

# CCAS Business Plan 2018-2019



# CCAS Business Plan: 2018-2019

## Introduction

This document represents the 2018/19 Business Plan for the Catholic Children's Aid Society of Toronto (CCAS). It highlights our organization's mandate, strategic priorities, key activities, and performance indicators for the fiscal year ending March 31, 2019.

## Mandate

Children's Aid Societies (CASs) 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 Section 35 (1) of the *Child, Youth and Family Services Act, 2017 (CYFSA)*.<sup>1</sup> The mandate of CASs, as described in this section of 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 the protection of children or for the prevention of circumstances requiring the protection of children;
- provide care for children assigned to its supervision 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 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.

CASs 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

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<sup>1</sup> Child, Youth and Family Services Act, 2017

## CCAS Business Plan: 2018-2019

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.

In June of 2017, Ontario passed the *Child, Youth, and Family Services Act* (CYFSA). The legislation places children at the centre of decision-making, and support more accountable, responsive and accessible child and youth services. It will also strengthen oversight for children's aid societies and licensed residential services.

Key changes include:

- Raising the age of protection from 16 to 18 to increase protection services for more vulnerable youth in unsafe living conditions, to support their education and to reduce homelessness and human trafficking;
- Strengthening the focus on early intervention, helping prevent children and families from reaching crisis situations at home;
- Making services more culturally appropriate for all children and youth in the child welfare system, including Indigenous and Black children and youth, to help ensure they receive the best possible support; and,
- Improving oversight of service providers, including children's aid societies, so that children and youth receive consistent, high-quality services across Ontario<sup>2</sup>.

## Mission, Values, and Strategic Plan

### CCAS Mission Statement

*For the Love of Children...*

...the Catholic Children's Aid Society of Toronto, on behalf of the Catholic community, is committed to providing social services that protect children and strengthen family life.

### CCAS Values

We value...

- Human Dignity
- The Courage and Integrity to Take a Stand
- Partnership and Teamwork
- Cultural, Racial and Individual Differences
- Professional Excellence

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<sup>2</sup> Ministry of Children and Youth Services (2017). 'Ontario strengthens legislation for child and youth services'. Retrieved from: <http://www.children.gov.on.ca/>

# CCAS Business Plan: 2018-2019

## CCAS Strategic Plan

The CCAS is in the second year of a three year strategic plan which is comprised of three significant and interconnected initiatives: the society **service plan**, the **property plan** and the **sustainability program**. The service plan is a requirement under the Accountability Agreement between the Society and the Ministry of Children, Community and Social Services (formerly the Ministry of Children and Youth Services).

### CCAS Service Plan:

Our ongoing priority is supporting the safety, permanency, and well-being of children and youth in the family and community. To achieve this, CCAS is committed to continuous improvement in:

- (1) Enhancing our service framework; and
- (2) Supporting our staff in their direct work with children and families.

The Society has identified three strategic directions that will support the provision of the best possible services to children, youth and families within available resources. These include:

- Strengthen our Service Framework
- Provide a Safe, Healthy and Inclusive Work environment
- Focus on Organizational Excellence

# CCAS Business Plan: 2018-2019

## STRATEGIC DIRECTION #1: STRENGTHEN OUR SERVICE FRAMEWORK

### OBJECTIVES

- ✓ Provide the right services at the right time to prevent (further) maltreatment
- ✓ Promote the use of evidence informed and collaborative practices
- ✓ Provide access to culturally appropriate community-based services to children and families in a timely fashion through strong partnerships with service providers
- ✓ Strengthen families to safely care for their children wherever possible
- ✓ Engage clients in planning and decision-making wherever possible and appropriate
- ✓ Deliver the best possible services to support families and protect children where exposure to woman abuse is a concern
- ✓ Provide services within an anti-oppressive practice (AOP) and trauma-informed (TIP) framework
- ✓ Ensure early permanency planning
- ✓ Promote timely exits to permanency for children and youth in care
- ✓ Prevent admissions/readmissions where possible and safe to do so and support kinship as an alternative to care
- ✓ Increase use of ADR to support admission prevention and permanency

