

CHILDRENS'S AID SOCIETY OF
ALGOMA

2024-2025 BUSINESS PLAN



Introduction

This document represents the 2024-2025 Business plan for the Children`s Aid Society of Algoma. It highlights the mandate, strategic priorities, key activities and performance indicators of the organization for the upcoming year. The plan also demonstrates how the Children`s Aid Society of Algoma continues to improve our child protection services in the communities of the District of Algoma. This operational plan will link our work to our Agency Strategic Plan as well the Provincial Strategic Pillars. These past several years the Child Welfare Sector has been examining issues of equity as we recognize the historic and current impact of systemic injustices and biases that disproportionately impact the most marginalized members of society including Indigenous, Black, racialized and LGBTQ2S+ communities. Over representation of indigenous youth in child welfare and the need to reduce these numbers is a priority of agency. This will continue to be a priority with a commitment of reducing the number of indigenous youths in care, reducing the number of indigenous families involved in court proceeding, by increasing the number of customary care.

Children`s Aid Society`s across the province of Ontario are independent agencies working in local communities to provide child and support to children and their families. Established under the authority of the Child, Youth and Family Services Act children`s aid societies are non-profit corporations governed by a volunteer Board of Directors who are elected from within their community. Board members have a specific interest in the welfare of children and offer individual competencies to assist in the governance of the Society. Programs and services are developed in response to the needs of children and families in the local community.

Algoma`s Annual Business Plan: 2024-2025 is premised on the Board of Directors developed and approved Strategic Directions that was extended due to work around amalgamation with children`s mental health and then the pandemic. The Board will be engaging in a strategic cycle this coming year which will provide guidance for the service priorities moving forward.

In the development of the Business and Service Plan, the Society considers many factors that may impact and influence the execution and ability to attain the objectives set out in the Strategic Plan.

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.

They are legislated to perform certain functions under the provisions of the Child Youth and Family Services Act., which 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 eighteen 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 CASs must provide, 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.

CASs 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. CASs are mandated to intervene if a caregiver cannot adequately care for or provide for a child.

Children's Aid Societies protect and safeguard most children while they 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.

Environmental Scan

The child welfare sector, including Children's Aid Society of Algoma, has continued to evolve and strengthen accountabilities and transparency. Over the past several years, the sector has been scrutinized through various reviews and inquests that have garnered much attention from the media. The Katelynn Sampson and Jeffrey Baldwin inquests, Auditor General of Ontario Report, Mother risk Commission, Residential Review, consumer group activity and media reports have led to the demand for more sector transparency and call for child welfare reform. In 2016, the Human Rights Commission requested race -related data which has led to the collection of Identity Based Demographic Data for all service recipients and the oversight of the child welfare sector has shifted to the Ombudsman after the closure of the Provincial Advocate for Children and Youth (PACY) in 2019 by the provincial government. The political environment continues to require the sector to be more accountable to the province and local communities and resent reports released by the Ombudsman identified the need to greater compliance to Ministry standards and regulations in the protection of children and youth. The cost of care for youth presenting with complex needs has driven the conversation across the sector as well it has become one of the driving factors for the increased number of deficits across the sector. For Algoma it has been one of the main contributors to the ongoing deficit. The Ombudsman office has announced that its office will be completing an investigation into the issue of complex youth and the lack of adequate placements and treatment beds. The scope of the investigations will also include the Ministry's role and response to the crisis.

