



## Introduction

This document represents the 2019-20 Business plan for Native Child and Family Services of Toronto. It highlights the mandate, strategic priorities, key activities and performance indicators of the organization for the upcoming year. The plan also demonstrates how Native Child and Family Services of Toronto continues to improve our child protection services.

## Mandate

Native Child and Family Services of Toronto is an independently governed agency, by the Toronto Aboriginal community, which is responsible for providing mandatory and critical services.

Native Child and Family Services of Toronto is legislated to perform certain functions under the provisions of the *Child, Youth and Family Services Act (CYFSA)*. The mandate as described under the *CYFSA* includes the following functions:

- Investigate allegations or evidence that children may be in need of protection;
- Protect children where necessary;
- 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 VIII (Adoption and Adoption Licensing); and
- Perform any other duties given to it by this Act or the regulations or any other Act.

This legislation and the supporting regulations, directives and standards prescribe specific and detailed requirements for what services Native Child and Family Services of Toronto must provide, how we must provide these services, including services to Indigenous children and families, as well as the timelines in which these mandatory services must be provided.

Native Child and Family Services of Toronto provides 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. Native Child and Family Services of Toronto is mandated to intervene if a caregiver cannot adequately care for or provide for a child.

Native Child and Family Services of Toronto protects and safeguards most children while they remain with their families in the community. This family-based support takes the form of cultural based practices which includes collaborative 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 identified and there are risks of child maltreatment. 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 guiding principles of the Agency and Aboriginal community.

## Vision, Values and Strategic Direction

Native Child and Family Services of Toronto strives to provide for a life of quality, wellbeing, caring and healing for our children and families in the Toronto Native Community. It does this by creating a services model that is culture-based, respecting the values of Native peoples, the extended family, and the right to self-determination.

## Key Activities supporting Strategic Directions

### **Strategic Direction: Organizational Health**

We will be a strong, supportive and balanced organization with capacity for growth and change.

Priorities
Strengthen Organizational Health.
Enhance internal relationships.
Clarify the cultural expectations of the agency & set staff up for success in achieving them.
Support the transition of the new Executive Director.
Board renewal and growth

### **Strategic Direction: Sustainability**

We will have access to timely and appropriate resources to strengthen our capacity, quality of services, and commitment to community.

<b>Priorities</b>
Develop Financial Sustainability, Human Resources, and Risk Management Strategies.
Strengthen Board Governance and Function.
Establish a Fund or Foundation.
Broaden and enhance organizational capacity to provide leadership.
Identify, develop, and strengthen relations with external Indigenous Agencies and Political Organizations.
Strengthen the cultural base of the Agency.

### **Strategic Direction: Community Presence**

Our community, our partners, and our stakeholders will understand and support who we are and what we do.

<b>Priorities</b>
Develop a communications plan.
Revise the NCFST website.
Showcase the Agency through bold and assertive marketing.
Increase staff participation in community life.
Enhance our relationships with First Nations.
Strengthen our engagement with Indigenous partners.

## **Strategic Direction: Service Excellence**

We will listen, understand, and honour our clients, community, and partners to achieve better outcomes for the children and families we serve.

<b>Priorities</b>
Review, edit, and revise our major policies, procedures, and bylaws.
Seek continuous improvement through grounding programs and services in our service model.
Provide services resulting in healthy families raising resilient children.
Monitor and evaluate our success in achieving the cultural expectations of the agency.

