

Children's Aid Society of Brant

Performance Outcomes

**BASELINE REPORT
and
ANALYSIS**

December 2008

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HISTORICAL CONTEXT AND BACKGROUND

Historical Context

In 1996 the Deputy Ministers of Social Services asked Directors of Child Welfare in the provinces in Canada to develop a national strategy for measuring and reporting on child welfare outcomes. A matrix of outcome indicators was agreed upon and subsequently moved into a testing phase. In 1998 the Centre of Excellence for Child Welfare published the Child Welfare Outcomes Indicator Matrix in efforts to inform and guide child welfare in Canada through initiatives to implement outcome frameworks. The Child Welfare Outcomes Indicator Matrix is an outcomes measurement strategy that proposed measuring outcomes in four domains that “reflect the broad, ecological traditions of Canadian child welfare practice: child safety, child well-being, permanence and family and community support”. (Trocme et al 1998)

In 2005 the Ministry of Children and Youth Services released a discussion paper ‘Accountability Discussion Paper: Achieving a Better Balance’ to the field of child welfare. The paper set out the levels and formats for accountability by the field to both funders and to the public. The methods that were proposed included administrative accountability and financial accountability. The paper also set out preliminary expectations for accountability based on reporting better outcomes for children and families. The discussion paper articulated the expectations to move from measuring interventions to measuring outcomes.

In 2005, Ontario Child Welfare Transformation initiative was launched. It is a complex change initiative that includes several implementation requirements and impacts on all areas of a child welfare agency. There are seven key elements in Transformation including the following four elements that most directly impact reporting outcomes; (i) a single information system to support core case management recording requirements, track and report child and family outcomes as well as broader system data, (ii) accountability mechanisms that move away from a traditional compliance only focus to a focus on improving and strengthening existing mechanisms with the goal to build capacity to report on child and family outcomes, (iii) a Differential Response service to reports of child maltreatment that employs new assessment tools for risk and safety as well as achieves a better balance of assessing family strengths, increasing family engagement, decreasing reliance on formal court processes and employs strength based family centred approaches to service delivery, and (iv) increase options to achieve permanency for children.

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Child Welfare Transformation involved significant policy revisions, changes in expectations and a shift in practice to ensure child welfare is a strength based, child focused, collaborative model of services imbedded in a proactive community response to minimize risk to children. Ontario child welfare practice is developing into an outcomes focused model of service.

Although reporting outcomes is not new to several other helping fields, especially those most closely connected to medicine, it is a new expectation for child welfare in Ontario and throughout Canada. The needs of children and families involved in the child welfare system are often chronic and complex. Often the safety and well being of a community's most vulnerable children is dependant on the quality of the child protection service system. The field of child welfare is complex and involves the courts, mental health services, addiction services, prevention programs, education and health. It is expected that child protection services will improve the lives of children and families through the delivery of programs, counselling and when necessary, care of children who are not safe living in their own homes. Achieving better outcomes for children and families is not the sole responsibility of child welfare agencies but is a shared responsibility. Therefore, measuring and reporting outcomes must take into account the unique needs and resources for vulnerable children in the community as well as child protection services. Many factors such as employment levels, adult education levels, poverty, and immigration rates directly impact the well being of children who are in the care of a children's aid society. There are many case examples and testimonials of the benefits and outcomes of child protection services however an outcomes driven model of service aims to more systematically measure for outcomes in ways that generate continuous quality improvement. (Murdock 2002)

The Executive Director of the Children's Aid Society of Brant was seconded to the Child Welfare Secretariat and provided leadership to the second phase of the Ontario Child Welfare Outcomes framework and was able to bring that work to the agency. The CAS of Brant made a commitment to implement a framework to measure, track and report on outcomes for children receiving services from the agency who live in their own homes and for children who are in care of the Society. The agency is one of the few agencies that have taken on the complex efforts to implement an outcomes framework and is able to provide leadership in the province in this area.

DEFINITIONS

Outcomes are the global broad goals of a program or service. Outcomes can be both goals or objectives and the actual results of programs and services. An outcome is the measurable effect of an intervention such as a service or program or model of service on the individuals who receive the intervention. A well-designed set of outcomes can inform the decision making process in child welfare in areas such as service and financial planning for the whole organization, program design and development, guide priorities staff competency development and guide resource allocation.

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Indicators are data elements that demonstrate or point toward outcomes. In child welfare it is acknowledged that many indicators are interdependent and can indicate more than one outcome.

PURPOSE

There are compelling reasons why the CAS of Brant would implement an outcomes framework. The benefits include:

- Informs an outcomes based model of service
- Has the potential to place families in a central decision making role
- Informs and helps shape financial planning
- Shapes service planning and program development
- Determines progress toward agency goals and strategic directions

Phased In Multi Year Effort

Implementation of an outcomes framework incorporates several phases for implementation and requires a multi year commitment. This report reflects the first phase and informs the organization on the progress that has been made and can guide decision making for program development and service planning. However, the first phase report provides baseline data from which future indicators can be measured and compared and is not yet at the level where targets and tracking can be defined. These important elements will be a part of the next phase. The CAS of Brant has dedicated resources to this initiative and has leadership that is committed to full implementation. Subsequent phases will be able to provide comparisons from previous years and therefore track progress. Targets can then be set for specific efforts and outcomes in the following years.