Reconciliation Commitments

On October 1-3, 2017, the Ontario Association of Children's Aid Societies (OACAS) hosted a gathering at Geneva Park and Rama First Nation to acknowledge apologize for the harmful role child welfare has played historically, and continues to play, in the lives of Ontario Indigenous children, families, and communities. The Society participated in the gathering and apology, for the harmful role child welfare has played historically, and continues to play, in the lives of Ontario Indigenous children, families, and communities. OACAS presented nine key commitments the child welfare sector unanimously agreed upon in order to move forward with Reconciliation. Society's commits to the following:

- Reduce the number of Indigenous children in care.
- Reduce the number of legal files involving Indigenous children and families.
- Increase the use of formal customary care agreements.
- Ensure Indigenous representation and involvement at the local Board of Directors.
- Implement mandatory Indigenous training for staff.
- Change the inter-agency protocol to include Jordan's Principle as a fundamental principle

- In consultation with Indigenous communities, develop a unique agency-based plan to better address the needs of the children and families from those communities.
- Continue to develop relationships between their local agency and the local Indigenous communities.
- Assist those individuals wanting to see their historical files by accessing and providing the information they request.

Government Fiscal Restraint

Past and current governments have continued to message fiscal restraint. For the Child Welfare sector, this has meant no increase to the overall funding envelope since 2013 to support inflation of costs, cost of living or increased demands for compliance and reporting. The Government of Ontario and the Ministry of Children, Community and Social Services has continued to focus on efficiency and constraint to the child welfare funding envelope and subsequently has applied an administrative constraint to each society during the last four years. The Society also lost the socio-economic funding for 0-17 Indigenous youth after the transfer of local first nation files to Nogdawindamin even though 30 percent of our remaining caseloads identify as FNMI. Originally the devolution of services to Nogdawindamin was to be completed in three stages over a three-year time frame. Unfortunately, phase 2 and phase 3 have not occurred and there are no plans to move forward a further transfer of cases.

Cost of Complex Special Needs Youth

The child welfare sector has been dealing with a placement issues for the last five years which has only intensified in recent years impacting the Society's deficit. In 2024 the regional office completed a service review on the cost of complex youth and confirmed that the costs of our local OPR were driving the deficit. In the last year the organization has worked hard reviewing each youth placed developing a plan to either identify family-based care. Specialized recruitment campaigns have been used with some success in developing more appropriate care options. As beds become free in our community, we are now seeing outside agencies place high needs youth in our community which then requires us to open non funded OSW files to provide service. It requires staffing to service these youth which is unfunded as well it has also reduced our emergency response and placement options having us to turn to hotel care until an appropriate placement can be identified.

Socio Economic Factors Impacting Service Delivery

There are many socio-economic factors that impact the service volumes and trends that are seen in the district of Algoma. These factors include child and youth population (0-17), low-income families, lone parent families and remoteness. With the devolution of services to Nogdawindamin in 2017 the agency lost the funding associated with indigenous youth (0-17) despite continuing to service the Indigenous

communities outside of the North Shore Tribal Council, Metis population and Inuit. Up to 30 per cent of our service volumes account for FMNI files. There has been extensive feedback provided to the Ministry that these socio-economic factors are not the right factors as a determinant for Child Welfare involvement, nor do they align with the child Welfare Redesign; however, the Ministry though acknowledges that there is a problem has not developed a funding model that is more equitable for the sector.

Sault Ste. Marie has the second highest opioid rates in the province and experienced the highest opioid deaths in the first quarter of this year. Algoma continues to see the impact on families and the impact on a youth's development in those being born addicted due to the mothers use prenatally. The long-term impact remains unknown; however Algoma has observed in its service delivery the harsh ramifications of the pandemic, which is leading to higher rates of addiction, poverty due to precarious employment and increased mental health demand due to the impact of social isolation. Families and youth are presenting to the Society with higher complexity, requiring more specialized services and ultimately faced with long wait lists for service. In the recent Community Wellness Report published by the Algoma Public Health it reports some startling realities that families are facing along with disproportionate percentages per capita for residents of Sault Ste Marie compared to provincial averages [Algoma Public Health - Community Health Profile](#). An example of this is reflected in the wait times that youth under 18 to receive counselling – Algoma's average is 370 days compared to Ontario's average of 67; likewise for youth waiting treatment the wait list in Algoma is 632 days compared to the provincial average of 92.

