

2015/16 Operational Report and 2016/17 Operational Plan

The Children's Aid Society of the Districts of Sudbury and Manitoulin

September 30, 2016

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Acknowledgements

In a context of constant and rapid change, The Children's Aid Society of the Districts of Sudbury and Manitoulin's staff, alternate caregivers, volunteers, students, and Board members share credit for making significant gains towards the organization's goals and objectives.

The local Foster Parent Association and the Ontario Public Service Employees Union have partnered with the Agency in key areas, contributing greatly to the experiences of children, youth, families and staff that make up our organization.

The safety and well-being of children and youth is everyone's responsibility and strong community partnerships have had a significant impact on the quality of services provided.

Numerous CASDSM staff members participate in provincial initiatives and committees. The Ontario Association of Children's Aid Societies acknowledges these contributions annually in a letter that is attached as *Appendix A*.

Children, youth and families are acknowledged for sharing their strengths and perspectives as we work together towards building positive futures for our children.

The work that has been done over the past year has been exceptional, both in quality and volume. These individual and collective contributions are recognized and celebrated.

Introduction

This document represents the 2015/16 Operational Report and 2016/17 Operational Plan for the Children's Aid Society of the Districts of Sudbury and Manitoulin (CASDSM). It highlights the mandate, strategic priorities, key activities and performance indicators of the organization. The plan also demonstrates how CASDSM continues to improve our child protection services in the Districts of Sudbury and Manitoulin.

Mandate

Children's Aid Societies 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.

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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 Children's Aid Societies, 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 Children's Aid Societies must provide and 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.

Children's Aid Societies 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. Children's Aid Societies are mandated to intervene if a caregiver cannot adequately care for or provide for a child.

Children's Aid Societies protect and safeguard children; the vast majority of whom 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 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.

Mission

Building Positive Futures for our Children.

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Vision

The Children's Aid Society of the Districts of Sudbury and Manitoulin is an organization that values children, and is respectful and sensitive to their needs. We are committed to:

- ensuring the safety and well-being of children;
- delivering services to children which are sensitive to culture, language and religion;
- providing a safe, permanent, stable, loving environment free from abuse, neglect and exploitation;
- advocating for the necessary resources to meet children's needs; and
- achieving this mission in collaboration with community partners.

Strategic Objectives

1. Excellence in organizational effectiveness and efficiency with service delivery rooted in a commitment to evidence informed, family centered, community inclusive practices.
2. The organization fosters a work culture in which individual and organizational wellness is highly valued.
3. The organization promotes competency in cultural service delivery with children, youth, families and service partners, respecting the diversity of our community.

Balanced Scorecard

The Balanced Scorecard is a strategic planning and management system that is used extensively in business and industry, government, and non-profit organizations to align activities to the vision and mission of the organization, improve internal and external communications, and monitor organization performance against strategic themes and objectives. CASDSM's Balanced Scorecard is attached as *Appendix B*.

Organizational Structure

The Children's Aid Society of the Districts of Sudbury and Manitoulin has approximately 200 employees with an annual budget of about \$30 million. The organization is comprised of various teams.

1. *The Screening Team* receives approximately 75% of all referrals that are received by CASDSM. Disclosure services are also centralized within this function.
2. *The After-Hours Services Team* provides services during evenings, weekends and holidays to children, youth, families and alternate caregivers.

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3. The Family Assessment and Planning Teams are integrated and include both Protection and Children's Services. There are two Francophone teams, one First Nations Team, One North Shore/Rural Team (including Manitoulin Island), and four other FAP teams based in Sudbury.
4. The Continuum of Care Teams provide services to all alternate care resources, including kinship services. This team focuses on the recruitment, assessment and delivery of services to foster, adoption and kin resources.
5. The Long-Term Planning Team serves children and youth with Crown Wardship status and focuses on permanency planning for those children, including sibling groups and Transitionally-Aged Youth (TAY).
6. The Youth Initiatives Team provides positive and strengths-based approaches to help youth meet their goals and transition to adulthood and interdependence in a supported way.
7. The Family and Community Response Team was in its formative stage in March 2015, with team members transitioning to newly-formed positions. Specialized positions focus on community caregiver investigations, and rapid case conferences to support the discharge of children and youth in care to kin placements. The Child Protection Worker based in Chapleau is also connected to this team.
8. The Access and Family Support Team provides support to children, youth and families across the continuum of family contact, including admission prevention, re-integration, and meaningful family interactions.
9. The Team Assistants provide administrative support to each of the teams. Team assistants play a key role in ensuring data integrity and supporting the services provided to children, youth and families.
10. The Legal Services Team provides a full range of legal services. The team is comprised of a legal disclosure worker, law clerks, legal assistants and several In-House Counsels.
11. The Accounting Team provides administrative services in relation to finance, including expenditures related to the needs of children and youth.
12. The Property Team ensures a safe and comfortable office environment for staff, visitors, and community partners who co-locate with CASDSM. Volunteer drivers are also coordinated by this team.
13. The Information Technology Team ensures that the technology and software used by CASDSM is current, efficient and functional.
14. Quality Assurance (QA) the staff involved with QA activities uses statistical information and subsequent analysis in order to enhance services.

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15. *The Human Resources Team* plays a key role in the recruitment, retention, training and wellness of employees, including labour relations.
 16. *The Services and Planning Team* leads the operations of CASDSM, including services, administration and learning and development.
 17. *The Executive Director* oversees the operations of CASDSM and works closely with the Board of Directors, which provides leadership from a governance perspective.
-

Jurisdiction and Regional Demographics

CASDSM services a population base of approximately 210,000 in a geographic area spanning over 44,000 square kilometres. CASDSM has a satellite office with one staff member in Chapleau and a number of staff working from Little Current on Manitoulin Island.

Sudbury has a large French-speaking population, and Francophone services are a priority for the organization. A designated bilingual agency, CASDSM is an active participant at both local and provincial strategy tables aimed at enhancing French-language capacity and the sustainability of French-language services within the child welfare sector.

