

## 2019/20 ANNUAL REVIEW

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### Introduction

This document represents the 2019 – 2020 Annual Review for the Children's Aid Society of London & Middlesex. It highlights the strategic priorities, key activities and accomplishments, and performance indicators of the organization for the past year for services in the communities of London & Middlesex.

*Note: Any documents that have not been updated with fiscal 2019/20 data is due to the COVID-19 pandemic and will be posted to the external website and linked in this document as soon as available.*

### Analysis of Operational Performance

CASLM publishes an annual scorecard of operational performance. This document can be viewed here:

[https://www.caslondon.on.ca/UserFiles/Servers/Server\\_12748287/File/Accountability/Balanced%20Scorecard%202018-2019.pdf](https://www.caslondon.on.ca/UserFiles/Servers/Server_12748287/File/Accountability/Balanced%20Scorecard%202018-2019.pdf)

CASLM's annual report is posted here:

<https://www.caslondon.on.ca/common/pages/DisplayFile.aspx?itemId=17091484>

### Vision, Mission, Strategic Direction

#### ***Our Vision***

Safe Children...Bright Futures

#### ***Our Mission***

We promote the well-being of children, families and communities. We protect and care for children at risk.

#### ***Our Strategic Direction***

[http://www.caslondon.on.ca/UserFiles/Servers/Server\\_12748287/File/16-18%20Strategy%20Map.pdf](http://www.caslondon.on.ca/UserFiles/Servers/Server_12748287/File/16-18%20Strategy%20Map.pdf)

### Key Activities Supporting Strategic Directions

The key activities that support CASLM's strategic direction can be obtained in the 19/20 ENDS report which is available here:

[https://www.caslondon.on.ca/UserFiles/Servers/Server\\_12748287/File/7.2%20ENDS%20Report%202019-2020.pdf](https://www.caslondon.on.ca/UserFiles/Servers/Server_12748287/File/7.2%20ENDS%20Report%202019-2020.pdf)

### 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. The most recent performance indicator results available are for the fiscal year 2016-17.

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 and the Agency's results from 2012/13 to 2016/17 are available here:

[https://www.caslondon.on.ca/UserFiles/Servers/Server\\_12748287/File/Accountability/CAS%20London%20and%20Middlesex%20Performance%20IndicatorsSummary\\_March2019.pdf](https://www.caslondon.on.ca/UserFiles/Servers/Server_12748287/File/Accountability/CAS%20London%20and%20Middlesex%20Performance%20IndicatorsSummary_March2019.pdf)

### ***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 – 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 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.

## **Quality Improvement**

CASLM has established a Quality and Equity Committee on the Board of Directors. This Committee reviews Agency data sets and initiatives for overall quality improvement.

The specific areas of quality improvement are highlighted in the ENDS Report available here:

[https://www.caslondon.on.ca/UserFiles/Servers/Server\\_12748287/File/7.2%20ENDS%20Report%202019-2020.pdf](https://www.caslondon.on.ca/UserFiles/Servers/Server_12748287/File/7.2%20ENDS%20Report%202019-2020.pdf)

## **Audited Financial Statements**

Audited Financial Statements are available here:

[https://www.caslondon.on.ca/UserFiles/Servers/Server\\_12748287/File/2019%20Audited%20Financial%20Statements.pdf](https://www.caslondon.on.ca/UserFiles/Servers/Server_12748287/File/2019%20Audited%20Financial%20Statements.pdf)