Phase 1 Defining Outcomes and Baseline Data

In response to Child Welfare Transformation, CAS of Brant has undertaken an annual Quality Assurance Child and Performance Outcomes Report. The agency also made a commitment that measuring and reporting outcomes would be a collaborative effort and that the process would inform improvements in services to clients. To that end, there were several points when staff and members of the Board of Directors participated in developing the framework for the Performance Outcomes Report or reporting data for further analysis.

The Performance Outcomes Report begins with focus on five key areas within organization: (1) Child Protection, (2) Out of Home Care Services, (3) Services, (4) Staff and (5) Finances. From those key areas there are a set of 13 core outcomes; (i) child safety, (ii) child permanency in birth or kin family, (iii) improved child well being, (iv) improved parent functioning, (v) child focused family centred services, (vi) child safety in out of home care, (vii) stability and permanence of placement, (viii) continuity of relationships- family, kin, community culture, heritage, and worker, (ix) child well being while in care, (x) successful preparation for independence, (xi) timely and accountable services, (xii) maintain a supportive work environment, and (xiii) exercise responsible

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fiscal management to support quality service provision. Thirty indicators were developed from the core outcomes.

The CAS of Brant is an organization that strives for collaboration in relationships with community partners and with parents. Keeping with the values of the organization, the first phase included input and feedback from staff and from the Board of Directors. Staff participated in defining outcomes and indicators and made commitments to gather data and for specific indicators.

Lessons Learned

The first year of implementing the Performance Outcomes Report and the Report Card has primarily focused on implementing and facilitating capacity building in not only the data systems but also in staff knowledge and awareness of the value of measuring and reporting outcomes. The CAS of Brant has undertaken this work in ways that aimed at achieving agency buy-in and collaboration within organizational departments however it has been a lengthy and at times difficult journey.

The first phase also provided improved understanding about the level of automation that is presently available from the CWIS data system. Unfortunately, only a minority of the indicators were able to be measured automatically and did not require manual counting and analysis. There have been numerous challenges mining data from the system. This is reflective of the fact that the data system was first designed to report rudimentary case data to meet financial reporting requirements and was not designed to provide data that reflected outcomes or case descriptors. Over the past year the Quality Assurance manager has worked with the data system in efforts to develop automated methods to mine data and report on indicators. The Quality Assurance manager has coordinated the data that is submitted from various managers as well as manually gathered data that was not automated or easily available from the organization's data system.

In the past year the organization has learned a great deal about the requirements for reporting child outcomes and has made many achievements. A strong and dedicated leadership has guided the process through the many efforts. Dedicated staff has taken the lead to develop the necessary reporting framework and data system. Also, it is evident that efforts to have it be a collaborative approach, although challenging at times, has also supported implementation of other Transformation initiatives and supported collaboration in other areas of the organization

The CWIS data system will require additional programming to allow for more automated reports of the more key indicators. It is also anticipated that the next phase will require a critical review of indicators to ensure that each demonstrates the outcome that it is intended to do. Targets and priorities will be able to be set for the more key programs or activities that will be the primary focus for the next years and for subsequent Report Cards and Performance Outcomes reports.

FACTORS THAT INFLUENCE CHILD WELFARE OUTCOMES – THE COMMUNITY CONTEXT

Population

The county of Brant includes the City of Brantford, small towns, **and two native communities the Six Nations of the Grand Reserve and the Mississauga's of New Credit**. The community includes families with diverse backgrounds including a large First Nations Aboriginal population with half the population living on reserve and half living in urban communities. Statistics Canada reports that the total population of Brantford in 2006 was 90,192, which is a 4.4% increase from 2001. Since Statistics Canada often does not adequately capture Aboriginal populations, in 2007, the Society calculated the population, including the Six Nations Reserve, to be 130,485. The child population including the First Nations reserve is estimated at 32,000. In 2006, preschool children, age 0 to 5 years old, make up 5.7% of the total population while children under age 15 are 18.7% of the total population. The largest age group is 40-44 year olds, which is similar to Ontario. Youth age 15-19 years old are the fourth largest portion of the population in Brantford with more than 6,000 youth in 2006. The median age in Brantford and in Ontario is 39 years old.

New Canadians and Immigrants

In 2006 the 2006 Statistics Canada report indicates that 12.4% of Brantford's population has a First Language other than English or French compared with Ontario at 27.2%. In Brantford 17% of the population are new Canadians while in Ontario new Canadians make up 28.2%. **Other diverse communities in the Brantford community which includes families from 114 countries include immigrant populations from South Asia which is socially constructed to refer to persons from Bangladesh, Bhutan, India, the Maldives, Pakistan, and Sri Lanka, but it also refers to individuals from Africa, Mauritius, Fiji, the Caribbean, Guyana, Great Britain, and European countries that trace their origins to the Indian subcontinent. South Asian countries have been among the top ten source countries for Canada's immigrants in recent years and this is also true for Brant.**

First Nations

The First Nations in Brantford is 3.8% of the population that is considerably higher than in Ontario where First Nations population is 2% of the total. Forty percent (40.5%) of the First Nations population in Brantford are age 19 and younger compared with 27.3% in the general population.