The Sudbury and Manitoulin Districts also have a large indigenous population, with 14 First Nation communities. Seven First Nations communities and their members fall within the jurisdiction of Kina Gbezhgomi Child and Family Services. Four First Nations communities in the Chapleau area fall within the jurisdiction of area Kuuwanimano Child and Family Services. CASDSM continues to work in partnership with Nog-Da-Win-Da-Min Family and Community Services as their agency pursues the child welfare mandate, anticipated in the spring of 2017. We continue to work with Kina Gbezhgomi towards Phase 2 of the restoration process which encompasses all First Nations children, youth and families within the Sudbury Manitoulin Districts, with the exception of those covered by Nog-Da-Win-Da-Min and Kuuwanimano. CASDSM continues to support the restoration of child welfare services as a fundamental and inherent right of indigenous peoples.

The region is also becoming an increasingly multicultural community and CASDSM recognizes the need to be responsive to changing trends and needs.

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Highlights of 2015-2016

1. Restoration of Child Welfare Services to Indigenous Organizations

CASDSM celebrated alongside Kina Gbezhgomi Child and Family Services in April 2015 and Kunuwanimano Child and Family Services in May 2015 when both agencies were designated with the full child welfare mandate. This historic shift took many years of leadership and advocacy on the part of First Nations communities in the jurisdiction. CASDSM staff were honoured to walk individually and collectively side-by-side with staff from Kina Gbezhgomi and Kunuwanimano in support of the restoration process. Close partnerships continue to enhance the provision of child welfare services for all families in the Sudbury-Manitoulin jurisdiction.

Nog-Da-Win-Da-Min Family and Community Services are on their designation journey and restoration is expected in the spring of 2016. CASDSM is actively supporting the process and at the end of the 2015/16 fiscal year, several Nog-Da-Win-Da-Min employees were working alongside CASDSM employees as part of the co-management phase.

2. Permanency

Permanency for children and youth means:

- Working with the vast majority of children and youth in their own homes;
- Convening Rapid Case Conferences and finding family when they can no longer stay at home;
- Helping them cope with grief and loss using the 3-5-7 Model;
- 86% of children and youth in family-based care; and
- 19 finalized adoptions this year.

CASDSM has implemented the 3-5-7 Model to help prepare children and youth for permanency. Workers and families assist the child/youth in grieving losses, formulating self-identity, establishing trust and security through attachments; and building relationships and openness to join families on a permanent basis. Additional information is attached to this report as *Appendix D*.

3. Ministry of Children and Youth Services Residential Review Panel

In October 2015, CASDSM and Kina Gbezhgomi staff and youth had the opportunity to meet with the Residential Services Panel. The objective of the Residential Services Panel was to make recommendations to the Ministry of Children and Youth Services (MCYS) on improving the residential service system in Ontario to optimize positive outcomes for children and youth. The Panel's recommendations represent a positive and constructive step forward towards ensuring better outcomes and experiences for youth and children residing in out-of-home care.

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4. Improving Educational Outcomes for Children and Youth in Care

Improving educational outcomes for children and youth in care is a key area of focus for the organization. CASDSM supported 1,340 hours of tutoring for children and youth in out-of-home care. In addition, an annual event that supports educational outcomes is organized by the Crown Wardship Education Championship Team. Possibilities Day was held in March 2016. This event helped to introduce youth in care to post-secondary educational options.

Two youth from CASDSM were awarded the Clark Bursary in June 2015. This bursary helps to offset the financial burden of post-secondary education by awarding \$3500 per year for up to four years. Locally, the 1st Annual Youth Recognition Awards Event for academic and other achievements was held in August 2015. Eight children and youth in care or formally in care were granted cash awards to assist with the costs of their post-secondary education. Eleven children and youth were recognized for their achievements in other areas of their lives. The annual Nicole Belair Bursary was also presented. Congratulations to all youth award winners!

5. Transparency and Accountability

During the last fiscal year, transparency and accountability were identified priority areas for CASDSM, highlighted by a visit from the Office of the Auditor General of Ontario in May 2015.

a. Compliance with Standards

Compliance with provincial standards has been a priority area for some time. CASDSM has highlighted the need for compliance with standards, while also focusing on the quality of service being provided.

- The agency had been working hard on improving compliance with child care standards, particularly in the areas of timely completion of plans of care, medical and dental exams, review of rights and responsibilities with children and youth, completion of social history documents, and statutory visits with children and youth in care. Individuals from across the agency were involved in this massive effort, from all functions, both service and non-service. Attention was paid to both meeting standards and ensuring proper documentation on the electronic information system. This work resulted in a very positive annual Crown Ward Review, held in August 2015.

Below is an excerpt from the Crown Ward Review Compliance Report 2015.

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<u>REQUIREMENTS</u>	<u>% Compliance</u>
<u>Case Worker Contact:</u>	
7 Day Visit	96.30%
30 Day Visit	
90 Day Visit	
Review of Rights and Responsibilities upon admission to placement	78.90%
<u>Timely completion Plan of Care:</u>	
30 Day	93%
Three months	
First six month	
Six month plan of care #1	
Six month plan of care #2	
<u>Social History Requirements</u>	
Social history on file	100%
Current social history update	100%
<u>Medical & Dental Requirements</u>	
Annual medical	78.40%
Annual dental	90.90%

At the same time as the Crown Ward Review, the Ministry of Children and Youth Services also conducted the Foster Care Licensing Review. CASDSM was upgraded to a full license as a result of the increase in compliance with child care standards and the great, quality work being done with children and youth in care and their caregivers.

Quotes from the 2015 Foster Care Licensing Report

- ❖ *“All foster parents interviewed felt supported by their Foster Care Workers and the agency.”*
- ❖ *“Children/youth are vacationing with foster families.”*
- ❖ *“The youth files reviewed and interviewed demonstrated that the agency has ensured a positive outcome and future planning for the transitional youth in care.”*

The Auditor General’s office highlighted a number of other areas where compliance with provincial service standards is lacking, and CASDSM’s findings were consistent with the six other agencies in the province who participated in the audit. Low compliance rates with some key child protection standards prompted the formulation of Quality Improvement Plans (QIP). Each agency in the province is required to submit a QIP, signed off by the Board of Directors, on a quarterly basis. The QIP outlines the agency’s plans to improve compliance rates and maintain high quality services at the same time.