## **Performance Measurement**

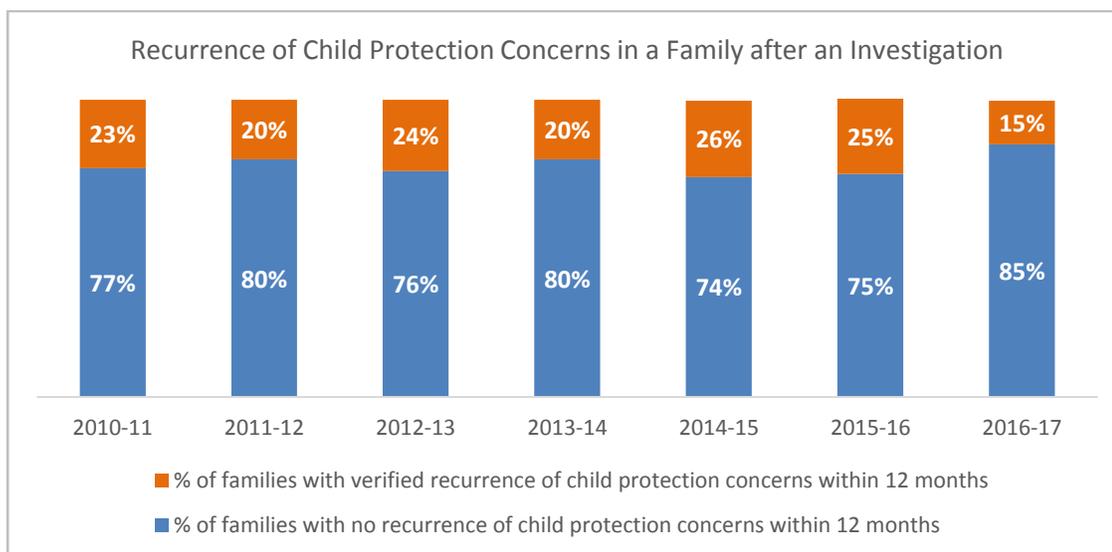
Native Child and Family Services of Toronto and the sector understand the importance of measuring performance and outcomes for children and their families. To this end the sector developed key Performance Indicators (PIs) that best outline effectiveness in delivering the child protection mandate.

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

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

## Recurrence of Child Protection Concerns in a Family after an Investigation



### Results:

Data suggest that the majority 74-85% of families do not return for service within 12 months of case closure. A minority of families return to the Native Child and Family Services of Toronto with verified child protection concerns within 12 months: between 15-26% in each of the years under review.

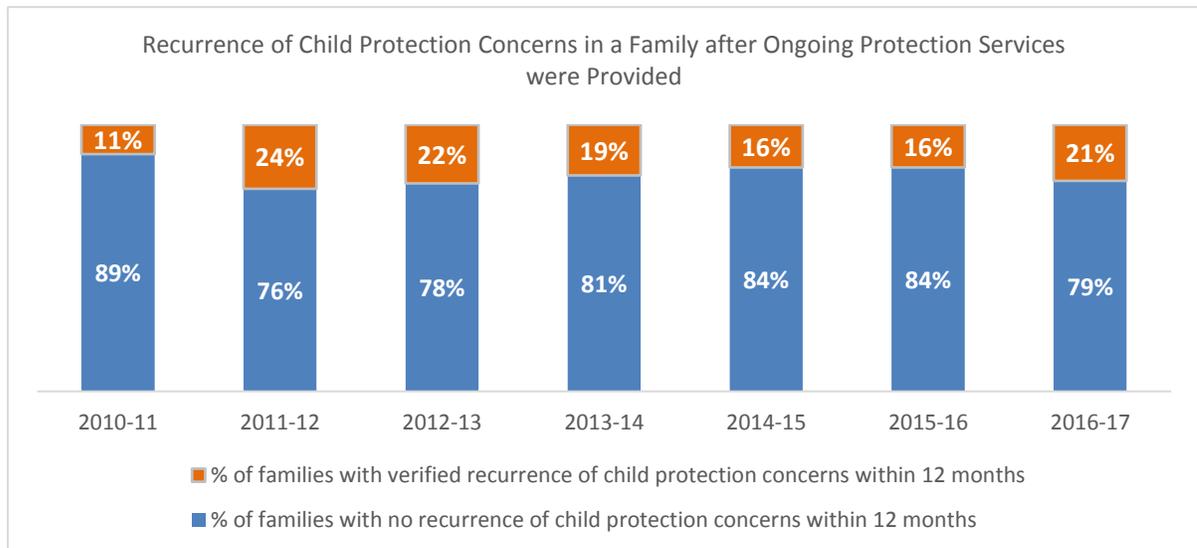
This PI measures the percentage of family cases closed at investigation in a fiscal year that were re-investigated within 12 months after closing and where the child protection concerns were verified.

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



### Results:

Data suggest that the majority, 76-89% of families, do not return for service within 12 months of case closure. A minority of families return to the Native Child and Family Services of Toronto with verified child protection concerns within 12 months: between 11-24% in each of the years under review.