Projects/Initiatives	Key Activities: 2018-2021	Outcomes
<b>Continue to develop Early Help Framework</b>	<ul style="list-style-type: none"> <li>• Develop comprehensive framework early help/ wraparound service response building to strengthen families to safely care for their children</li> <li>• Pilot Wraparound service at Intake</li> </ul>	<ul style="list-style-type: none"> <li>• Early Help Framework developed and implemented</li> <li>• Staff have a common understanding of Early Help and how to access wraparound services to support families</li> <li>• Children/youth remain in family based care</li> </ul>
<b>Develop Anti-Racism, Anti-Oppression Service Framework (ARAO)</b>	<ul style="list-style-type: none"> <li>• Develop comprehensive framework that defines anti-racism and anti-oppression in the context of CCAS service, systems and culture</li> <li>• Orient staff to ARAO</li> <li>• Pilot OVOV Afrocentric Wraparound service response</li> <li>• Develop work plan to implement Indigenous Commitments</li> <li>• Implement Serving LGBT2SQ Children and Youth in the Child Welfare System Resource Guide</li> </ul>	<ul style="list-style-type: none"> <li>• Staff have a common understanding of ARAO and how ARAO provides as overall direction to service delivery approach at CCAS</li> <li>• Increased confidence within the organization and community that disproportionality is being addressed</li> <li>• Change in practice evidenced in CCAS data and feedback from children, youth and families and other stakeholders</li> </ul>

## CCAS Business Plan: 2018-2019

Projects/Initiatives	Key Activities: 2018-2021	Key Outcomes
<b>Implement Evidence Informed Practice (EIP)</b>	<ul style="list-style-type: none"> <li>• Continue to orient staff to Evidence Informed practice</li> <li>• Integrate EIP into case conferences, supervision, High Risk Committee and conferencing model</li> </ul>	<ul style="list-style-type: none"> <li>• Staff have a common understanding of EIP and how EIP provides an overall direction to the service delivery approach at CCAS</li> </ul>
<b>Implement Trauma-Informed Service Framework for CCAS (TIP)</b>	<ul style="list-style-type: none"> <li>• Develop comprehensive framework that defines trauma-informed practice in the context of CCAS services, systems and culture</li> <li>• Orientate staff to trauma-informed practice</li> <li>• Capacity building with staff, caregivers and volunteers</li> </ul>	<ul style="list-style-type: none"> <li>• Staff have a common understanding of TIP and how TIP provides an overall direction to the service delivery approach at CCAS.</li> </ul>
<b>Enhance VAW Collaboration</b>	<ul style="list-style-type: none"> <li>• Pilot CCAS/VAW Co-location Model at Ongoing Services</li> <li>• Continue with further collaboration and engagement with VAW agencies</li> <li>• Implement recommendations from VAW review of Child &amp; Youth Services and Resource Services</li> </ul>	<ul style="list-style-type: none"> <li>• Staff have an increased capacity for a gendered analysis to understand violence against women and its impact</li> <li>• Changes in practice evidences in CCAS data and feedback from children, youth and families</li> <li>• Improved collaboration and relationships with VAW partnerships</li> </ul>
<b>Continue to Strengthen Family-Based Care</b>	<ul style="list-style-type: none"> <li>• Pilot Wraparound service response for children/youth admitted to care</li> <li>• Transition child and youth from group care to family-based care</li> <li>• Promote Kinship service referrals</li> <li>• Promote Kin Finding for every child admitted</li> </ul>	<ul style="list-style-type: none"> <li>• Post admission Wraparound Pilot service response implemented and evaluated</li> <li>• Staff have a common understanding of how Family Based Care provides an overall direction to the service delivery approach at CCAS</li> <li>• The number of children /youth in family based care increases</li> </ul>
<b>Child, Youth and Family Services Act (CYFSA)</b>	<ul style="list-style-type: none"> <li>• Ensure staff participate in training and learning resources to support Proclamation of the CYFSA</li> <li>• Promote use of conferences/ADR prior to any court involvement</li> <li>• Promote use of conferences/ADR to decrease length of court involvement</li> <li>• Support staff with Voluntary Youth Service Agreements for youth 16 &amp; 17 years of age</li> </ul>	<ul style="list-style-type: none"> <li>• Staff have a common understanding of CYFSA and how it provides as overall direction to service delivery approach at CCAS</li> <li>• Staff are trained on CYFSA provisions</li> <li>• Changes in practice evidences in CCAS court /ADR referral data and feedback from children, youth and families</li> </ul>

