

Child Welfare Service Performance Indicators – Simcoe Muskoka Family Connexions

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

DEFINITION

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

WHY IS THIS MEASURE IMPORTANT?

Closing a case following an investigation assessment suggests that there are no child protection concerns requiring ongoing Children’s Aid Society involvement or there are factors that are present that are beyond the control of the agency. However, at the conclusion of many investigations, workers make referrals to community-based services for families. This measure is important for further understanding of those families that return to a Children’s Aid Society with verified protection concerns and those that do not, in terms of the families’ willingness to work with agency, the emergence of new child protection concerns not present at the time of closure, the level of engagement and intensity of the services offered, as well as the risks, strengths and needs of children and families.

LIMITATIONS OF THE DATA

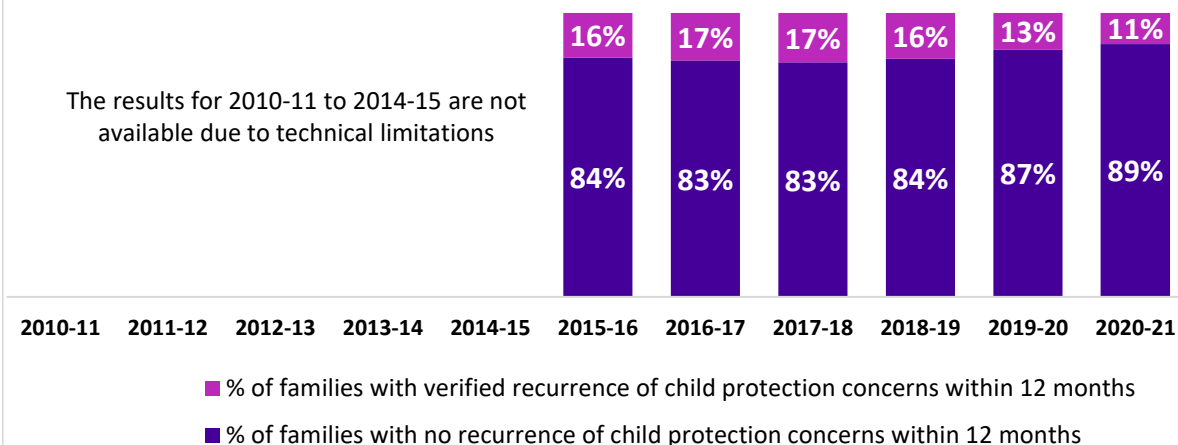
The data results do not identify whether it is the same child who experienced a recurrence of protection concerns; only that protection concerns have reoccurred in the same family. The reason for investigation and verification represents any recurrence of any kind of protection concern rather than recurrence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

KEY CONSIDERATIONS

There is no agreed-upon benchmark for the “acceptable” level of recurrence. While a lower level is generally desirable, the rate of recurrence is unlikely ever to be 0% for a variety of reasons including the long-lasting nature such as struggles experienced by families commonly known to the child welfare system, e.g., poverty, substance abuse and mental health problems. Furthermore, the reconnection of some families with the child welfare system can be in and of itself a protective factor to children whose families experienced valuable supports from the agency which addressed their risks and needs.

Recurrence of Child Protection Concerns after an Investigation

The results for 2010-11 to 2014-15 are not available due to technical limitations

