



2024-25 ANNUAL REVIEW

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 2024-2025 Annual Review for the child welfare services at NEOFACS. It highlights the strategic priorities, key activities and accomplishments, and performance indicators of the organization for the past year for services in the Districts of Cochrane and Timiskaming.

Analysis of Operational Performance

NEOFACS monitors its performance against strategic goals with the use of measurements identified in our operational plan. NEOFACS is in the process of updating its operational plan and measures.

NEOFACS' annual report is posted here:

[2024-25 Annual Report](#)

Mission, Vision, Values, and Strategic Directions

The Agency completed a strategic planning process in 2022-23, resulting in our 2022-27 Strategic Plan and associated strategic directions.

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

North Eastern Ontario Family and Children's Services is guided by the following values that influence the way we act and the decisions we make:

- Family Focused
- Child/Youth Centered
- 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

[Strategic Plan 2022-27](#)

Key Activities Supporting Strategic Directions

The key activities that support NEOFACS' strategic direction are found in the Agency's Operational Plan.

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. **Please note that the work on PIs is a provincially-lead initiative, in conjunction with OACAS. There has been a delay in further work, and thus the PIs have not been updated since 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:

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

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 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.



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Continuous Quality Improvement

NEOFACS has established a Quality Improvement Committee on the Board of Governors. This Committee reviews Agency data sets and initiatives for overall continuous quality improvement.

Risks and Other Factors

NEOFACS has established a Risk Management program that is embedded in the day-to-day operations of the Agency through regular review and monitoring. Risks identified as significant have mitigation plans and are included in Board Reports.

Financial Performance

NEOFACS ended the 2024-25 year with a deficit from operations of \$679,288 for Child Welfare, with financial statements prepared in accordance with Canadian public sector accounting standards.

Audited Financial Statements

Audited Financial Statements are available here: [NEOFACS Financial Statements 2025](#).