Technology

The Society is working towards advancing records management work by initiating a project to scan all service-related documents in to laser phish. This project, like others, had been deferred due to the cost and the Society was trying to complete the project internally, however little progress was being made and a lack of file storage due to the sale of our main building heightened the need to engage in a third party to complete the project. With the magnitude of historical service records going back to 1902, the Society identified file management and record storage as being one of the highest risks and liabilities. All records have been catalogued and prepared for shipment; the last shipment will occur in November. It is hoped that the agency can stagger the cost of the project over two fiscal years.

Funding

A new funding formula was introduced to the children welfare sector for the financial year 2013/14. The basis of the model was that 50% of the funding was comprised of Socioeconomic factors and 50% based on column. As noted earlier, there has been no

significant increase to the overall funding envelope since 2013. Over the last several years' service trends have been declining with the number of youth in care, number of ongoing services which are two areas weighted heavier in the funding model and our number of investigations has been trending up though this funding factor is a lower percentage. The Society is working with the Ministry to try to manage within allocations, however, to balance our budget we would not be able to provide our mandated service.

Vision, Values and Strategic Direction



Children's Aid Society of Algoma 2020-2023



Vision Protecting Children, Strengthening Families throughout the District of Algoma

Mission The Children's Aid Society of Algoma is committed to protecting children and promoting their well-being by working collaboratively with children, families, and communities through service excellence

Values Accountability Excellence Collaboration Integrity Respect Innovation

Strategic Goals



Key Activities supporting Strategic Directions

Service Excellence within the Child Welfare Delivery System

Topic	Goal
Qualified Staff	<p>Recruit and Retain Qualified staff with Child Welfare experience or desire and aptitude for Child Welfare work.</p> <p>Ensure hiring practices for staff reflect the diversity of our community – Equity & Diversity</p> <p>Succession plan- develop and support succession planning</p>
Comprehensive Training Program	<p>OACAS New Worker Training, appropriate training programs for all employees and their employment needs to respond to changing legislation, standards and directives</p> <p>Develop annual agency training plan that addresses training priorities for each service department</p> <p>Training for staff and resource families to expand skills, experiences and knowledge.</p>
Communication	<p>Timely and accurate communication throughout the organization and with stakeholders internal and external.</p> <p>Use of monthly news letter</p> <p>Quarterly staff Town Halls</p> <p>Management meetings</p> <p>Team meetings</p>
Equity	<p>Develop Equity Committee</p> <p>Participate in zone Equity Lead meetings/planning sessions</p> <p>Complete Agency Readiness plan to inform work plan</p> <p>Implementation of One Vision One Voice</p> <p>Ongoing training of all staff and ensuring new staff participate in OACAS Equity training</p> <p>Engage with marginalized community groups</p> <p>Comprehensive review of and gathering relevant demographic data</p> <p>Embed equity practices within service delivery model, including records</p> <p>Develop a Northern approach around sharing services</p>

<p>Service Integration</p>	<p>Positive work environment with appropriate supports and focus on excellence in child and family outcomes Replacing “silos” with cross departmental integrated service planning, mutual respect and shared responsibility with increased cross departmental capacity Integration of legal service</p>
<p>Monitor and continuous improvement of Performance Outcomes and compliance with Service Standards</p>	<p>Work towards 100% compliance with provincial service standards and in attaining positive outcomes for children and families. Implementation of milestone tracking at the case level Pursuing equity outcomes for all marginalized staff Work towards 100% compliance for IDBD Annual reporting and review of complaints/CFSRP/Ombudsman referrals/ investigations Identify organizational critical metrics</p>
<p>Agency Records</p>	<p>Scan all Society records into document management system Implement scanning work flow across departments to reduce paper Develop clear expectations and timeframes to have documents scanned and attached to CPIN records Development of policy and procedure</p>
<p>Health and Safety</p>	<p>Ensure a safe and healthy work environment for employees, foster families, children and families involved in CAS services Creating culturally safe and inclusive spaces for employees, foster families, children and families involved in CAS services Develop check-in system for workers in the field after office hours. Installation of video cameras for buildings/app download to agency phones Ongoing training plan Coverage for purchase of service</p>
<p>IT- Infrastructure /Support</p>	<p>Cyber security and disaster recovery plan Implementation of Policy manager program from Thunder Bay New website development by RDC and update of sites content New website to be live in the Fall 2022 Capstone project with Waterloo University Ongoing cyber security training for agency staff</p>