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A Protection Standards Compliance Working Group has been formed and the group includes representatives from different parts of the agency. The working group meets frequently and reviews compliance data and audit results. This working group is tasked with gaining a better understanding of the factors impacting compliance rates and file re-openings, as well as creating strategies to improve CASDSM's performance in the areas identified.

Over the past year, CASDSM has also enhanced internal financial processes and oversight. This work continues to be a priority in the current fiscal year. The agency's work in this area is being supported by a consultant.

b. Performance Measurement

Children's Aid Societies understand the importance of measuring performance and outcomes for children and their families. To this end Key Performance Indicators (PI's) have been developed that best outline effectiveness in delivering the child protection mandate. There are currently five PI's that are reported:

1. Recurrence of Child Protection Concerns in a Family after an Investigation;
2. Recurrence of Child Protection Concerns in a Family after Ongoing Services were Provided;
3. Days of care by placement type;
4. Time to permanency; and
5. Quality of the caregiver-youth relationship.

Each of these Key Performance Indicators is described in more detail below.

1. Recurrence of Child Protection Concerns in a Family after an Investigation

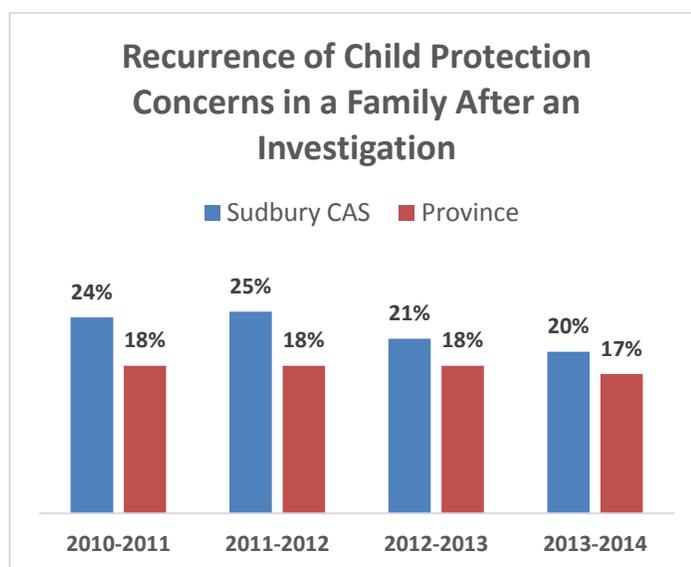
This PI measures the percentage of family cases closed at investigation in a fiscal year that were re-investigated within 12 months after closing and where the child protection concerns were verified.

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, i.e., poverty, substance abuse and mental health problems. Furthermore, the reconnection of some families with the child

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welfare system can be in and of itself a protective factor to children whose families are connected with necessary supports.



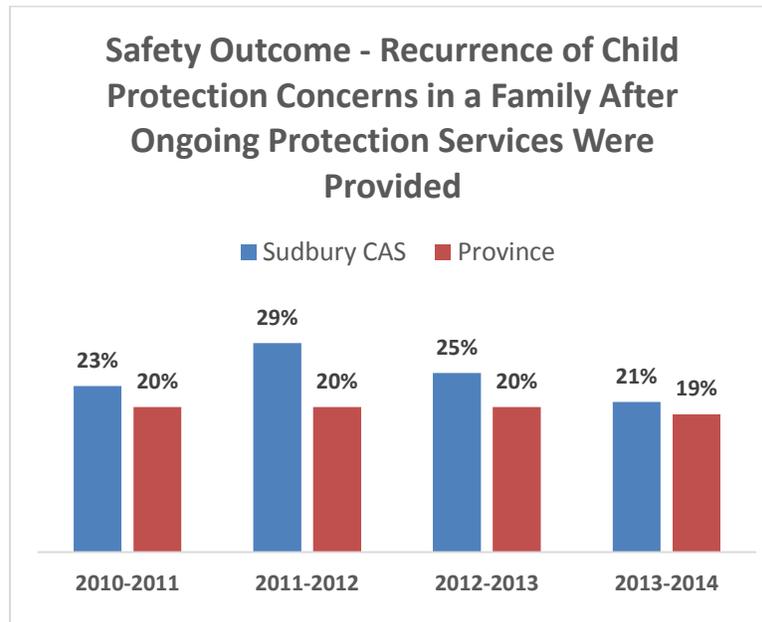
2. Recurrence of Child Protection Concerns in a Family after Ongoing Protection Services were Provided

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, i.e., 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.

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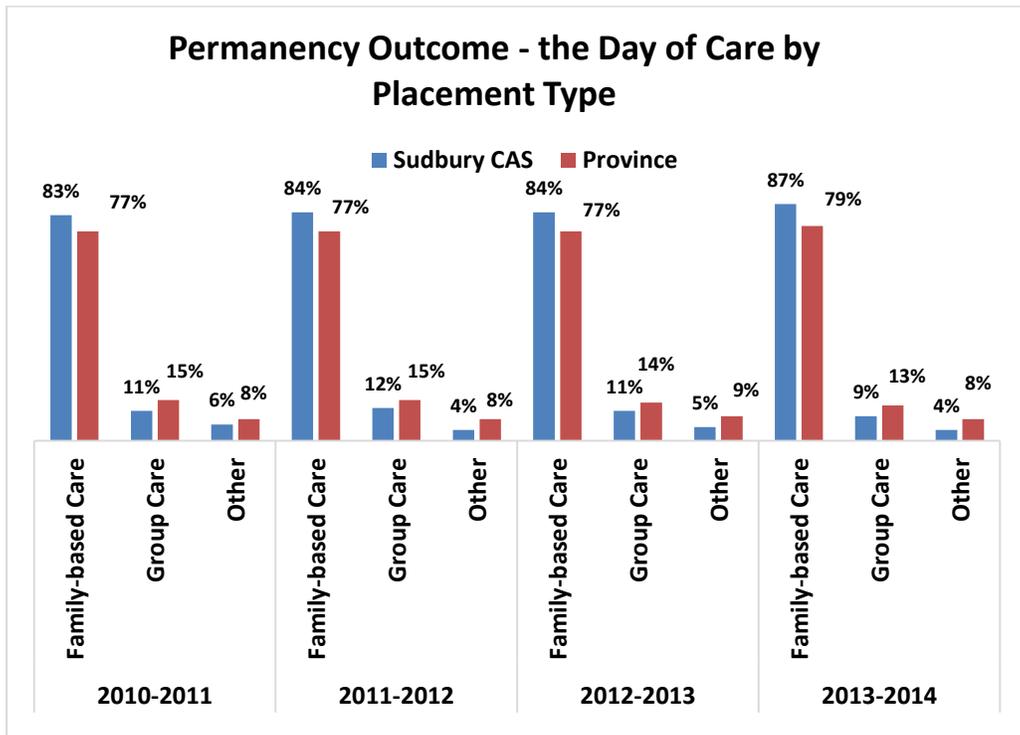
3. Permanency Outcome – Days of Care, by Placement Type