Unemployment and Poverty

In 2006 the unemployment rate in the area was 6.8%. The most recent unemployment statistics released December 5, 2008 state that Ontario's rate in November was 7.1% compared with the Canada rate at 6.3%. Sixty-three per cent of Ontario's population is in the labour force. The number of children in Brantford, under the age of 19 years who are living in poverty is higher than the general population of Ontario with 14.3% compared

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with 13.7% in Ontario. Single parents are 19% of the families in Brantford. In Brantford the single parent female led family's median income in 2006 was \$32,303 while in Ontario it was \$36,496. Statistics Canada reports that single parent female led families have the highest rates of poverty at 35.6%.

Poverty is a common experience among Aboriginal people living in Canada's metropolitan areas. In a study in 1995, it was found that half of the Aboriginal population (50.4%) in Canada was poor, compared to 21.2% of the non-Aboriginal population in Canadian metropolitan areas. Of all age groups, Aboriginal children under 15 have the highest poverty rate at 61.5%.

Education Levels

In Ontario 44% of the total population over 15 years old had completed high school, which is in keeping with Canada with 45%. 13.3% of the Ontario population completed college and 12% completed undergraduate level at University. The rate for Brantford is similar to Ontario in that 44% of the population age 15 years old and older completed elementary and secondary school only. Statistics Canada (2006) reports that 29.4% of Canadians over 15 years old do not have a high school diploma. In 2004, 59.1% Canadians over 25 had a post secondary certificate or university degree.

Children in Care of the Society

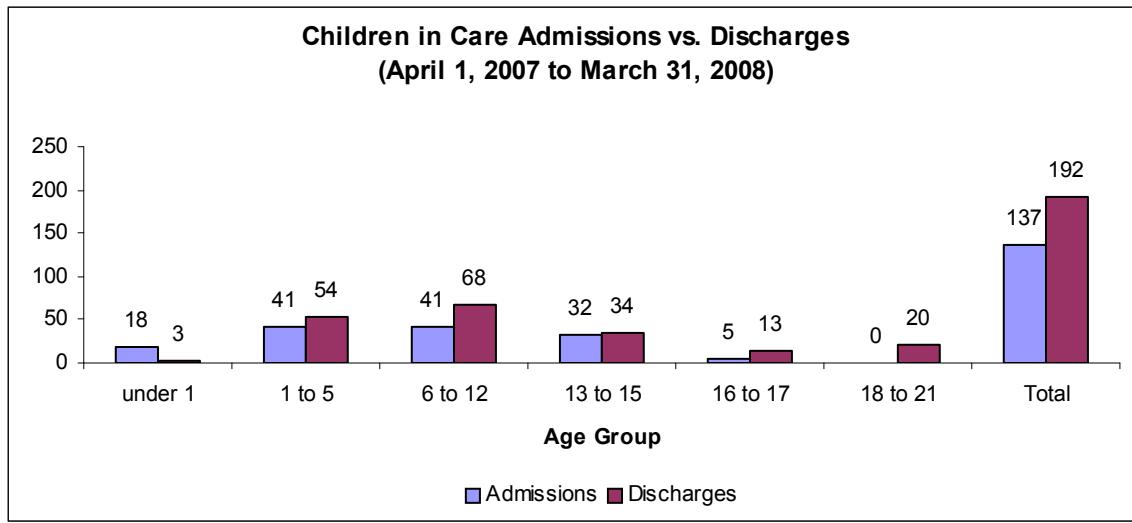
Population and Age Groups

There was an average of 367 children in care for the fiscal year of 2007/08. This was a decrease of 12.23% from the previous year when there was an average of 423 children. The number of children in the care of the Society is 11.4% of the child population, which is in keeping with the provincial average in a report by OACAS in October 2008 that 1 in every 100 children in Ontario are in care of a children's aid society.

The literature reports that although provincial child welfare data varies, it is estimated that across Canada 38 % of children in care in Canada are Aboriginal despite representing only 5% of the child population. There is no national data on the extent to which Aboriginal children in foster care are placed with Aboriginal families however a report in 2005 from British Columbia indicated that First Nations child and family service agencies operating on reserves were having more success. In a national survey, 45% of responding First Nations child and family service agencies reported that 95% of children in out of home care were placed in their Aboriginal community. The CAS of Brant has made considerable efforts to place Aboriginal children within their own community and with great success compared with national averages. (CWLA 2007)