Aboriginal Child Welfare Service Delivery and Transfer of Services to Nogdawindamin Community and Family Services

Topic	Goal
<p>First Nations Relationships/Restoration of Jurisdiction</p>	<p>Positive working relationships with First Nations Communities whose members the CAS Algoma continue to provide Child Welfare Services to.</p> <p>Appropriate consultation and collaboration in all Child Welfare involvement as per the legislation and best practices</p> <p>Reduce the number of Indigenous children in care.</p> <p>Reduce the number of legal files involving Indigenous children and families.</p> <p>Increase the use of formal customary care agreements.</p> <p>Ensure Indigenous representation and involvement at the local Board of Directors.</p> <p>Implement mandatory Indigenous training for staff.</p> <p>Change the inter-agency protocol to include Jordan’s Principle as a fundamental principle</p> <p>In consultation with Indigenous communities, develop a unique agency-based plan to better address the needs of the children and families from those communities.</p> <p>Continue to develop relationships between their local agency and the local Indigenous communities.</p> <p>Assist those individuals wanting to see their historical files by accessing and providing the information they request.</p> <p>Review and embed Federal child welfare into current practice</p>
<p>Nogdawindamin Child and Family Services Restoration</p>	<p>Engage with Nogdawindamin FCS and the Ministry of Community Children and Social Services to facilitate the future transfer of all other FNMI child welfare cases</p> <p>Secondment agreements to facilitate the planning and transfer of files.</p> <p>Interagency Protocol revision/update</p>

Community and provincial engagement, collaboration and service development to support and protect children, youth and families.

Topic	Goal
Local Service System Engagement	<p>Enhanced collaboration and integration of services with community partners and collateral organizations to facilitate prevention and intervention options.</p> <p>Have current comprehensive protocols with organizations CAS Algoma works with to ensure understanding and implementation of roles and responsibilities.</p> <p>Increase our presence and visibility in the community by seeking out opportunities for impactful collaboration and partnerships</p> <p>Educating the community to build a better understanding of the dynamics of child welfare, the multiple responses used by the Society, and the impacts of power and authority</p>
Provincial Engagement	<p>Work with OACAS and MCCSS on provincial projects</p> <p>Participate in Provincial Funding Committee</p> <p>Participate in all aspects of the OACAS Provincial Call to Action</p>
Cross Jurisdictional engagement	<p>Work with other Children’s Aid Societies as necessary to meet the needs of families as they move throughout the province and need support in other jurisdictions.</p> <p>Zone and regional planning to maximize resources and explore shared service opportunities</p>
Amalgamation	<p>Complete feasibility work to determine the viability of amalgamating AFS and CAS</p>

Family Based Care and Permanency for Children

Topic	Goal
Family Based Service Focus	Focus on providing strengths based services and supports to keep children and youth with their families and or family members wherever safe and possible Implement One Vision One Voice frame work Deliver services under an anti- oppressive framework
Family Based Care	Reduce the number of children in care Increase family base care Recruit and Retain Foster Parents, Kinship placements for children and youth who must come into care. Quality Child Caregiver relationships in Foster Care Reduction of outside placements Increase community capacity to manage high risk youth Availability of a continuum of placement options
Permanency Planning	Recruit adoptive parents or foster to adopt parents Seek legal custody orders where appropriate for children and youth eligible. Use of ADR at the front end of planning to identify family and supports Implement Family Finding Openness Sibling relationships and access