# CCAS Business Plan: 2018-2019

## STRATEGIC DIRECTION #2: SUPPORT A SAFE, HEALTHY, INCLUSIVE AND FULFILLING WORK ENVIRONMENT

### OBJECTIVES

- ✓ Support worker safety on the job
- ✓ Engage staff, caregivers and volunteers at all levels of the organization
- ✓ Ensure a healthy and inclusive work environment that respects diversity among staff, caregivers, students and volunteers
- ✓ Support efficient, inclusive and timely communication across the organization
- ✓ Ensure that the physical work environment is safe and meets the needs of clients, staff, foster parents, students and volunteers, and the organization as a whole
- ✓ Provide timely, relevant and accessible information about CCAS to the public
- ✓ Promote a culture of self-care

Projects/Initiatives	Key Activities: 2018-2021	Key Outcomes
<b>Worker Safety</b>	<ul style="list-style-type: none"> <li>• Review and implement Phase II worker safety recommendations provided to the sector</li> <li>• Supervisors to ensure a safety plan is implemented as per the Collective Agreement and Agency safety protocols.</li> <li>• Obtain input from stakeholder groups including Joint Corporate and Local Health and Safety Committees, CUPE, and SLT</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of recommendations from Phase II</li> <li>• Supervisors implement safety protocols as required</li> </ul>
<b>Labour Relations</b>	<ul style="list-style-type: none"> <li>• Implement all aspects of the collective agreement as per the required timeframes</li> </ul>	<ul style="list-style-type: none"> <li>• Roles and responsibilities of all managers and supervisors under the new collective agreement understood and fulfilled</li> </ul>
<b>CCAS Intranet</b>	<ul style="list-style-type: none"> <li>• Continue with content development</li> <li>• Promote Intranet as single information hub for staff</li> </ul>	<ul style="list-style-type: none"> <li>• Departments develop and add new content</li> <li>• Employee usage measured by number of hits per page</li> <li>• Decrease in email communications</li> </ul>
<b>Integrate OACAS Leadership Competency Framework</b>	<ul style="list-style-type: none"> <li>• Develop performance appraisal format integrating competency framework categories and continuum</li> <li>• Develop succession planning process</li> </ul>	<ul style="list-style-type: none"> <li>• Staff are aware of the key behaviours associated with each competency for each level of leadership</li> <li>• Staff are aware of the Society's succession planning process</li> </ul>

# CCAS Business Plan: 2018-2019

## STRATEGIC DIRECTION #3: FOCUS ON ORGANIZATIONAL EXCELLENCE

### OBJECTIVES

- ✓ Demonstrate positive outcomes for clients with due regard to economy and efficiency to the ministry and the public
- ✓ Support Catholic identity as an expression of the social mission of the Catholic Church in accordance with the pastoral and ethical values of the Catholic community
- ✓ Demonstrate accountability and responsiveness to client feedback about service