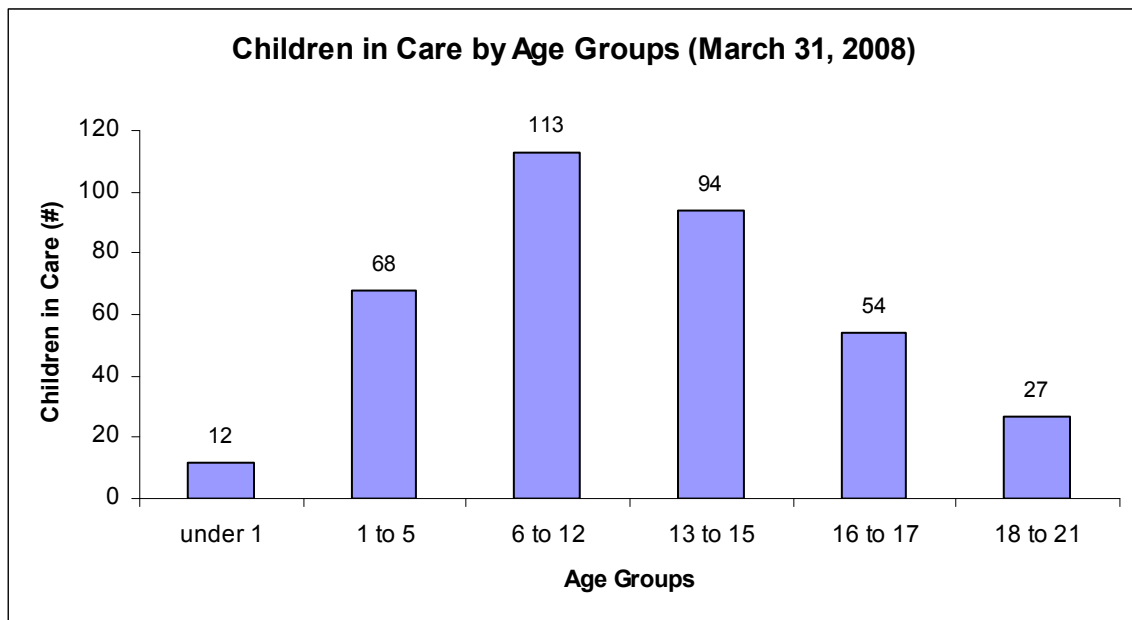
In the year there was a total of 137 admissions and 193 discharges. The following chart shows the admissions and discharges by age groups. Admissions were generally similar across all age groups. There was a higher discharge rate for children age 6-12 which made up 35% of the total discharges.

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Age Groups of Children in Care

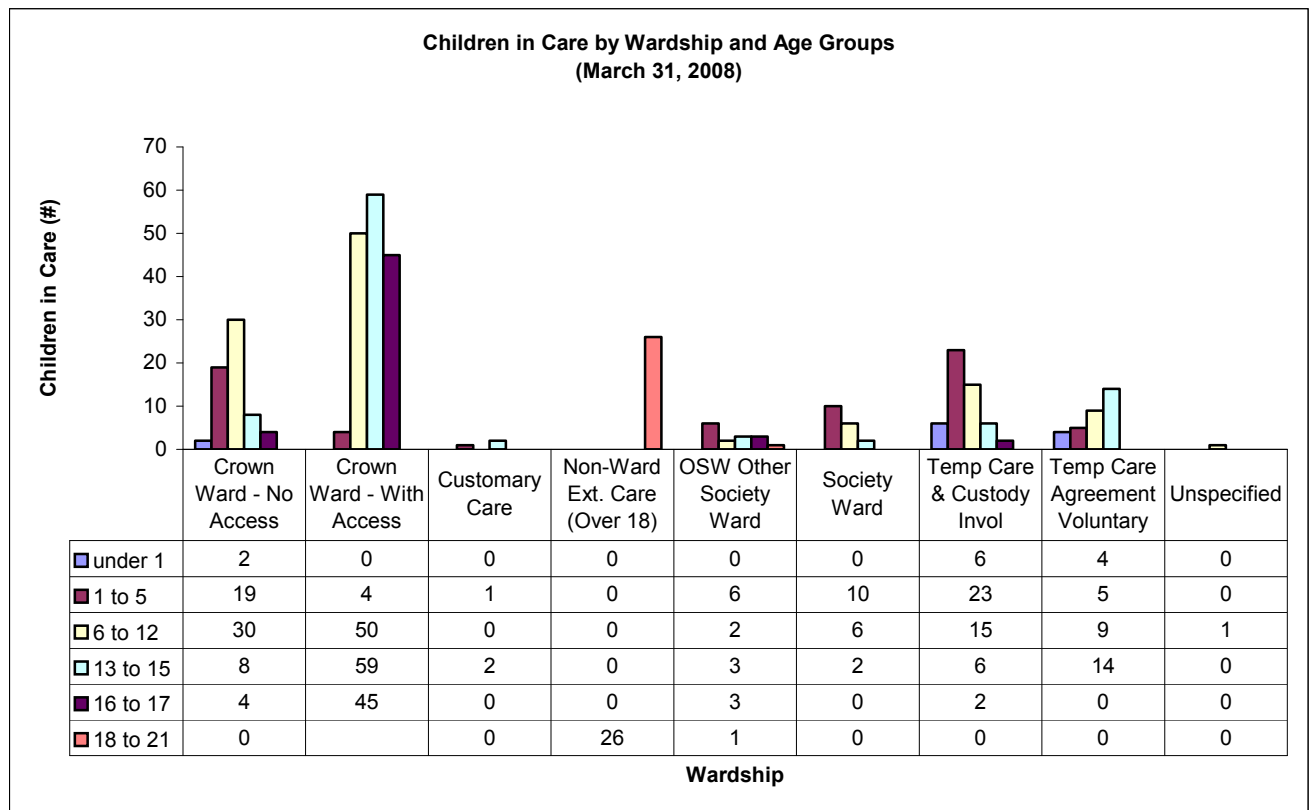
The largest age group of children in care are youth ages 13-17 which are 40.2% of the total population. School age children age, 6-12 years old made up 30% of the total population. One out of five (21.7%) of the total children in care are infants and toddlers. The chart below shows the break down of children in care by age groups.