Strengthening Governance and Accountability

Topic	Goal
Board Recruitment	A Skills based Board with broad representation from the communities within the District of Algoma (geographically and culturally) Ensure Board membership reflect the diversity of our community
Board Development	Ongoing Board and Board member evaluations and development/training plan
Administrative Best Practices	Regular Quarterly Financial, Service and Standards Compliance reporting
Accountability Framework	Collect, analyze and report on Performance and Outcome measures and work towards a Balanced Budget. Develop child advisory committee Develop parent advisory committee

Educational Achievement for Children and Children in Care

Topic	Goal
Educational Achievement for Children	Communication to front line staff Work closely with children, families and Boards of Education to ensure continuity of educational pursuits for all children To have tutors identified for every child in care Ensuring all staff are aware of the Educational resources available through the school boards for children involved with Child welfare
Educational Supports for Children in Care	Work closely with foster parents, kin placements and school boards to ensure continuity of educational pursuits, progress and graduation for children/youth in care
Educational Support for Post-Secondary Educational Pursuits	Financial assistance to support Children/Youth in Care in post-secondary educational pursuits and graduation Financial sustainability of the Youth in care Scholarship Fund

Performance Measurement

Children’s Aid Societies understand the importance of measuring performance and outcomes for children and their families. To this end we have developed key Performance Indicators (PIs) that best outline effectiveness in delivering the child protection mandate.

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

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 support.

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

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

This measure is important because closing a case following ongoing services suggests that child protection concerns have been addressed and no longer require ongoing Children’s Aid Society involvement. However, at the conclusion of Children’s Aid involvement, many families continue to receive supportive services from other agencies in the community. This indicator measures the extent to which services have been successful in reducing risk to children over the 12 month period following Children’s Aid Society involvement. This measure is important for further understanding of those families that return to a Children’s Aid Society with verified protection concerns and those that do not, both in terms of the nature and intensity of the services offered, and the risks, strengths and needs of children and families. Increasing knowledge in these areas supports improvements in decision-making and service delivery.

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

Permanency Outcome – The Days of Care, by Placement Type

This PI measures, for all children admitted to the care of a Children’s Aid Society, the days of care provided in the fiscal year, by placement type. That is family-based care versus non-family-based care.

It is important because children placed in family-based care are more likely to achieve permanency when the exit care, i.e., be discharged to parents or family including adoptive families or legal custody arrangements, compared to children in group care. Family-based care is the preferred placement setting for the majority of children in care. Children placed in family settings have greater opportunities to form a connection with consistent caregivers and to experience the benefits associated with membership in a family.

While a high rate of family-based care is desirable, selection of a placement setting should be first and foremost influenced by the needs of the child and the fit to the placement. Given the mandate of a Children’s Aid Society, and the nature of the challenges experienced by some children and youth, it is likely that there will always be some young people in care who require specialized treatment, programs and structure associated with group care settings.

Permanency Outcome – The Time to Permanency

This PI measures, for all children admitted to the care of a CAS during the fiscal year, the cumulative percentage discharged within a specific time period (i.e. 12 months, 24 months and 36 months since admission).

It is important because one of the mission-critical outcomes in child welfare is to facilitate permanent living arrangements for all children that are safe, stable and supportive of lifetime relationships. The child welfare system in Ontario has multiple options through which permanency can be achieved (e.g., reunification with parents, legal custody, and adoption). Permanency planning is a significant focus for children in care, whose permanency status, both legally and psychologically, is uncertain. The timing and nature of permanency may look different for every child depending on the child's needs, family circumstances, court processes, and availability of community service providers.

A key factor that influences time to permanency is child age at admission. Children who enter care at a young age are more likely to be discharged to certain types of permanency (e.g., adoption) compared to older children. Young children often achieve permanency within shorter timeframes, supported by legislation that limits the allowable cumulative time in short-term care for children under 6 years of age compared to older children. An additional factor that impacts time to permanency is the needs of the child, with more complex needs associated with longer timeframes to achieving permanency.

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

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

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

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

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

The key influencing factor is the young person's perception that the caregiver understands, treats fairly, shows affection towards, and has a close relationship with him/her.

Tracy Willoughby
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