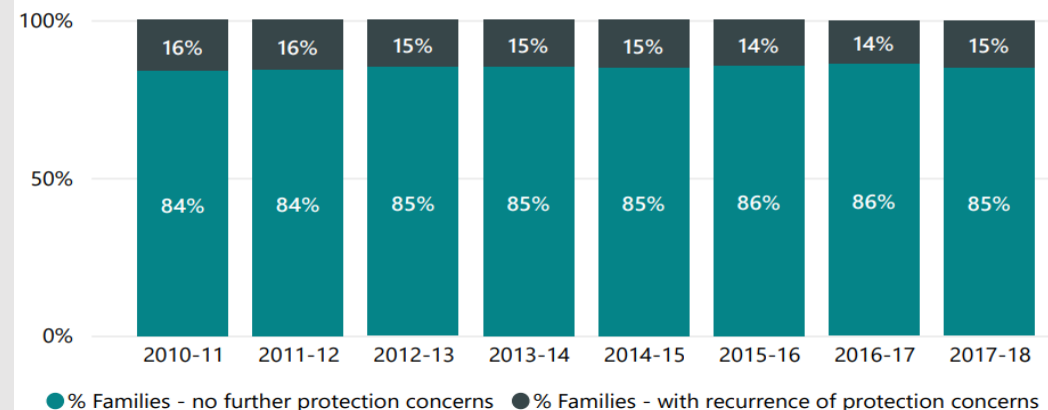


RESULTS

Data suggest that the majority (i.e., 83-89%) of families do not return for service within 12 months of case closure. A minority of families return with verified child protection concerns within 12 months: between 11-17% in each of the years under review.

PROVINCIAL DATA

Recurrence of Child Protection Concerns in a Family after an Investigation



Child Welfare Service Performance Indicators – Simcoe Muskoka Family Connexions

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

DEFINITION

The percentage of family cases closed at ongoing protection in a fiscal year that were re-investigated within 12 months after closing where the child protection concerns were verified.

WHY IS THIS MEASURE IMPORTANT?

Closing a case following ongoing services suggests that child protection concerns have been addressed and no longer require ongoing Children’s Aid Society involvement or there are factors that are present that are beyond the control of the agency. The recurrence of child protection concerns is higher for these families as they often experience multiple complex difficulties, such as poverty, mental health issues, addictions and other adverse life events.

However, at the conclusion of Children’s Aid involvement, many families continue to receive supportive services from other agencies in the community. This indicator measures the extent to which services have been successful in reducing risk to children. This measure is important for further understanding of those families that return to a Children’s Aid Society with verified protection concerns and those that do not, in terms of the families’ willingness to work with agency, the emergence of new child protection concerns not present at the time of closure, the level of engagement and intensity of the services offered, as well as the risks, strengths and needs of children and families.

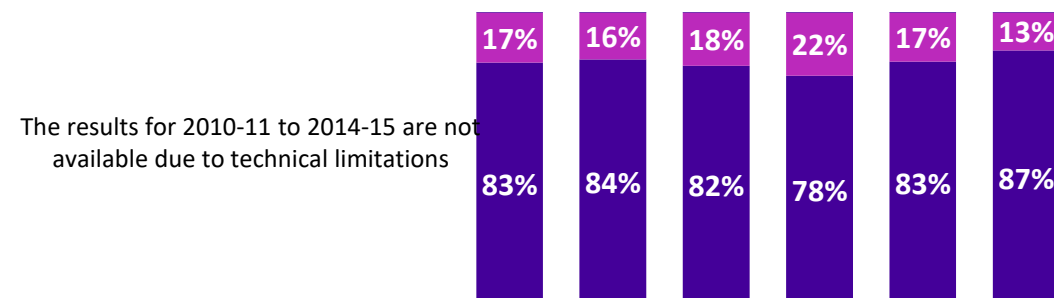
LIMITATIONS OF THE DATA

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

KEY CONSIDERATIONS

There is no agreed-upon benchmark for the “acceptable” level of recurrence. While a lower level is generally desirable, the rate of recurrence is unlikely ever to be 0% for a variety of reasons, including the long-lasting nature of many of the struggles experienced by families commonly known to the child welfare system, e.g., poverty, substance abuse and mental health problems. Furthermore, the reconnection of some families with the child welfare system can be in and of itself a protective factor to children whose families are connected with necessary supports.

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



The results for 2010-11 to 2014-15 are not available due to technical limitations

2010-11 2011-12 2012-13 2013-14 2014-15 2015-16 2016-17 2017-18 2018-19 2019-20 2020-21