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 youth 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.

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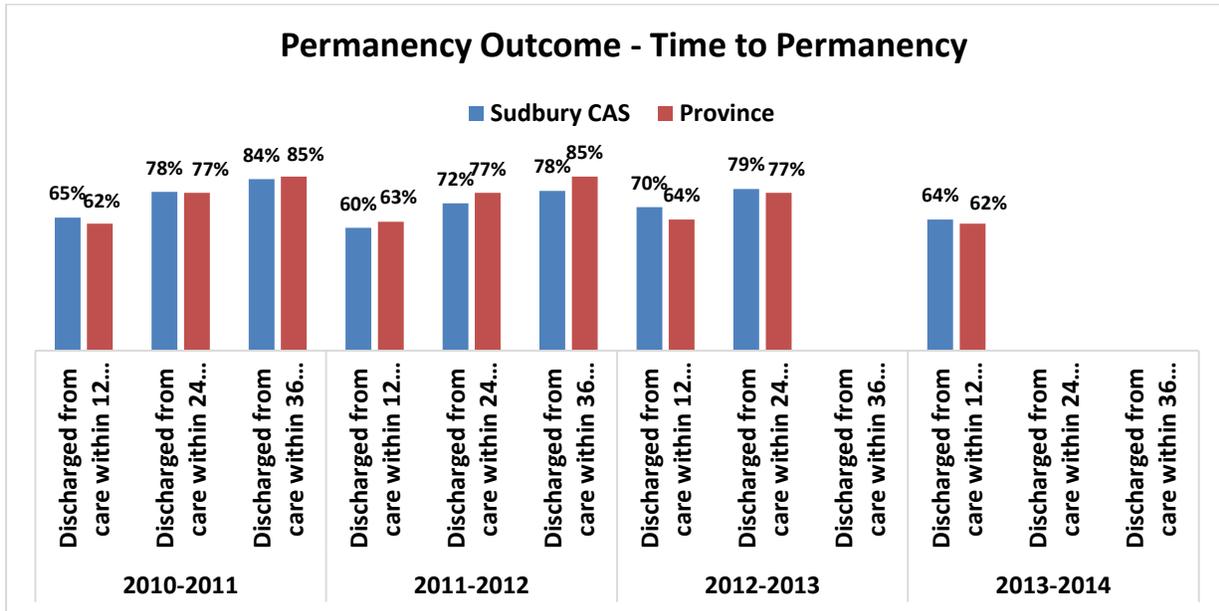
4. Permanency Outcome – The Time to Permanency

This PI measures, 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).

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 (i.e., 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 (i.e., 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 the age of six years old 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.

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5. 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:

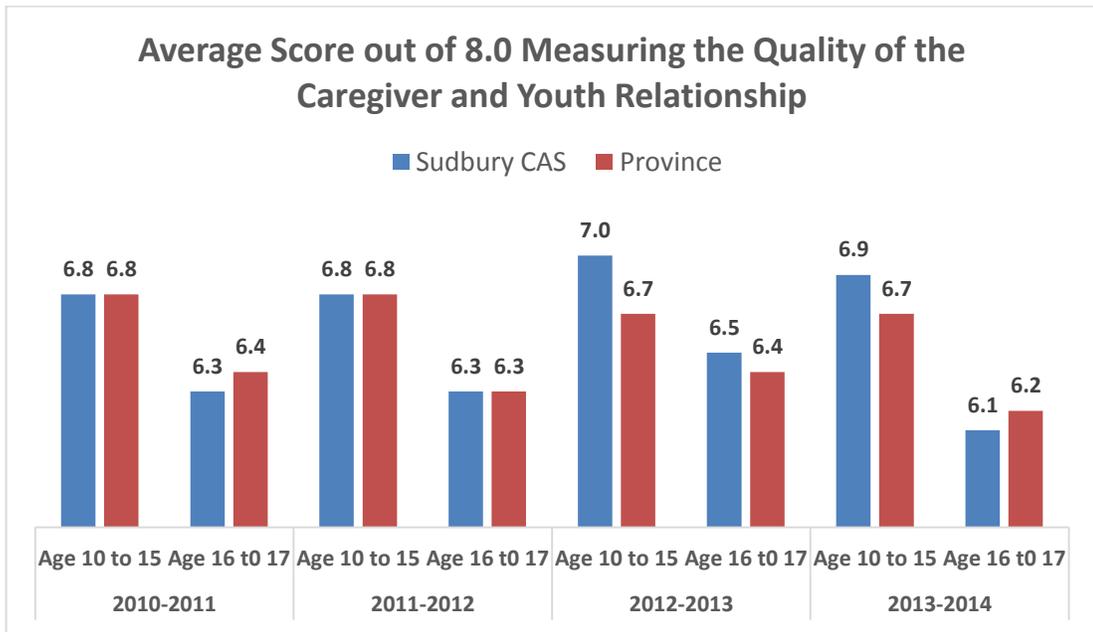
- a. How well do you feel he/she understands you?
- b. How much fairness do you receive from him/her?
- c. How much affection do you receive from him/her?
- d. Overall, how would you describe your relationship with him/her?