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Wardship Status

The largest group of children and youth in care were those with Crown Wardship with Access orders and made up 43% of the total. Of those 158 children and youth all but 4 were over the age of 6 years old. It is interesting to note that 45 youth were 16-17 years old and 59 were 13-15 years old. This indicates that the Society can expect that a high proportion of those 104 youth “graduate” to Extended Care and Maintenance arrangements with the Society in the next three years. The second largest group is the children and youth who are Crown Wards without an Access order. Eighty per cent of the Crown Wards are under 12 years old and over a third are infants and toddlers. This would indicate that a significant number of the 21 children under age 5 would be candidates for adoption placements. The third largest group (14%) are children under Interim Care and Custody orders with children age 1-5 years being the largest group. The following charts show the break down of age groups and wardship status.



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Wardship	Age Groups						Totals
	under 1	1 to 5	6 to 12	13 to 15	16 to 17	18 to 21	
Crown Ward - No Access	2	19	30	8	4	0	63
Crown Ward - With Access	0	4	50	59	45		158
Customary Care	0	1	0	2	0	0	3
Non-Ward Ext. Care (Over 18)	0	0	0	0	0	26	26
OSW Other Society Ward	0	6	2	3	3	1	15
Society Ward	0	10	6	2	0	0	18
Interim Care & Custody Involuntary	6	23	15	6	2	0	52
Temp Care Agreement Voluntary	4	5	9	14	0	0	32
Totals	12	68	113	94	54	27	367

Reasons for Admission

The five most common reasons for children being admitted into the care of the Society were: parent substance abuse and parent mental illness (23%) child witnessing family violence, at risk of emotional abuse, marital discord, or emotional rejection (16.7%), parent conflict with child/teen (11.6%), Parent unable to cope with child's behaviour (6.5%), inadequate supervision of children or inadequate child care (11.6%).

Child Protection Services

Intake and Assessment

There were a total of 1713 family protection cases involving over 4200 children living with their families opened for investigation or assessment in 2007/08 fiscal year compared with the previous fiscal year when there were 1547 cases opened. This is an increase of nearly 10%. The number of children served by the Society is 13.23% of the total child population in the area of Brant. Re-openings make up 45.5% of total intake investigations and assessments. The Canadian Incident Study of 2003 reports that in Canada in 2003 there was over 235,000 investigations of child maltreatment which was 38.33 incidents per 1,000 children. It is evident that the incidents of child maltreatment investigations are significantly lower in this community than in other communities throughout Canada.

Child Welfare Transformation put emphasis on collaboration with community professionals and programs. One of the methods for tracking efforts to link families with community-based services is documenting 'community links'. The CAS of Brant completed 105 Community Link referrals for families to other community-based services.

There were a total of 430 child protection cases transferred for ongoing services in the Society and there was a monthly average of 500.3 protection cases open for ongoing services.

The most occurring reasons for the Society providing services to a family were; due to the parents' difficulties with addictions or mental health problems, risk of harm due to inadequate supervision, children at risk of harm due to being exposed to partner violence and risk of physical harm.

CHILD AND PERFORMANCE OUTCOMES REPORT DATA AND ANALYSIS OF SIGNIFICANT INDICATORS

Child Protection Services

Indicator 1: **Families with children** deemed in need of protection within 12 months following CAS service.

Analysis: There were a total of 1716 child protection cases open for intake assessments during the fiscal year. Of those there were **148** cases that had an investigation on more than one occasion in the 12 months, which is 6.9% of the total intake investigations and 2.73% of the total protection caseload.

Indicator 2: Children maltreated while receiving ongoing child protection services.

Analysis: The core function of children's aid societies is the investigation of child maltreatment and provision of services to families where children have been harmed or are at risk of harm with the primary goal to prevent future maltreatment. The literature indicates that the best study reports that 24% of families experience at least one additional incident of child maltreatment within 12 months of the first incident. At the CAS of Brant there were 128 investigations involving 123 families out of the total 937 families who received ongoing child protection services, which is 13.12% of the ongoing child protection caseload. Of those 128 there were 25 families that had two or more investigations in the fiscal year. One family was investigated six times. This rate is significantly below the rate reported in the literature.

Indicator 4: Children receiving service in own family.