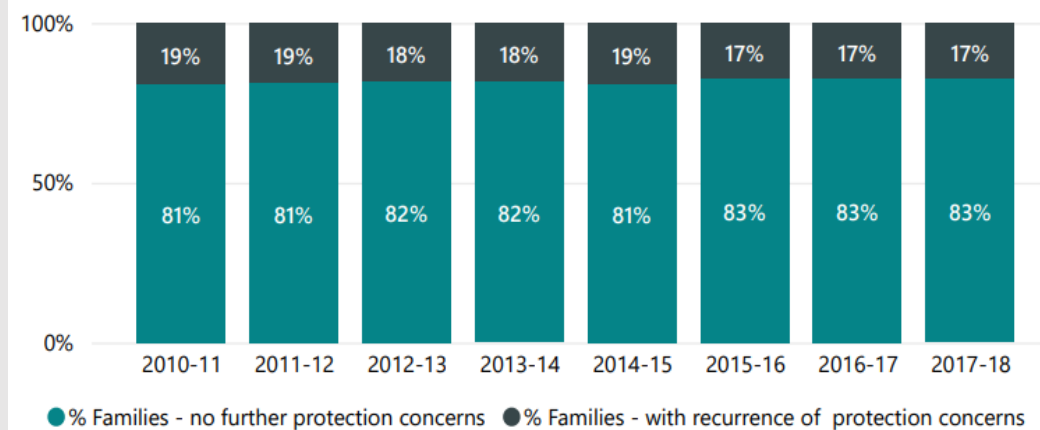
■ % of families with verified recurrence of child protection concerns within 12 months
■ % of families with no recurrence of child protection concerns within 12 months

RESULTS

Data suggest that the majority (i.e., 78-87%) of families do not return for service within 12 months of service closure. A minority of families return with verified child protection concerns within 12 months: between 13-22% in each of the years under review.

PROVINCIAL DATA

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



Child Welfare Service Performance Indicators – Simcoe Muskoka Family Connexions

Permanency Outcome – The Days of Care, by Placement Type

DEFINITION

For all children admitted to the care of a Children’s Aid Society, the percentage of days of care provided in the fiscal year, by placement type (i.e., family-based care versus non-family-based care).

WHY IS THIS MEASURE IMPORTANT?

Family-based care is the preferred placement setting for the majority of children in care.

Children placed in family settings have greater opportunities to form a connection with consistent caregivers and to experience the benefits associated with membership in a family.

The research tells us that children placed in family-based care are more likely to achieve permanency when they exit care, i.e., be discharged to parents or family including adoptive families or legal custody arrangements, compared to children in group care.

LIMITATIONS OF THE DATA

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

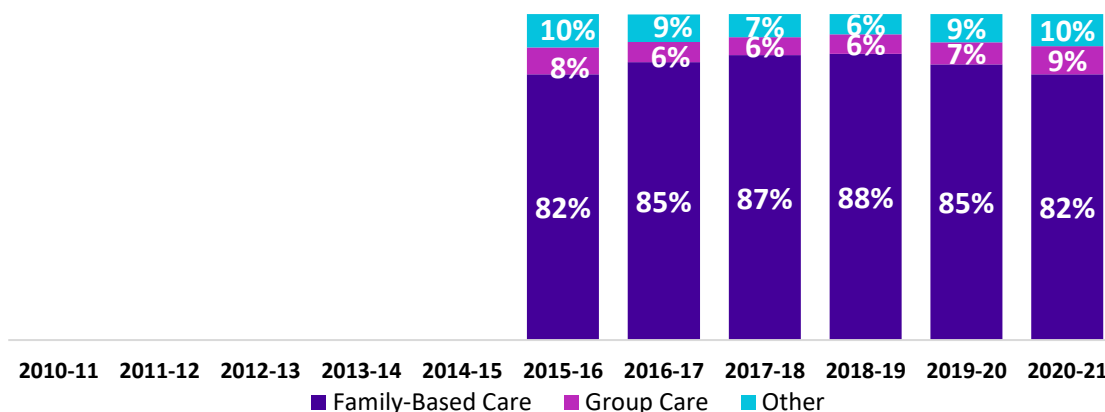
CONTEXT

The focus of Children’s Aid Societies is to keep children safe in their home of origin with necessary supports for their family. When a child cannot remain safely in their home of origin, a Children’s Aid Society provides an alternative quality of care such as living with Kin or Foster Care. There are approximately 10% fewer children coming into care today than there were five years ago. On any given day in Ontario, there are approximately 14,500 children and youth in the care of the Province’s Children’s Aid Societies. A prominent focus of the Ministry of Children, Community & Social Services Transformation Agenda was to expand family-based care options for children to include and value the participation of extended family members and significant individuals in the child’s community.