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 services to children in care. Research demonstrates that a young person's perception of the quality of his/her relationship with his/her caregiver predicts 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 (i.e. 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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It is important to note that variation between individual agency results could be attributed to a number of different factors, and the reliability of data from agency to agency is a work in progress. All performance indicator results require further examination and analysis and CASDSM has an active project group specifically working on interpretation of the data. Next steps include the establishment of baselines and the development of continuous improvement strategies, and CASDSM efforts will be informed by the ongoing provincial performance indicator work.

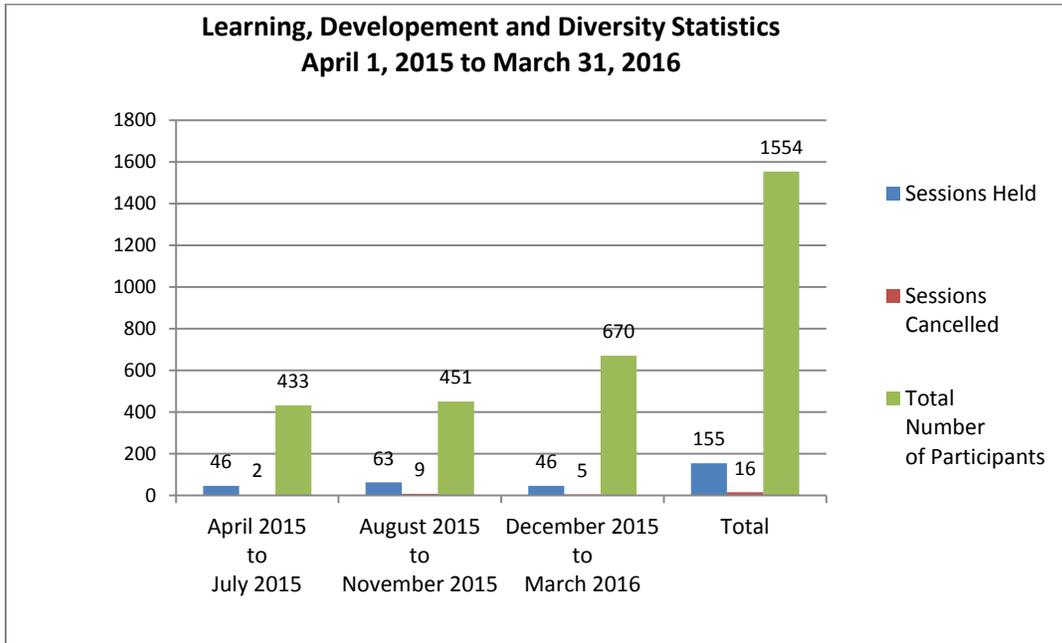
8. Recruitment and Retention of Staff

Competency-Based Professional Development

Learning, Development and Diversity staff offered a wide array of training and other professional development opportunities over the past year. Employees, alternate caregivers, volunteers, students and community partners were all included in training events. Professional development opportunities consisted of webinars, in-service sessions, formal in-class training, critical thinking rounds, staff orientation, and other forums where learning and sharing occurs.

From April 2015-March 2016, there were 155 sessions held, attended by 1,554 participants (including staff, foster parents and other alternate caregivers, students, and volunteers).

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Recruitment and Retention Committee

A Recruitment and Retention Committee has been established at CASDSM. The committee consists of representatives from across the organization. The committee is working on specific strategies to recruit and retain staff, particularly bilingual staff. The committee is also examining the child welfare field's shift towards professional regulation and is considering the implications for the agency, particularly the challenges faced by northern agencies.

Worker Safety

Worker safety is a CASDSM and provincial priority, and training specific to this issue was planned and piloted in March 2016. A course entitled "*Community Worker Safety Strategies*" covered essential violence prevention skills and a heightened self-awareness about the potential risks associated with child protection work. This course was geared to Child Protection Workers and Supervisors. Another course entitled "*Diffusing Anger*" covered how to cope and respond effectively to individuals who are acutely angry and/or escalating in their anger, resistance or hostility. This course was offered to all CASDSM staff and alternate caregivers.

Performance Appraisals

The completion of performance appraisals was another key priority for CASDSM in 2015/16. Probationary and annual performance appraisals are a key activity in any organization. Performance appraisals provide a mechanism to evaluate the performance of individual employees in relation to key competencies, as well as set professional goals and training objectives for the coming year. Members of the Leadership Team brought performance appraisals up-to-date and a tracking system is in place to support the timely completion of performance appraisals moving forward.

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9. Technology

There are many opportunities to increase efficiency by utilizing technology in a more effective way. CASDSM staff members created an electronic filing system for agency administrative files, and cabinets full of paper files have been emptied as files are scanned. Dated legal files are being scanned, and great progress was made on this over the past fiscal year. Service files are also being scanned and the file room has been deemed “One Way Only” with paper files leaving the room, being scanned and stored electronically.

Another group that was active over the past year was the Social Media Policy Development and Implementation Project Group. Social media presents many opportunities to engage differently with both those in receipt of services and the community at large. This project group considered how to capitalize on the opportunities that social media presents, while minimizing the risks inherent in engaging on the internet. A social media policy has been developed and is being rolled out across the organization.

10. Diversity / Anti-Oppressive Practice (AOP)

The agency’s Anti-Oppressive Practice Committee has been laying the foundation for the development of an AOP framework for CASDSM. Two-day OACAS training has been offered to agency staff. CASDSM hosted a Pride event in July 2015 and the office was decorated in very creative and colourful artwork completed by youth. Celebrations were held for National Aboriginal Day, St. Jean de Baptiste, and several other significant days/anniversaries.

One Vision, One Voice is a project by the African Canadian community, funded by the Ontario Ministry of Children and Youth Services through the Ontario Association of Children’s Aid Societies, to develop a strategy that will improve outcomes for African Canadian children and families who come into contact with the child welfare system. In January 2016, Le Contact Interculture Francophone de Sudbury partnered with CASDSM to host a consultation. The gathering was for African Canadian parents and youth, service providers, advocates, educators, social workers, and anyone else who had experience with CAS and cares about how Ontario’s child welfare system affects African Canadians. This important discussion has continued with the African Canadian community since the consultation both on a provincial and local level.