Analysis: In the fiscal year the CAS of Brant provided services to 2072 families that involved 5319 children living in their own families. 93.12% of the children receiving services from the CAS of Brant receive services while living in their own families. This is 16.62% of child population or at a rate of 1.6 per 1,000 children. At the end of the fiscal year there were 481 protection cases open to ongoing Family Services involving 1389 children in the families, which is 4.3% of the child population, or 0.43/1000 children.

Indicator 5: Number of Approved Kinship Services Homes.

Analysis: There were 86 children at the start of the year living in Kinship Services homes. Eighty-four (84) children were placed in the year and 98 children were discharged from the Kinship home.

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- Indicator 6: The number of children reunited with own family following CAS care and the length of time in care before returned home.
- Analysis: The rate of children who are in care of the Society returning to birth family is a critical indicator of the effectiveness of child welfare services. It is an dependant factor and is impacted by community factors such as poverty as well as by organizational factors such as the proximity of the child's placement to family that is necessary to support access visits as well as the level of services provided to the family to reduce risks of future harm. There were 114 children returned to their parents in the fiscal year and they were in care for an average of 10.4 months before discharge.
- Indicator 9: Complaints that reached the Child and Family Services Review Board for resolution.
- Analysis: The Society responded to and was involved with 9,101 cases. Of those, there were 3 complaints regarding services that were deemed eligible to be heard by the Child and Family Services Review Board. This is 0.032% of the total, a significantly small percentage.
- Indicator 10: Protection cases that utilized Alternative Dispute Resolution (FGDM & mediation).
- Analysis: **Of the 937 families who received** ongoing child protection services, FGDM received 32 referrals that lead to 16 conferences and resulted in plans for 26 children/youth. There were 6 referrals for child protection mediation. The referrals to ADR **comprised 2.3%** of the family protection service caseload.
The FGC program at the CAS of Brant is a highly successful program and is a leader in Ontario and throughout Canada. A recent satisfaction survey by the FGC Coordinator indicates high levels of satisfaction by participants. Managers and staff reported that the FGC experience was a powerful one and highlighted the importance of family support and having faith in the family's ability to be in charge of their own planning. (M. Sherry FGC annual report 2008)
- Indicator 11: Number of cases before CFSA court.
- Analysis: There is an average of 117.5 cases per month before the courts on a variety of motions, which is 23.4% of the protection caseload in ongoing Family Services.

Out of Home Care Services

- Indicator 12: Children maltreated while in CAS care.
- Analysis: There were 7 investigations involving allegations of maltreatment by foster parents that involved 1.8% of the children in care. Of those investigations, 0.2% of the total children in care were investigated and it was verified that **1 child** had been maltreated.
- Indicator 13: Average changes in caregiver per year.

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Analysis: There was, on average 368 children in care in the fiscal year of April 1, 2007 to March 31, 2008. 268 children had more than 1 caregiver reflected in 368 placement/caregiver changes with an average change rate of 1.4 per year.

Indicator 14: Number of children adopted
Analysis: 24 children were adopted. On average the time from admission to care to adoption finalization was 36.3 months. The time frame includes the required 6 months adoption probation period. Two siblings took 72 months to reach adoption finalization due to protracted court involvement and 1 child was another society ward who took 58 months for adoption finalization. For the remaining 21 children the average time from admission to adoption finalization was therefore 24.9 months.

Indicator 15: Children placed within the Region.
Analysis: In January of 2004 the Ministry Area Office and the Society set targets and goals, which could address the ongoing use and the management of children placed in outside paid placements. The Society committed to identifying 10 children placed in OPI placements outside of the Hamilton and Niagara Region and returning 10 children to placements within the Region. The Ministry also set a target requiring 92% of the total number of children placed in the care of the Society to be placed within the boundaries of the local area office. The Society has met both these objectives. During the 2007-2008 reporting period the Society has met the 92% target of placing children within the Region and achieved 95% of children placed in Region for the second year in a row. This was achieved with the efforts of the Clinical/Permanency Planning Manager working collaboratively with managers and front line staff in placement and permanency planning. (R. Pittman OPR annual report 200708)

Indicator 16: Children with fairly long or long term relationship.
Analysis: OnLAC data is available to track this indicator. There was an average of 76.2% of the children in care who reported that they had long term relationships or fairly long term relationships with their caregivers. Literature regarding children's resilience indicates that a long term meaningful relationship with a caregiver is the most significant factor and overall success in life. The data suggests that a majority of children experience this in their daily lives.

Indicator 17: Crown wards with access to family or kin.
Analysis: 158 or 71.4% of the agency's 221 Crown wards have orders facilitating access with their families.

Indicator 18: Average number of visits by worker (Crown wards)
Analysis: The March 2008 Crown Ward Review indicated that workers visited their children in care on average 13.6 times per year. 2006, which is

the most recent provincial Crown Ward Review comparator, shows the provincial average at 12.2 visits per year.

Indicator 19: Children placed in family-based care vs. in-group care.
Analysis: As of March 31, 2008 there were a total of 23 youth living in Outside Paid Resources (OPR) group care, a total of 23 children living in OPR foster care and a total of 219 children and youth living in Society foster care. 92% of all the children in care were placed in family based setting.