KEY CONSIDERATIONS

While a high rate of family-based care is desirable, selection of a placement setting should be first and foremost influenced by the needs of the child and the fit to the placement. Given the mandate of a Children’s Aid Society, and the nature of the challenges experienced by some children and youth, it can be difficult for agencies to recruit and train quality alternative care through Kin arrangements or Foster Parents.

The Days of Care by Placement Type

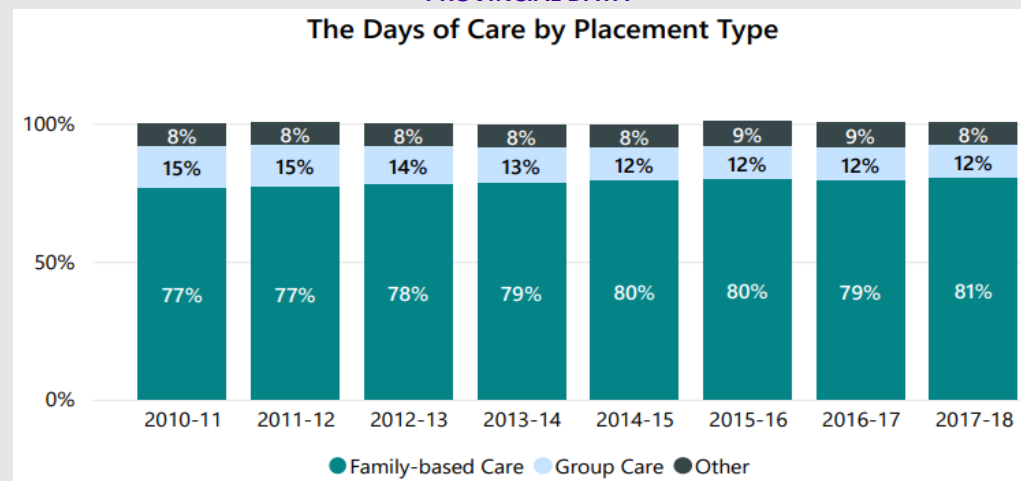


RESULTS

The majority, 82-88% of days of care provided are family-based in each of the years under review. *‘Other’ includes days of care provided for young people who are in care but living independently; or days of care provided through institutions such as hospitals, children’s mental health centers or youth justice facilities.

PROVINCIAL DATA

The Days of Care by Placement Type



Child Welfare Service Performance Indicators – Simcoe Muskoka Family Connexions

Permanency Outcome – The Time to Permanency

DEFINITION

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

WHY IS THIS MEASURE IMPORTANT?

Providing children with permanency in their care promotes healthy development, encourages continuity in relationships, a sense of community and identity. However, for some children reunification with their family of origin is not possible and stable alternatives must be pursued.

The child welfare system in Ontario has multiple options through which permanency can be achieved (e.g., reunification with parents, legal custody, and adoption). Permanency planning is a significant focus for children in care, whose permanency status, both legally and psychologically, is uncertain.