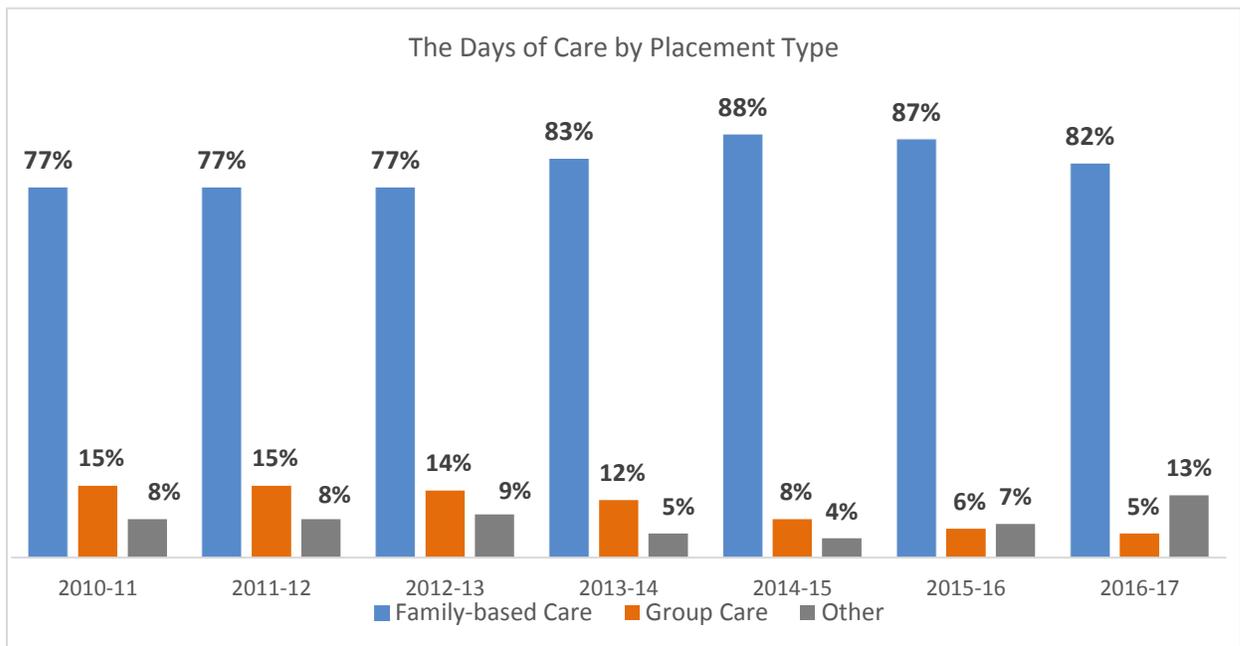
This PI measures the percentage of family cases closed at ongoing protection in a fiscal year that were re-investigated within 12 months after closing where the child protection concerns were verified.

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 – Days of Care, by Placement Type



### Results:

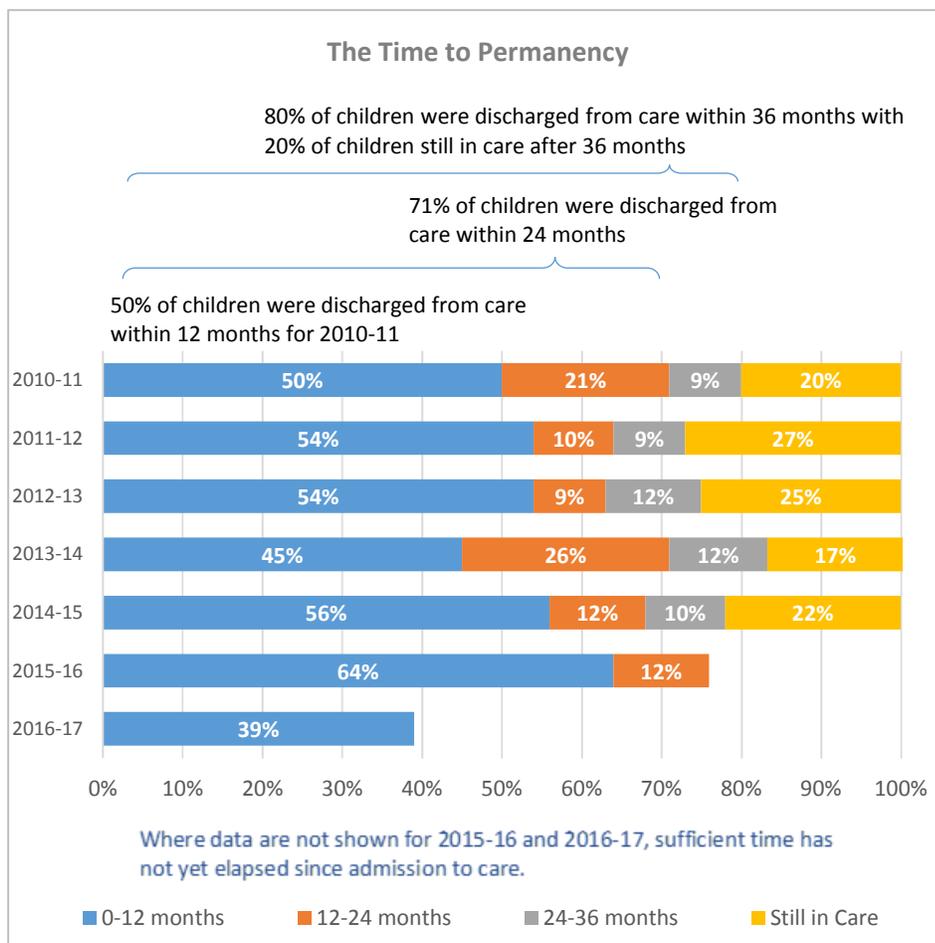
The majority, 77-88% of days of care provided by the Native Child and Family Services of Toronto are family-based in each of the years under review.