11. Office Renovations

Some much needed work was completed on the agency’s building. The agency’s parking lot was rehabilitated during the summer of 2015, improving drainage and providing support to eroding Junction Creek banks. The building’s roof was also repaired, including replacement of HVAC units.

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12. Community Partners



Thank you to all our community partners!

CAS/VAW Collaboration Agreement Working Group - CASDSM has representation and provides leadership on the CAS/VAW Collaboration Agreement Working Group. The Working Group continues to work with the re-convened CAS/VAW Collaboration Agreement Steering Committee to support and advance the collaboration. CASDSM's internal VAW Clinical Group meets regularly. Representatives from each team are able to transfer learning and/or provide consultative support to colleagues as a result of their participation in the Clinical Group, ensuring that services to women and children impacted by violence continue to improve.

Family Intervention and Support Program (FISP) - For the past nine years, the Family Intervention and Support Program (FISP) has been offered in collaboration with Child and Family Centre. This program provides a joint service response to children and families where parental capacity and a child's behavioural/emotional needs are identified as creating child protection issues within the family. The priorities of the program continue to be focused on strengthening family functioning and improving a child's well-being and safety. During this fiscal year, there were 12 new referrals to the program.

The Violent Threat Risk Assessment (VTRA) Model - CASDSM is also a partner in the Violent Threat Risk Assessment (VTRA) Model, which is utilized to assess risk for violence in schools and/or the community. The task of VTRA is to determine the nature and degree of risk that a youth may pose to an identified target, after which a plan is developed to reduce or mitigate that risk. Since its inception, the VTRA process has helped many children and youth in the community.

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Community Mobilization Sudbury (CMS) and the Rapid Mobilization Table (RMT) - CASDSM is an active partner of Community Mobilization Sudbury (CMS) and the Rapid Mobilization Table (RMT). The CMS model ensures an investment of community resources from an early intervention perspective, in a coordinated effort to prevent negative outcomes, rather than a traditional response to harmful incidents once they have occurred. The Rapid Mobilization Table meets twice weekly. Discussions and collaborations result in prompt, coordinated interventions to reduce acutely elevated risk. These early interventions have demonstrated their potential to reduce the need for more intensive and “enforcement-based” responses such as hospitalizations, arrests and apprehensions. More information can be found at *Appendix C*.

The Youth Suicide Advisory Committee - The Youth Suicide Advisory Committee; of which CASDSM is a member, hosted a conference in February 2016 entitled “Suicide Post-vention...it’s time to start the community conversation”. The conference was geared to professionals in health care, emergency services, social services and education and focused on best practices regarding youth suicide post-vention in northern Ontario. The forum was designed to inspire change by promoting the coordination and collaboration of community partners in an effort to further support survivors of suicide loss.

The Rainbow District School Board - CASDSM, in collaboration with the Rainbow District School Board, hosted a free session in November 2015 for parents, caregivers and individuals who work with children, youth and families. The session focused on emotional coaching and was presented by Dr. Adele Lafrance Robinson, Clinical Psychologist and Associate Professor at Laurentian University.

KPMG - Twenty five youth participated in one of the four financial literacy training sessions that were offered by private-sector partner KPMG in 2015/16. This training is a great way for youth to begin learning the financial literacy skills they need as they prepare to transition out of the child welfare system. Thank you KPMG for providing this vital course and for your ongoing support!