Projects/Initiatives	Key Activities: 2018-2021	Key Outcomes
<b>Compliance with Broader Public Sector Accountability Act</b>	<ul style="list-style-type: none"> <li>• BPS Procurement Directive</li> <li>• BPS Expenses Directive</li> <li>• BPS Perquisites Directive</li> <li>• BPS Business Document Directive</li> </ul>	<ul style="list-style-type: none"> <li>• CCAS adopted the BPS Supply Chain Code of Ethics</li> <li>• CCAS Procurement policies are compliant with the Directive</li> <li>• Employee expense policies are compliant with the Directive</li> <li>• CCAS proactively manages perquisites in compliance with the Directive</li> <li>• CCAS publicly posts an annual summary of allowable perquisites</li> <li>• CCAS annually posts its Business Plan by October 1<sup>st</sup> of the fiscal year</li> </ul>
<b>Continue to Participate in Provincial Performance Indicators Project &amp; Public Reporting</b>	<ul style="list-style-type: none"> <li>• Collect PI data</li> <li>• Analyze PI data and recommend strategies for continuous improvement</li> <li>• Contribute validated PI data to the public reporting initiative</li> </ul>	<ul style="list-style-type: none"> <li>• PI data collected, validated and reported</li> <li>• Analytical strategy in place</li> </ul>
<b>Continue to improve Quality Improvement Plan (QIP) Compliance</b>	<ul style="list-style-type: none"> <li>• Prepare and implement Quality Improvement Plan (QIP)</li> </ul>	<ul style="list-style-type: none"> <li>• QIP data collected and validated</li> <li>• Board of Directors sign off</li> <li>• Analytical strategy developed</li> <li>• Increase in QIP compliance</li> </ul>
<b>Support Catholic Identity</b>	<ul style="list-style-type: none"> <li>• Hire Pastoral Consultant position</li> <li>• Review role of the PC vis-à-vis Service delivery functions and Organizational requirements</li> <li>• Catholic Charities review process scheduled</li> <li>• Integration of Catholic Pastoral and ethical values with Anti-Racism Anti Oppression practices</li> </ul>	<ul style="list-style-type: none"> <li>• Staff feedback reflects clear understanding of Catholic values</li> <li>• Catholic Charities review completed</li> </ul>

# CCAS Business Plan: 2018-2019

## CCAS Property Plan:

The CCAS long-term property strategy has been evolving since 2010 and currently there are four service site locations: Maitland Street (head office), Dufferin Mall, Drewry Street, and Birchmount Avenue. With the sale of the Maitland property in 2017, senior management made the decision to locate corporate services within front-line child protection sites. Initially, the desire was to secure two sites into which all locations would be consolidated (one east and one west location). However, after a significant search effort, the two-site strategy presented numerous challenges in terms of suitability of location and availability of optimal size for a location in the west corridor of the city. Subsequently, after reviewing all the options and consultation with the Service Management Team, the Executive Team landed and presented an option of a single site to the Board of Directors, which was approved in January of 2018.

The Society has leased approximately 96,000 square feet of office space at 2206 Eglinton Avenue East for its new location. The relocation project to a single site is in early stages of implementation. The governance structure has been shared with staff across the organization and the planning for next steps in consultation is underway. A Relocation Task Force has been struck, along with five key Working Groups to work through issues and opportunities inherent in a one-site model and the impact on service. This work will be led by a CCAS Project Manager. The concurrent planning for facilities management and strategy to accommodate the new site to CCAS business requirements will be led by an external resource with expertise in relocation strategy. Currently, it is expected that the relocation of staff to the new site will occur between April and November 2019.

## CCAS Sustainability Program:

The Society has been managing an annual funding reduction of 2% for the past five years as the result of the Ministry's funding model which was introduced in 2013/14. The funding model expired in 2017/18 however the Ministry advised CAS's to use the planning allocations from the 17/18 fiscal year to develop expenditure plans until the new allocations are received. In response to the funding reductions in 2013/14 CCAS developed a three year sustainability plan which successfully brought costs down and balanced the budget for the fiscal years of 2013/14, 2014/15, and 2015/16. The surpluses generated in those fiscal years were allocated to our Balanced Budget Fund (BBF), another feature of the funding model in which fiscal surpluses can be accrued by CAS's and applied to future years' expenditures.