A total of 78 children and youth required a placement in an outside paid resource. The monthly average number of children placed in OPI placements is 45 children per month. This represents approximately 12% of the total in care population. The monthly average of children placed in outside placements has decreased slightly to 45 children per month. The average age is 13 years old. There were 38 children who were crown wards placed in OPR and 37 youth placed in family settings and 36 placed in group home settings. On average there were 2.6 placement changes which reflect the considerable challenges that these children have. The following chart reports the special needs and challenges that the children in OPR settings have. Some children experience multiple problems as indicated by the chart.

Total Children	Clinical Diagnosis	Developmental Delays	Behaviour Difficulty	Psychotropic Medication	Special Education
78	73	11	65	60	69

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Indicators 20, 21, 22, 23: Children's Development as reported by OnLAC.

Analysis: Data on children's development and well-being across the 7 developmental dimensions is captured by the OnLAC Assessment and Action Record (AAR), which is a tool completed annually (or bi-annually depending on circumstances) by Children's Services Workers on every child-in-care who has been in the continuous care of the Society for one year or longer. The AAR is based on age groups and divided into 8 versions reflecting age-appropriate developmental tasks. The AAR generates a wealth of data that can be used to assess how a particular child is doing compared to other children in the agency, to children from other agencies, and to children from the general population in Ontario.

The raw data from the AAR forms is collected, cleaned, and analysed by the University of Ottawa, which then prepares agency and provincial reports. There is currently a lag time of approximately 1½ years between the data collection and the dissemination of the report, however, OnLAC and the Ministry is working on ways to provide data analysis more quickly. It is hoped that within the next 5 years, the organization will have the capability to access a real-time description of how the Society's children-in-care are doing. In the meantime, the organization is using *Summary Objective* scores to provide a very rough approximation.

Health: The summary objectives in this dimension consider whether a child/youth is normally well, whether his/her weight is within normal limits, whether preventative health measures are being taken, whether all ongoing health conditions and disabilities are being dealt with, and whether the child/youth puts his/her health at risk. The total score for all age groups is: 94.4% of children and youth who reported their health as being good to excellent. **Average is based on a 79.5% (171/215) CW response rate in 2006**

Education: The summary objectives in this dimension consider whether a child/youth's academic performance matches his/her ability, whether he/she is acquiring special skills and interests, and whether adequate attention is being given to planning for his/her education. The total score is 59.3% of the children and youth **ages 5 to 21** that are achieving educational performances that match their abilities. The apparent decrease between age groups could be attributed to older youth in the 16 to 17 age group performing less to their ability, and acquiring fewer special skills and interests than those in the younger age groups. **Average is based on a 45.58% (98/215) Crown Ward response rate in 2006**

Emotional and Behavioural Development: The summary objectives in this dimension consider whether a child/youth is free from serious emotional

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and behavioural problems, whether they are receiving effective treatment (if needed), whether they display age-appropriate behaviours and emotional reactions in a range of situations. The total score is 27% of the total children and youth are free from serious emotional and behavioural problems. The apparent decrease between age groups could be attributed to older youth's refusing to participate in treatment. **Average is based on a 22.79% (49/215) Crown Ward response rate in 2006**

Positive Life Experiences: This score reflects the percentage of positive life events experienced by the child/youth during the past 12 months, out of a list of 20 to 22 typical experiences (e.g. attending summer camp, etc.). This score appears to be stable across the three age groups for which this scale is in effect.

The rough data suggests that overall well-being is lower among the 16-17 age group as compared to their counterparts in the 5-9, 10-11 and 12-15 age groups, with scores in the areas of Health, Education, Emotional & Behavioural Development and Asset Profile being most markedly lower. A possible explanation for these lower scores may be due to a correlation of factors reflecting the nature of youth aged 16-17. As with other 16-17 year olds in the general population, youth in care tend to focus a great deal on their peers and spending time with them. It is also the age where youths typically experiment with drugs, alcohol, and sexuality, while believing them self to be immortal. There may be a correlation between the asset profile score, health, education, and emotional & behavioural development. One interpretation may be that youths who have not developed special skills and talents may have fewer opportunities to use their time constructively. This may provide them with more unstructured time spent 'hanging out with their friends' (who also have not developed special skills and talents, given that peer groups reflect homogenous interests), leading to more opportunities for experimentation with sex, drugs, and alcohol, and less emphasis on educational achievement. (T. Arnold report 2008)

Indicator 24: Crown Wards who completed Preparation for Independence Program.
Analysis: Through its Preparation for Independence program, the Society assists Crown Wards to gain the skills and knowledge they will need in order to live on their own successfully in the community. The Society expects each crown ward to complete formal Preparation for Independence training prior to the age of 18. All crown wards aged 15 and up are eligible to participate in the program, and the program offers individual and/or group sessions, depending on the need of the youth. One full-time staff position has been allocated to this program, commencing July 2007. Individual services provided by the Society's PFI program include employment readiness, resume-writing, budgeting, advocating for services such as housing, and empowering youth to advocate for themselves. In addition to providing the 1:1 and group PFI training, the PFI worker also supervises and maintains the Youth Room 'Drop In'

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program, is the agency champion for YouthCAN (the OACAS youth advocacy group), provides community outreach to Rosewood Residence, organizes special events for crown wards throughout the year, such as the Christmas Dinner, and other duties as assigned. There is no set budget for the Preparation for Independence program itself and programming expenses are requested via proposal. Statistics on program participation are compiled monthly.

