

BUILDING STRONGER FAMILIES

*An Action Plan
to Transform
Child and Family Services*

Introduction

Child and family services in the Northwest Territories are delivered under the authority of the *Child and Family Services Act* (the *Act*). The *Act* came into force on October 30, 1998, and provides the legislated mandate for child protection workers and other designated officials to intervene in situations where a child protection concern may exist. The *Act* makes it mandatory for anyone who suspects that a child is being abused or neglected to report the matter to a child protection worker. Child protection workers are required by the *Act* to investigate all reports of suspected child maltreatment, and to take action when children are being, or are at risk of being, abused or neglected.

The ultimate accountability for the delivery of child and family services rests with the Minister of Health and Social Services. Service delivery is delegated to the Boards of Management of seven regional Health and Social Services Authorities (Regional Authorities) by way of a Delegation Order under the *Act*. In addition, the Minister appoints a Director of Child and Family Services (the Director) to ensure that the provisions of the *Act* and its Regulations are carried out. The Director appoints the Chief Executive Officers of the Regional Authorities as Assistant Directors, and delegates the Director's duties and powers to them for their respective regions of operations. The Director also appoints child protection workers who assist the Director, and Assistant Directors, in the performance of their duties under the *Act*.

The paramount objective of the *Act* is to promote the best interests, protection and well-being of children. The *Act* applies to all children, from birth to age 16, with the option of extending services delivered under the *Act* to age 18.

In 2010 the Standing Committee on Social Programs of the 16th Legislative Assembly undertook a comprehensive review of the *Act*. The Committee commissioned work on best practices, received departmental briefings, met with stakeholder groups, conducted confidential interviews with current and former clients of child and family services, and heard from 266 people in ten communities in all seven regions of the NWT. In total, the Committee made 73 recommendations for improvement, both to the *Act* and to the delivery of child and family services, eight of which were pivotal and from which the remainder flowed:

- 1) Focus on prevention and early intervention, helping families to stay together and heal; including expansion of the Healthy Families Program into every community;
- 2) Take the least intrusive measures possible to deliver child welfare services, with increased emphasis on collaborative processes to solve family problems;
- 3) Set up and fund Child and Family Service Committees in every community, as set out in the *Act*; providing resources to communities taking more responsibility for child welfare;
- 4) Provide alcohol and drug treatment, readily accessible and convenient to all communities;
- 5) Extend child and family services to youth aged 16 – 19, with provisions to assist young adults to age 23;
- 6) Improve the administration of Child and Family services by updating procedures, with particular emphasis on increasing extended family placement, custom adoptions, and community-based solutions;

- 7) Develop a comprehensive anti-poverty strategy that includes coordinating the work and policies of the departments of Health and Social Services, Education, Culture & Employment, Justice, and the NWT Housing Corporation in areas related to child welfare, such as social assistance, legal aid and housing;
- 8) Develop a strategic plan at the Department of Health and Social Services, incorporating the recommendations of this report, starting with a response within 120 days.

Significant progress has been made on most of these overarching recommendations. A recent 11-year retrospective examination of services delivered under the *Act*¹ revealed some very positive trends. The ratio of voluntary services to court-ordered services is increasing; voluntary plans of care are trending upward, while supervision orders and temporary care and custody orders are trending downward; the proportion of children receiving services at home is increasing. The initiatives within this Action Plan will maintain the momentum toward ongoing improvements to child and family services. In recognition of the commitment of the Standing Committee on Social Programs to the children and families of the NWT, the title of this Action Plan, *Building Stronger Families*, is taken from the subtitle of the Committee's report to the Legislative Assembly.

In October 2013 the Office of the Auditor General of Canada (OAG) undertook an audit of the Northwest Territories Child and Family Services Program, delivered under the *Act*. The audit sampled 46 child protection files and 36 foster family files, drawn from the period April 2010 to September 2013, and selected from three of the seven Regional Authorities.

The Auditor General found weaknesses in both the administration of child and family services by the Department, and in the delivery of child and family services by the Regional Authorities. The Auditor General presented his report, with 11 recommendations, to the Legislative Assembly in March, 2014. The Department accepted all 11 recommendations, which ranged from changes in the accountability structure, through better performance reporting, to enhanced prevention programming. By the time the report was presented, the Department had in place a draft action plan to implement each of the recommendations.

In April and May of 2014 the Standing Committee on Government Operations of the 17th Legislative Assembly reviewed the OAG report, held public hearings, and issued its own report and recommendations. In addition to endorsing the 11 recommendations made by the Auditor General, the Committee added 19 additional recommendations of its own for improvements in the management and delivery of child and family services.

Over 100 recommendations with respect to changes necessary in child and family services have been made over the past four years. The nature and extent of these recommendations highlight the pressing need for instrumental changes in the administration, management and delivery of Child and Family Services. This Action Plan describes how these changes will be accomplished.