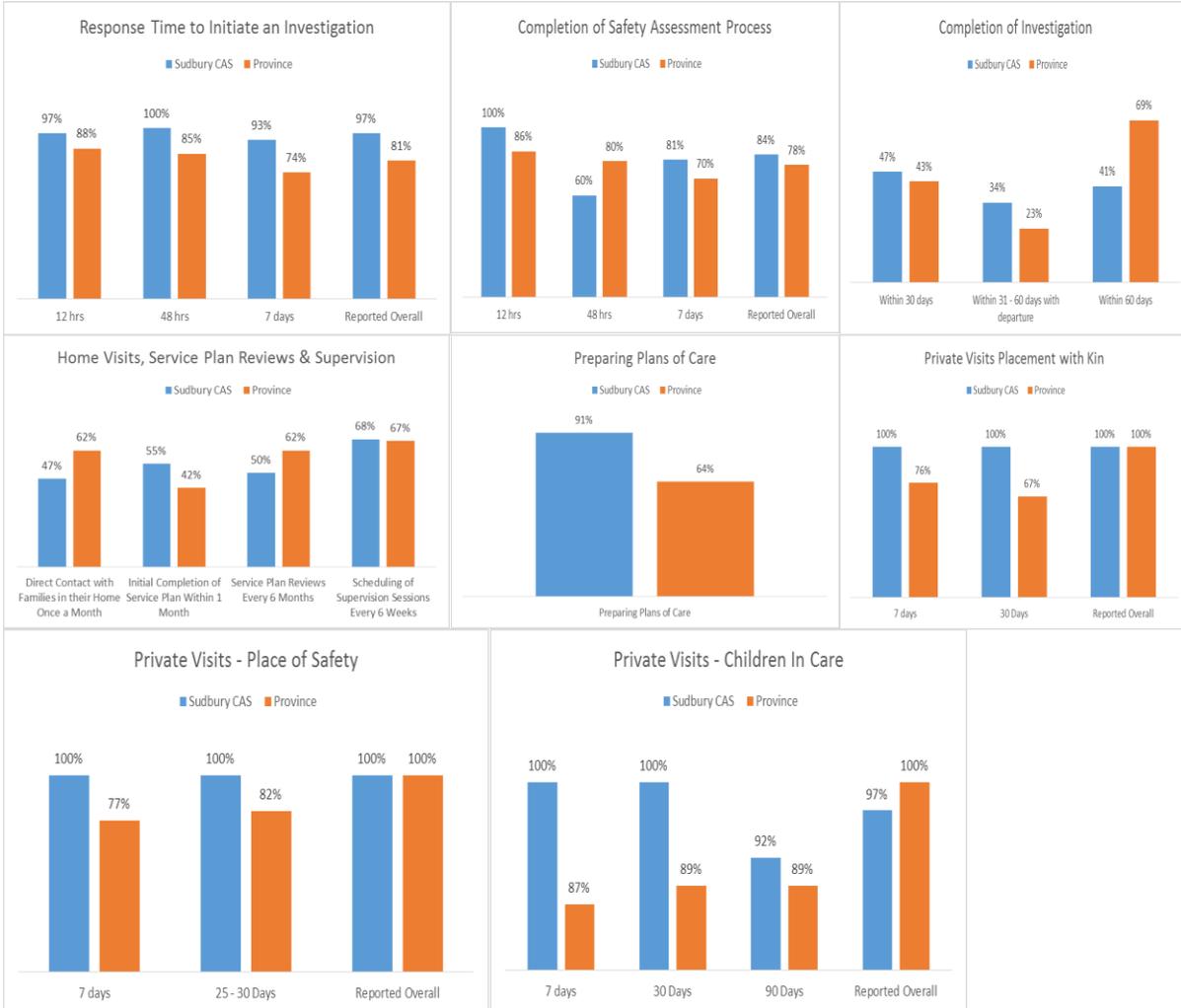
Key Data Points

The child welfare sector has increasingly been using data to support continuous quality improvement efforts. Data has also been very useful in operational planning and decision-making, as trends and opportunities are identified.

There are a number of key data points that are informing agency priorities and activities. Compliance data highlights areas where the organization is meeting standards on a consistent basis, and areas where more work is required to meet the Ministry’s expectation of 100% compliance. Any discussion about compliance has to be punctuated with a reminder that compliance supports the provision of high quality services. Compliance and quality go hand-in-hand. The areas requiring more focus at CASDSM are consistent with other Children’s Aid Societies in the province, and there is significant provincial work happening in the area of compliance with standards and other legislative requirements.

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QIP PROVINCIAL COMPARISON MARCH 2016



Other data helps to highlight service volume trends, and CASDSM is using this data to align staffing and financial resources.

The number of families receiving child welfare services from CASDSM has decreased by approximately 30% over the past 4 years. Some of this decrease is attributed to the restoration of child welfare services to First Nations agencies, although other factors may be at play as well.

Staffing levels in the protection function have also decreased over this period of time, and realignment facilitated the creation of a few specialized positions. It is interesting to note that although the number of protection files has been steadily decreasing, a significant portion of families are re-referred for service within 12 months of file closing. The agency is currently studying this data and exploring factors that may be influencing the frequency by which files are reopened. At the same time, it is important that families and the community see the agency as helpful when families experience struggles.

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A preliminary review of staffing data has illustrated that although protection caseloads are trending down, staffing in two areas of the organization has not declined accordingly. Legal Services staffing has held steady over the past four years, while staffing in Access, Clinically Managed Access and Family Support has decreased only slightly. Both these areas require further analysis to determine what factors may be influencing the need to maintain staffing levels despite reductions in service volume.

The number of children in out-of-home care, including children in the care of CASDSM and children placed with family members, has also been steadily decreasing:

- The number of children in care has declined almost 40% in the past 2 years;
- The number of employees working in the child care function has been reduced comparatively from 31 in 2013 to 17 in 2016;
- In March 2016, there were approximately 90 children living with kin. This is a 15% decrease from 2 years prior. These children are not in care, but living with extended family or community members as a result of protection concerns with their primary caregiver(s);
- Other agencies, particularly in the north, have experienced a significant decrease of children in care; and
- The overall child population being served is decreasing as well.

Although a formal analysis has not been completed, there are a number of factors which may be contributing to the decrease of children in out-of-home care.

The devolution/restoration process has greatly impacted the number of children in the care of the agency. A significant number of children and youth were transferred to Kina Gbezhgomi in April 2015. More children and youth will be transferred during Kina Gbezhgomi's Phase 2 and Nog-Da-Win-Da-Min's designation processes, so further reductions are expected. However, the restoration of child welfare services to First Nations does not account for the entire reduction of children in care. Other factors are at play.

The sector's shift to the Differential Response Model in 2006 and use of strengths-based approaches is now well-embedded in practice. The OACAS estimates that 97% of children and youth served by the child welfare sector in Ontario remain in their own homes. It is clear that the system struggles to effectively meet the needs of children and youth in care, as evidenced by various outcomes (i.e. reduced education levels, employment opportunities, etc.). This has led to a concerted effort to prevent admission, wherever possible. If an admission to care is necessary, work with the family occurs while other permanency options are identified.

Admission prevention is being achieved by focusing on family strengths and supports, both formal and informal. For example, the agency is utilizing a Rapid Case Conferencing Model. Rapid case conferencing involves pulling together extended family members to come up with safety plans for children and youth, either prior to admission or shortly after admission. At the prenatal stage, specific safety planning is occurring when there are significant protection concerns anticipated upon birth. In addition, community partners are working collaboratively to

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prevent the admission of children/youth with special/complex needs or mental health/behaviour issues where the child is not at risk of maltreatment.

If children remain in care and cannot go home, the agency is focused on preparing the child for permanency (adoption, custody, customary care) while maintaining the child's connection to their family. The use of the 3-5-7 Model is one of the ways in which children and youth are being supported towards permanency.

Kinship service families are extended family/community members who provide care to children who cannot return home. Children and youth in kin services arrangements are not in the care of CASDSM, but are in receipt of child welfare services. Over the past four years, the number of kinship service families has stayed fairly constant. This is positive, given that the number of families in receipt of protection services and the number of children in care is decreasing. This is an indication that when children and youth cannot stay at home, families and CASDSM staff are becoming more and more successful at finding extended family placements. Children and youth have the opportunity to stay much more connected to their families when in kinship service placements.

The number of foster families available to care for children and youth in care is trending downwards, and has been for some time. This trend is not specific to Sudbury-Manitoulin. In fact, this is a trend that has been noted across the province. There are many theories about the decline of foster care resources, including the rate of working parents, the responsibilities that many families are currently managing, and the significant demands placed on families who choose to foster. At the end of the fiscal year, there were 127 foster families approved and caring for young people in care at CASDSM.