During the Outcome Report year of April 1, 2007 to March 31, 2008, just over ¼ (26%) of Crown Wards between the ages of 18 to 20 had completed a Preparation for Independence Program. Conversely, over 1/3 (**36.5**) of the Crown Wards aged 16 & 17 had completed or were in the process of complete PFI training.

Despite these low participation rates however, it appears that the program is running at capacity, at least in terms of the worker's ability to provide 1:1 support. Increased participation will by necessity require increased resources both in terms of staffing and programming budget. (T. Arnold, 2008)

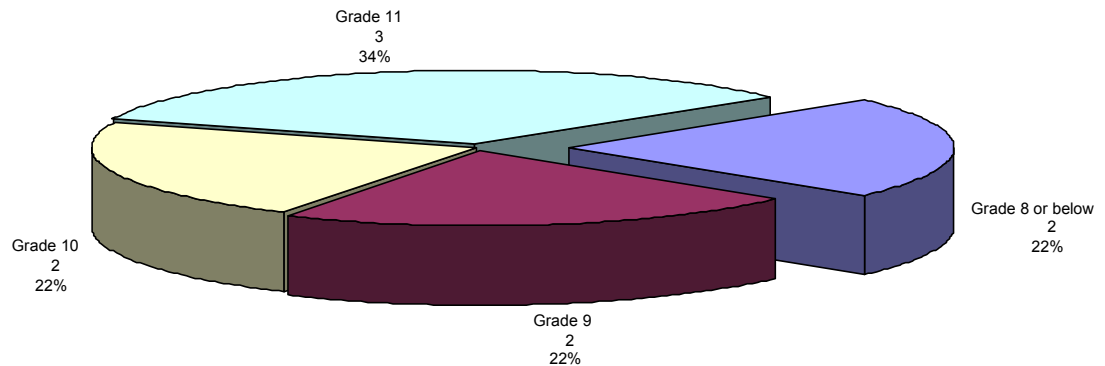
Indicator 25: Crown Wards who completed High School or equivalent by age 18.
Analysis: There is a general consensus that higher levels of education are correlated to higher levels of income, greater employment security, and overall well-being. The typical age of graduation from high school in Canada is 18 years of age, and 84.6% of youth graduate from high school prior to the age of 20. Children's Services Workers in the agency were surveyed regarding the educational attainment of the youth-in-care on their caseload during the period of April 1, 2007 to March 31, 2008. Out of a total population of 27 Crown Wards aged 18 to 20 years of age, 30% (8 youth) had achieved their Grade 12 or higher, while 11% (3 youth) had only achieved Grade 8 or less. Of those three youth, two had given up and dropped out of school entirely, while one had gone onto high school.

Only 30% of our Crown Wards between 18 to 20 years of age have achieved their Grade 12 education (compared to 75% in the general population). Of the more than two-thirds that have yet to complete their high school education, 52% are attending school while 48% have given up and dropped out of the education system entirely. This drop-out rate is considerably higher than the national drop-out rate of 10.3%. (T. Arnold)

The literature speaks to the significant challenges for the education system to meet the needs of children who are cared for by the child protection agencies. Children and youth often experience considerable life difficulties such as child abuse, chronic neglect and instability, before entering care. Many children have capacity to learn and achieve academically however life experiences and emotional trauma impacts on their day-to-day abilities. Research points to how a majority of children in care either drop out of high school or repeat grades and do not finish high

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school at the same time as their peers. However the literature also speaks to the benefits of special tutoring and learning programs that often help children and youth obtain school success and stresses the importance of collaborative approaches by educators, foster parents and child protection. Success at school is one of the critical elements to children building resilience in the face of tragedy and sets them on the path for life long success. The following chart demonstrates the breakdown of crown wards and educational achievement.



Staff

Indicator 27: Turnover rate (excludes leaves).

Analysis: The CAS of Brant had an 8% turnover rate. The Human Resource Services report from OACAS for child welfare in Ontario reports that the Ontario turnover rate average is 7.7% which is slightly lower than the CAS of Brant rate. In the Region the range for turnover rate is 8.5% to 13.2%. Although CAS of Brant is slightly higher than the provincial average it remains the lowest in the region for staff turnover rates.

The literature indicates that averages throughout the nation and the United States range from 20% to 40% depending on the jurisdiction. Research conducted by National Council on Crime (2006) found that the highest functioning agencies that had the lowest turnover rates, best paid staff, generally had the best compliance with recognized practice standards, and lowest rates of re-abuse of children. The most important measure of the effectiveness of the child welfare system is the recurrence of maltreatment. The cluster analysis showed a clear relationship between agency functioning and this measure of system effectiveness. The lowest functioning cluster of agencies (with the highest levels of turnover) had about twice as many recurrences of abuse or neglect.

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