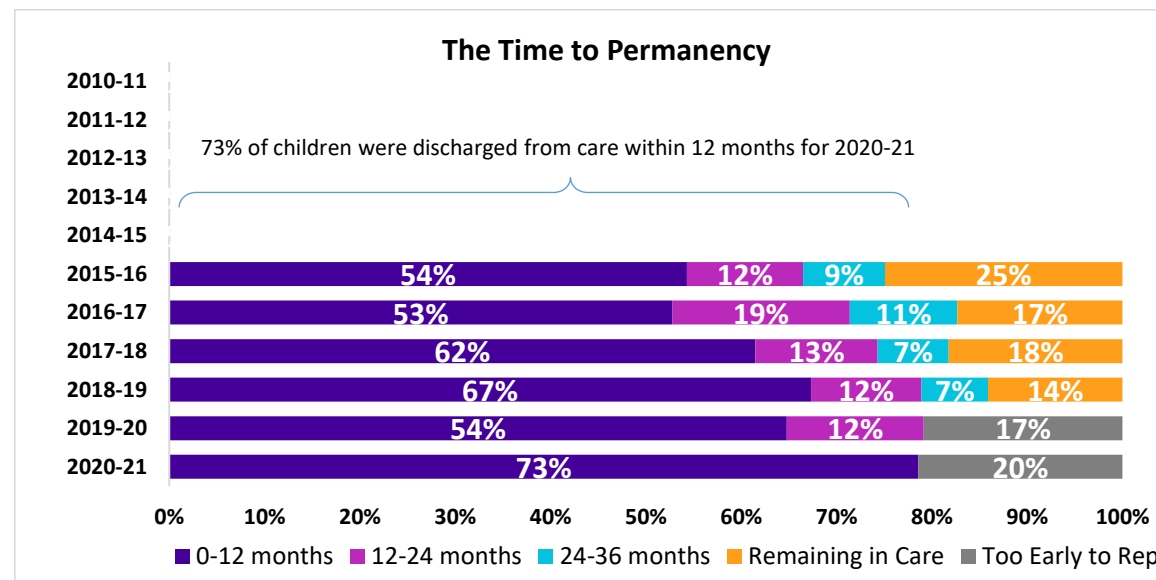
LIMITATIONS OF THE DATA

Not all discharges represent permanency achieved; however, this measure is considered a good proxy for permanency. To understand permanent versus non-permanent exits from care, data by discharge type are required. Customary care (culturally appropriate care arrangements for Indigenous children) is not included in these data at this time.

KEY CONSIDERATIONS

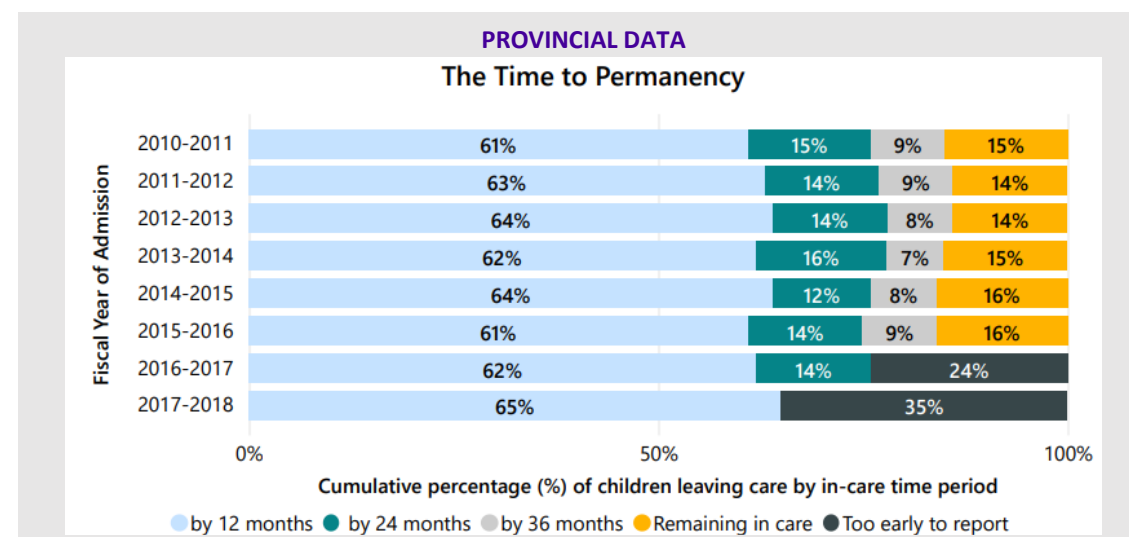
The timing and nature of permanency may look different for every child depending on the child's needs, family circumstances, court processes, and availability of community service providers. A key factor that influences time to permanency is the child’s age at admission. Children who enter care at a young age are more likely to be discharged to certain types of permanency (e.g. adoption) compared to older children.

Young children often achieve permanency within shorter timeframes, supported by legislation that limits the allowable cumulative time in short-term care for children under 6 years of age compared to older children. An additional factor that impacts time to permanency is the needs of the child, with more complex needs associated with longer timeframes to achieving permanency.