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



**Results:**

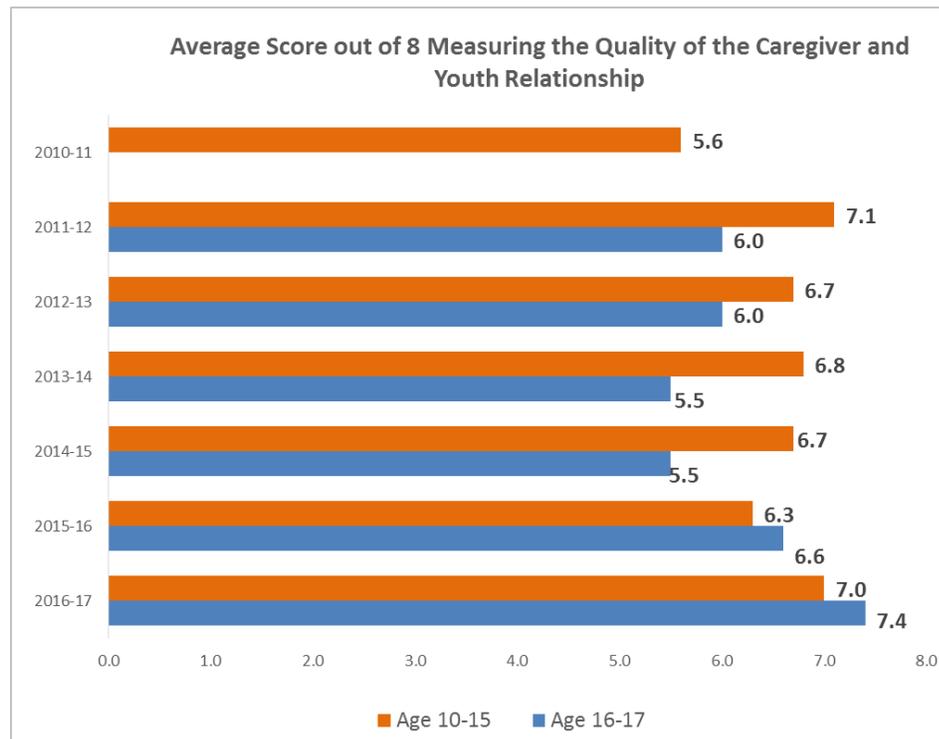
Data shown above illustrate that of all children admitted in any given fiscal year, 39-64% exit care within 12 months post-admission as shown by the blue bars. By 24 months post-admission 62-76% of children that came into care had been discharged from care as shown by the blue and orange bars added together. By 36 months post-admission 72-83% of children that came into care had been discharged from care as shown by the blue, orange and gray bars added together. Data suggest that approximately 17-27% of children are still in care after 36 months.

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



### Results:

Children in care between the ages of 10 to 15 years old have scored the quality of their relationship with their caregiver 5.6-7.1 out of 8 based on the answers to the questions, and the youth aged 16 and 17 scored the quality of their relationship with their caregiver between 5.5-7.4 out of 8.

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.

## Contact Information

30 College Street (just west of Yonge Street on the north side)

Toronto ON M5G 1K2  
Telephone: 416.969.8510  
Fax: 416.928.0706  
E-mail: [info@nativechild.org](mailto:info@nativechild.org)

Hours: Monday to Friday, 9:00 a.m. to 5:00 p.m.