after protection issues were confirmed and services were provided and then subsequently the family needed to return to the system within 12 months of closure. The majority of families do not return for service within 12 months of service closure.



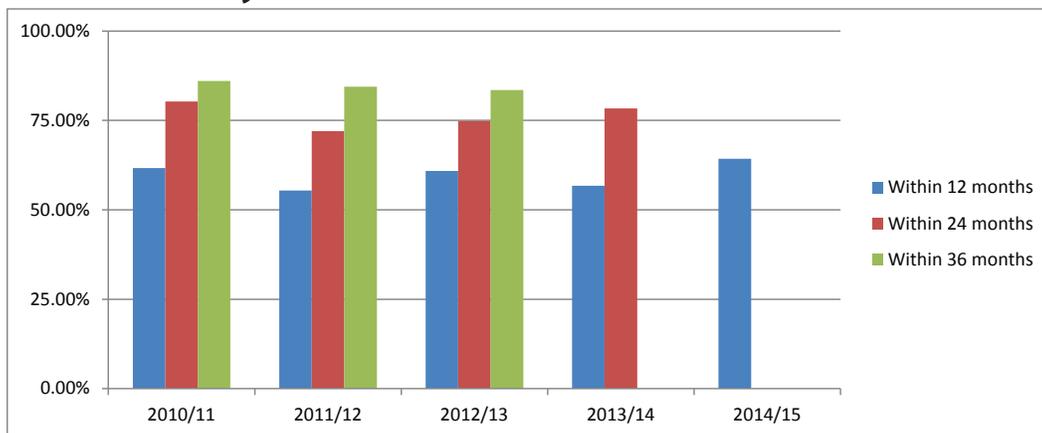
Permanency The Days of Care, by Placement Type



For all children admitted to the care of our Children's Aid Society, the days of Family-based care.



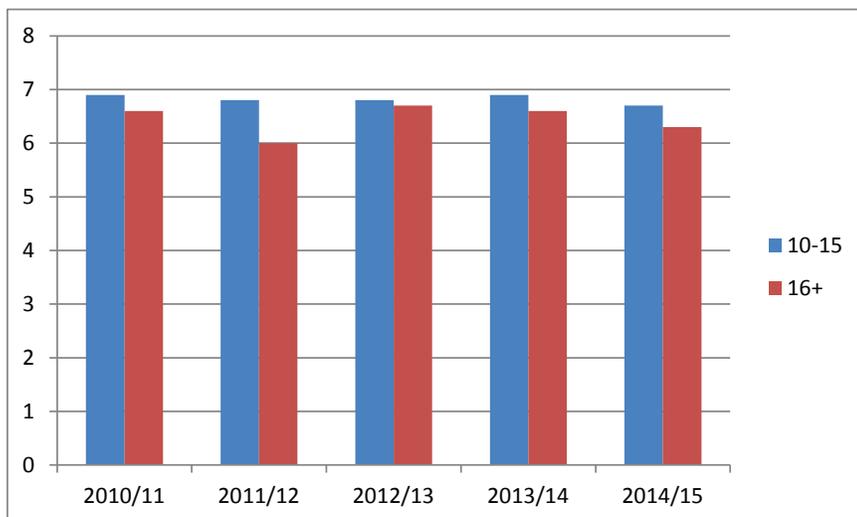
Permanency The Time to Permanency



For all children admitted to the care of our Children's Aid Society during the fiscal year, the cumulative percentage discharged within a specific time period (i.e., 12 months, 24 months and 36 months since admission). Most children are discharged from care less than a year after admission.



Well-Being The Quality of the Caregiver and Youth Relationship



The average score for children in care (aged 10-15 and 16+) from a standard scale that measures a young person's perception of the quality of the relationship with his or her primary caregiver, such as a foster parent. The scale has four questions and uses a composite score with a minimum of 0, and a maximum of 8. Overall, the data show that the youth relationship with caregivers is mostly positive.



THE DETAILS

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

Definition:

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.

Why is this Measure Important?

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.

Limitations of the Data

The data results do not identify whether it is the same child who experienced a recurrence of protection concerns; only that protection concerns have reoccurred in the same family. The reason for investigation and verification represents any recurrence of any kind of protection concern rather than recurrence of the same protection concern (e.g., a case may return with different protection concerns than those originally investigated). Data represent only those families reported to a Children's Aid Society and do not include protection concerns that are not reported or not identified.

Key Considerations

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.

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

Definition:

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.

Why is this Measure Important?

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 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.

Limitations of the Data:

The data results do not identify whether it is the same child who experienced a recurrence of protection concerns; only that protection concerns have reoccurred in the same family. The reason for investigation and verification represents any recurrence of any kind of protection concern rather than recurrence of the same protection concern (e.g., a case may return with different protection concerns than those originally identified). Data represent only those families reported to a CAS and do not include protection concerns that are not reported or not identified.

Key Considerations

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 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

Definition:

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).

Why is this Measure Important?

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., be discharged to parents or family including adoptive families or legal custody arrangements, compared to children in group care.

Limitations of the Data

Data illustrate the number of days of care provided by a Children's Aid Society rather than the proportion of children by placement type. There are variations across Societies in how placement types are classified (i.e., as family versus non-family based care).

Context:

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 were 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.

Key Considerations:

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.

Permanency Outcome – The Time to Permanency

Definition:

For all children admitted to the care of a Children's Aid Society during the fiscal year, the cumulative percentage discharged within a specific time period (i.e., 12 months, 24 months and 36 months since admission).

Why is this Measure Important?

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.

Limitations of the Data:

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 Aboriginal children) is not included in these data at this time.

Key Considerations:

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.

*A proxy measure is an indirect measure that approximates or represents a phenomenon in the absence of a direct measure.

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

Definition:

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.

Why Is This Measure Important?

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).

Limitations of the Data:

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 not 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.

Key Considerations:

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.