RESULTS

Data shown above illustrate that of all children admitted in any given fiscal year, about half (48-67%) exit care within 12 months post-admission as shown by the purple bars. By 24 months post- admission, 66-77% of children have left care as shown by the purple and pink bars added together.



Child Welfare Service Performance Indicators – Simcoe Muskoka Family Connexions

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

DEFINITION

The average score for children in care (aged 10-17) from a standard scale that measures a young person’s perception of the quality of the relationship with his or her primary caregiver. The scale measures the child in care’s response to the following four items:

Thinking of your caregiver (female or male):

1. How well do you feel he/she understands you?
2. How much fairness do you receive from him/her?
3. How much affection do you receive from him/her?
4. Overall, how would you describe your relationship with him/her?

Each of these four items is rated from 0 to 2, yielding a composite score with a minimum of 0, and a maximum of 8.

WHY IS THIS MEASURE IMPORTANT?

The quality of the caregiver-youth relationship is at the heart of service to children in care. Research demonstrates that a young person’s perception of the quality of his/her relationship with his/her caregiver predicts the following: current happiness; self-esteem; positive behaviour; and placement satisfaction and stability. As scores increase on the quality of the caregiver relationship scale, so do positive outcomes across each of these areas (e.g. higher self-esteem).

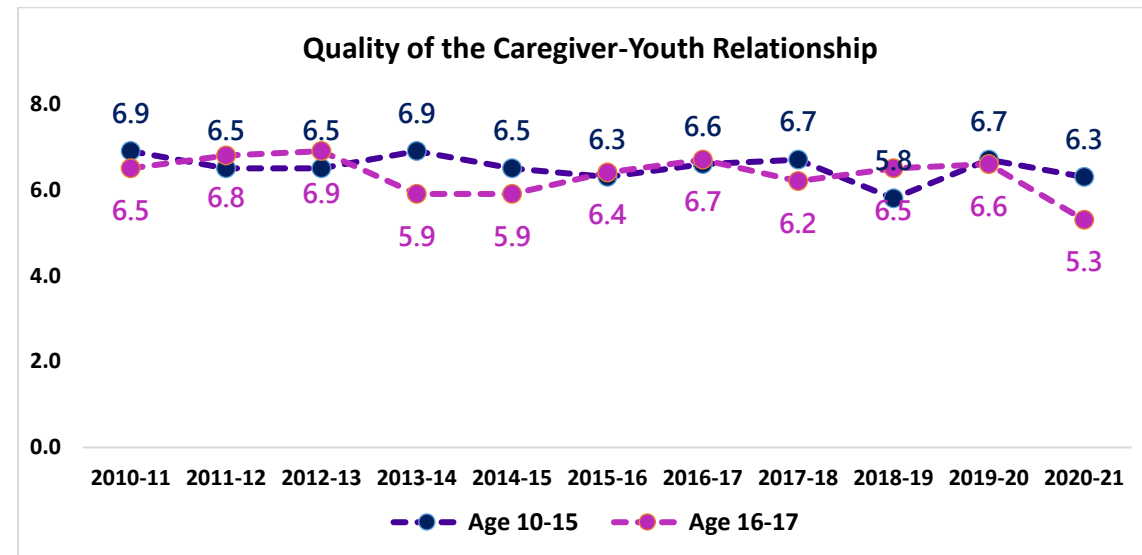
LIMITATIONS OF THE DATA

These data form part of the Ontario Looking After Children assessment, which is completed annually for all children who have been in the care of a Children’s Aid Society for at least one year. A very small number of children who should have completed this assessment are not assessed within the required timeframes. Therefore their data are not included in these results.

Child protection workers ask children to provide responses verbally with the caregiver present and the child's responses may be influenced by this approach. Children usually respond to the 4 questions based on how they are feeling that day not necessarily how they have felt over the past year.

KEY CONSIDERATIONS

The key influencing factors in measuring the quality of the caregiver and youth relationship include; the age of the youth, the type of placement, gender and the length of the placement.



RESULTS

Children in care between the ages of 10 to 15 years old have scored the quality of their relationship with their caregiver between 5.8-6.9 out of 8 based on the answers to the questions, and the youth age 16 and 17 scored the quality of their relationship with their caregiver between 5.3-6.9 out of 8.