In 2016 our Board of Directors, recognizing that the BBF would be depleted in 2018/19, directed the Society to develop and implement a second sustainability plan. This three year plan spans from 2017/18 – 2019/20 and addresses the deficits projected for 2018/19 and beyond. The plan, based on sustainability strategies has put CCAS on a balanced track for the next two years. It utilizes a blend of strategies on expenditure management, revenue sources maximization, and service volume analysis accompanied by appropriate staffing level adjustments to help us deliver the same quality and level of services within our existing allocation.

The key elements of the Sustainability program are levers of change in service delivery; right-sizing of the organization, and departmental reviews of corporate services.

Six levers of change in service delivery:

- Reduce the rate of opening at Investigation
- Reduce the rate of transfer from Intake to Ongoing Services
- Reduce the length of service at Ongoing Services
- Reduce the rate of admissions to care

## CCAS Business Plan: 2018-2019

- Reduce the length of time in care for children \* (key focus for 2018/19)
- Reframe the use of legal services and court related processes

Right-sizing of the organization includes the implementation of a voluntary exit option for all employees during fiscal 2017/18, staffing realignment, attrition and vacancy management and the implementation of a hiring freeze in designated service areas of the organization.

Departmental reviews have been conducted in human resources and legal services. Further corporate departmental reviews will be considered.

The sustainability program is integrated into our service and property plans. Together, they are designed to preserve CCAS's ability to deliver excellent child welfare services, optimize permanency for children, and assist in our ability to respond to the Ministry's accountability expectations.

### Performance Measurement

Children's Aid Societies understand the importance of measuring performance and outcomes for children and their families. The Performance Indicators (PIs) project is a province-wide initiative designed to help Children's Aid Societies measure and monitor the quality of their services.

The provincial performance measurement system examines 26 child welfare performance indicators (PI's) on child safety, permanency and well-being. Of the 26, five performance indicators were selected by the Ministry for public reporting in April 2015. The five PI's measure recurrence of protection concerns in a family after investigation, protection concerns in a family after ongoing services were provided, time to permanency for children in care, days of care by placement type, and the quality of the caregiver-child relationship for children in care. PI results are publicly reported at both the provincial and individual society level.

In March 2018, CCAS submitted its PI's for public reporting to the ministry. Our results for the most recent submission are as follows:

- Recurrence of Protection Concerns in a Family after Investigation - CCAS (11%); Provincial Average 17%
- Recurrence of Protection Concerns in a Family after Ongoing Services were provided - CCAS (11.1%); Provincial Average 18%
- Time to Permanency - CCAS (60% were discharged within 12 months of admission); Provincial Average 62%
- Days of Care by Placement Type - CCAS (68.2%) of all days care provided were family-based care; Provincial rate is 79%
- Quality of the Caregiver/Child Relationship - (children/youth in care rated the quality of the relationship with their primary caregiver on a scale of 1-8. On average, CCAS had 6.9 out of a possible score of 8 on a standardised measure for both 10-15 and 16-17 year olds compared to the provincial average of 6.6/6.7 out of 8 for 10-15 year olds, and 6.2-6.4 for 16-17 years.

## CCAS Business Plan: 2018-2019

Our results across the PIs have been quite stable over time, and we continue to have a low rate of recurrence compared to the Province. For the most part, there are many differences between agencies in terms of socio-economic factors, demographics and service models. In order to make appropriate comparisons, the Ministry and field, as recommended by the Commission to Promote Sustainable Welfare, are in the process of developing a “statistical neighbours’ model”, which groups CASs who serve similar populations together for the purpose of comparison. The five (5) Performance Indicators, which can also be viewed on the [CCAS Website](#). 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 supports.

### 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.

## CCAS Business Plan: 2018-2019

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 – They 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 they 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

## CCAS Business Plan: 2018-2019

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.

### Contact Information

For more information about CCAS, including how to contact us, please visit our website at [www.torontoccas.org](http://www.torontoccas.org).

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