Operational Planning Process for 2016/17

This year's operational planning process involved feedback from all areas of the organization. Operational planning highlights how each individual, team and function contributes to the organization's mission to "*create positive futures for our children*". Whether someone works in a service function or an administrative function, the goals of providing excellent services to children, youth and families is the same. This is best illustrated by a quote from a CASDSM employee during this year's planning process:

"Staff members are passionate and dedicated to the safety of children and the best possible outcomes for children and youth".

Annual operational planning provides an opportunity to review what has been accomplished over the past fiscal year; to scan the environment for things that may impact the organization, the community, and the child welfare field; and to make plans for the coming year. The resulting plan is a road map that helps keep the organization on track, to work in a very deliberate way on priority areas, to set goals, and to help measure progress made towards those goals; all with the intended outcome of improving outcomes for children, youth and families.

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The operational planning process began with the Leadership Team, and involved a number of discussion questions in a world café format:

- What opportunities do we have in the coming year? What will impact our organization in the next year or so?
- What do we need to do more of / less of to increase the safety and well-being of children and families?
- What are we most proud of as leaders in our organization?
- How can we use our resources to their fullest potential? Be sure to think about our organization's financial and human resources, including back office functions and volunteers.
- Think about communication at all levels of the organization, with a particular focus on transparency and accountability. What have we implemented that we should continue? What should we stop doing that isn't working? What should we start doing that would improve communication?

This was followed by team discussions where each team considered one of the above questions.

At February's Staff Forum, the entire staff group was involved in a "brain-writing" exercise. Employees answered the following question:

- From your perspective, what is the most important thing the agency needs to do to create brighter futures for our children?

The answers were then rated by four other colleagues, and the highest rated ideas were incorporated into the service planning process.

All of this information was collated to generate themes and specific priorities that the agency could consider for this year's operational plan. A staff survey was sent out, giving everyone in the agency an opportunity to have their say about what the agency's priorities should be. The response rate was very high with 67% of all employees completing the survey. This response rate included good representation from both service and non-service staff. The survey also included information about the *Call to Action*, which outlines some critical provincial priorities that are also local priorities for every Children's Aid Society. The results of the survey were shared with all staff at the May Staff Forum.

The results of the operational planning process have led to the identification of key agency priorities.

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2016/2017 Key Activities Supporting Strategic Directions

This year's plan incorporates many items that are being provincially-driven. These are priorities for all local CASs, as the field works towards collective action and accountability. Some work is continuing from last year, other goals are new this year. Some goals involve big projects and others can be accomplished by way of smaller tasks.

The organization's goals are grouped into the 3 strategic theme areas – excellence, wellness and diversity.

Strategic Theme: EXCELLENCE

Excellence in organizational effectiveness and efficiency with service delivery rooted in a commitment to evidence informed, family- centered, community inclusive practices.

Topic	Goal
Permanency for Children and Youth	Supporting families to care for their children safely using a strengths-based approach; finding family when children can't stay with their parents/caregivers; developing family-based resources; and helping children cope with grief and loss using the 3-5-7 Model.
3 – 5 – 7 Model	Enhancing the use of the 3-5-7 Model by welcoming Dr. Darla Henry as the guest speaker at the bi-annual Foster Parent Recognition Event scheduled for October 2016. Dr. Henry will provide training to offer 3-5-7 to groups of children and youth. She will also offer a train-the-trainer session to support parenting approaches that create a safe environment for children and youth, responding to expressions of grief and focusing on relationship-building.
Child Welfare Supervision	Enhance the administrative, educational and clinical aspects of supervision; implementation of the Signs of Safety case conferencing format.
Educational Outcomes	Improve educational outcomes for children and youth in care in collaboration with community partners, including the implementation of the Joint Protocol for Student Achievement; the continued efforts of the Crown Wardship Education Championship Team; and tutoring.
Child Protection Information Network (CPIN)	Prepare for the implementation of CPIN, including enhancing data integrity and the implementation of change management strategies. Engage with a project management consultant.
Adoption	Increase the number of children and youth who

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	find permanency in an adoptive home.
Build Human Resources' Competence and Expertise	Recruit and retain highly qualified employees; offer standardized and specialized training to both service and non-service staff; encourage leadership development; implement new worker authorization process; and work towards professional regulation.
Standards, other Legislative Requirements, and Inquest Recommendations	Address service delivery issues through consistent adherence to standards and other legislative requirements; implement the recommendations from the Baldwin and Sampson inquests; continue to work with the Motherisk Commission.

Strategic Theme: WELLNESS

The organization fosters a work culture in which individual and organizational wellness is highly valued.

Topic	Goal
Values-Based Approach	Advance the work of the Change Management Team in implementing a values-based approach at the agency; link this work to the agency's anti-oppressive practice framework.
Staff Wellness	Develop an overall wellness strategy, with the assistance of a consultant; includes exploring the possibility of an on-site gym.
Worker Safety	Increase the safety of agency staff, students, alternate caregivers and volunteers by offering specialized training and working jointly with the Union on safety issues.

Strategic Theme: DIVERSITY

The organization promotes competency in cultural service delivery with children, youth, families and service partners, respecting the diversity of our community.

Topic	Goal
Truth and Reconciliation	Facilitate and support the restoration of the child welfare mandate to indigenous organizations.
Anti-Oppressive Practice (AOP) Framework	Advance the development of an AOP framework by working with a consultant group; focus on the organization's work with the LGBT2SQ population with the assistance of another consultant.
Francophone Services	Recruit and retain employees who are reflective

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	of the community served, including Francophone individuals. Continue to improve the accessibility of French-language services.
Data Collection	Enhance data collection, particularly in relation to diversified community and populations in receipt of services.

Conclusion

CASDSM is an organization experiencing constant and rapid change, as is the entire child welfare sector in the province of Ontario. With change comes opportunities, and our organization has the benefit of many opportunities to improve the quality and consistency of services to children, youth and families; to enhance transparency and accountability; and to embed a values-based and anti-oppressive approach in all we do.

CASDSM has made a commitment to effectively respond to the unique needs of the people we serve in the Districts of Sudbury-Manitoulin, while working collaboratively as a provincial system. We are poised to embrace the changes and opportunities ahead, in partnership with children, youth, families, our communities, and the child welfare sector.

For more information, please contact:

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