

Introduction

As a multi-service agency, North Eastern Ontario Family and Children's Services (NEOFACS) offers child welfare, child and youth mental health, youth justice, and early learning and prevention programs and services.

This document represents the 2022-2023 Business Plan for the child welfare services at NEOFACS. It highlights the mandate, strategic priorities, key activities, and performance indicators of the organization for the upcoming year. The plan also demonstrates how NEOFACS continues to improve our child protection services in the Districts of Cochrane and Timiskaming.

Mandate

Children's Aid Societies (CASs) are independently governed agencies responsible for providing mandatory and critical services. CASs 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 35 (1) of the *Child, Youth, and Family Services Act, 2017 (CYFSA)*. The mandate of CASs, as described in this section of the *CYFSA*, includes the following functions:

- Investigate allegations or evidence that children may be in need of protection;
- Protect children, where necessary;
- Provide guidance, counseling, 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 VIII (Adoption and Adoption Licensing); 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, and how they must provide these services, including services to Indigenous, First Nations, Inuit, and Métis (FNIM) children and families and French language services (FLS), as well as the timelines in which these mandatory services must be provided.

Children's Aid Societies provide critical and essential services to 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 they

remain 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 the government.

Vision, Mission, Values, and Strategic Direction

Our Mission

Working together for the well-being and safety of children, youth, and families.

Our Vision

Strong partnerships. Safe communities. Healthy children, youth, and families.

Our Values

NEOFACS is guided by the following values that influence the way we act and the decisions we make:

- Family Focused
- Child/Youth Centred
- Accountable
- Caring
- Collaborative
- Truthful
- Respectful

NEOFACS is committed to providing programs and services in both official languages and according to the French Language Services Act.

We are committed to respecting the ethnic, linguistic, and cultural diversity of our clientele.

Our Strategic Directions

[NEOFACS Strategic Plan 2022-27](#)

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Key Activities Supporting Strategic Directions

Strategic Direction: Children, Youth, and Families

FOCUS	GOAL
Ensure personalized and innovative services to meet the unique and distinct needs of all children, youth, and families.	<ul style="list-style-type: none"> • Ensure that an equity, diversity, and inclusion lens is applied to all processes, including client-specific plans for children, youth, and families. • Collaborate with Indigenous and other community organizations and equity-seeking groups to provide improved services for children, youth and families, and communities. • Create holistic community support and/or transition plans for children, youth, and families served by NEOFACS. • Nurture and strengthen feedback mechanisms for children, youth, and families. • Expand outreach, hours, and locations to improve access. • Improve quality, client experience, and outcomes of services.

Strategic Direction: Community Partnerships

FOCUS	GOAL
Build reciprocal relationships to create integrated and seamless services that leverage the full capacity of the diverse communities we serve.	<ul style="list-style-type: none"> • Work with Indigenous Bands and off-reserve agencies to build new relationships and strengthen services based on Truth and Reconciliation. • Engage other community organizations and other equity-seeking groups where appropriate to deliver the most effective, appropriate, and sensitive services. • Engage in partnerships with other providers/agencies to strengthen the circle of care with a focus on prevention and early access and coordination. • Engage the community in agency and service system transformation.

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Strategic Direction: Organizational Development

FOCUS	GOAL
Ensure that the power of equity, diversity, and inclusion (EDI) nurtures a consistent culture of caring.	<ul style="list-style-type: none"> • Apply an anti-oppressive, anti-racism, equity, diversity, and inclusion lens to staff and board recruitment and development and agency procurement. • Develop EDI accountability mechanisms in our day-to-day processes that are in line with a culture of caring. • In consultation with Indigenous and other community stakeholders and equity-seeking groups, embed culturally safe services within the agency. • Support the physical, mental, and emotional well-being of staff, volunteers, and caregivers. • Develop an innovative service and support model that meets the needs of children, youth, and families, as well as staff. • Design professional development and succession plans to build long-term staff capacity throughout the agency and address recruitment and retention challenges. • Support services, outcomes, and agency decisions using evidence-informed approaches.

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

The most recent available results are available here:

[NEOFACS – Child Welfare Service Performance Indicators](#)

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.

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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.

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