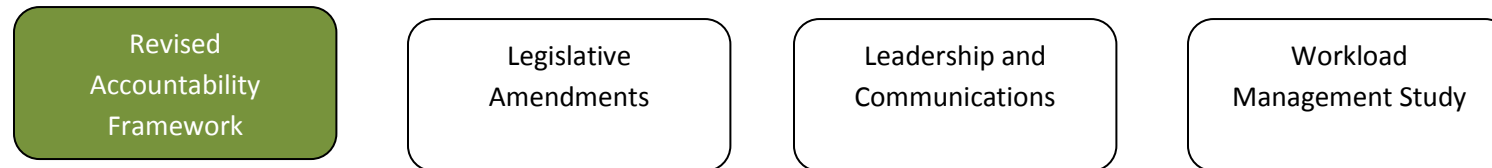
The overall goal of this Action Plan is to improve the quality of child and family services, with a view to achieving better outcomes for children and their families when they require services under the *Child and Family Services Act*.

¹ *Report of the Director of Child and Family Services for the Years 2002 – 2012*, Department of Health and Social Services, May 2014.

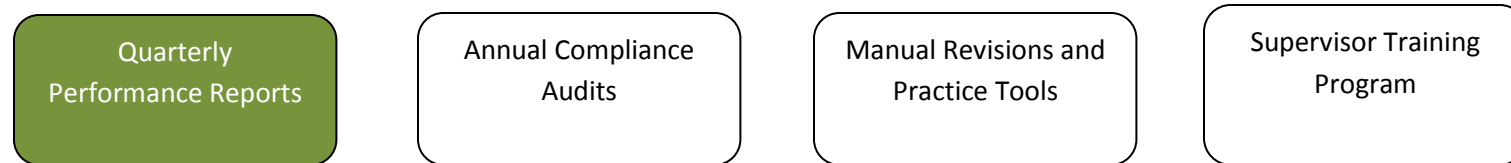
Scope of the Action Plan

Substantive changes are required system-wide: with respect to how Child and Family Services are *administered and managed*; to *risk management and quality assurance* mechanisms, and to how Child and Family Services are *delivered* at the community level. The major elements of the Action Plan are identified below:

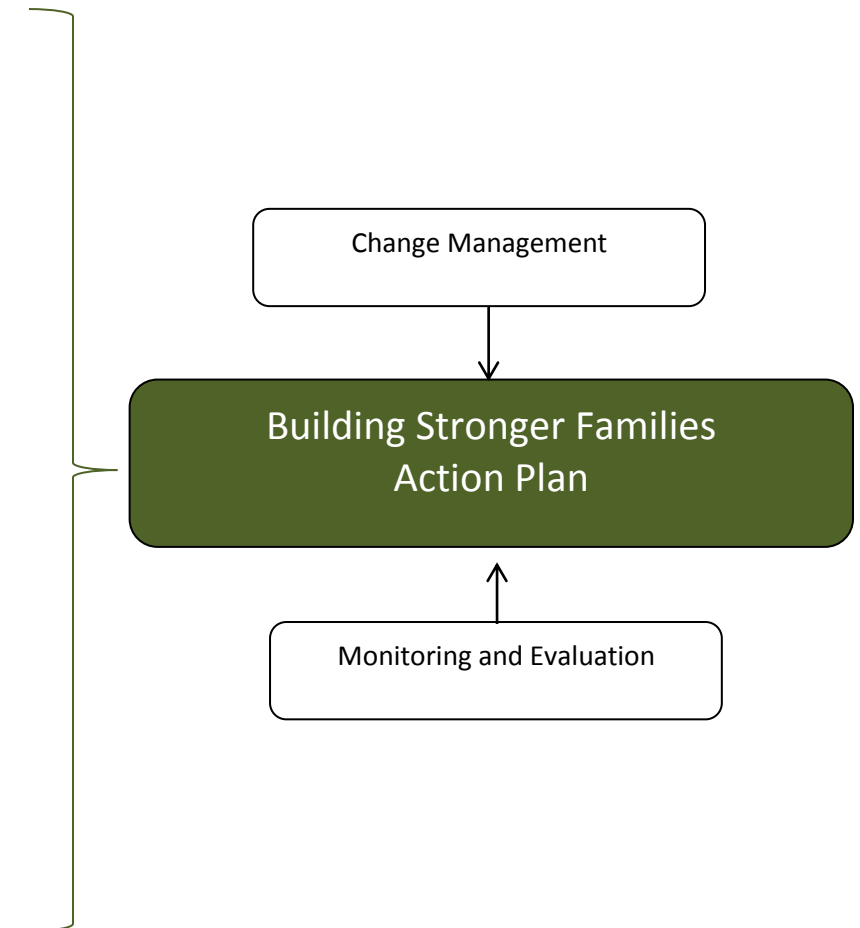
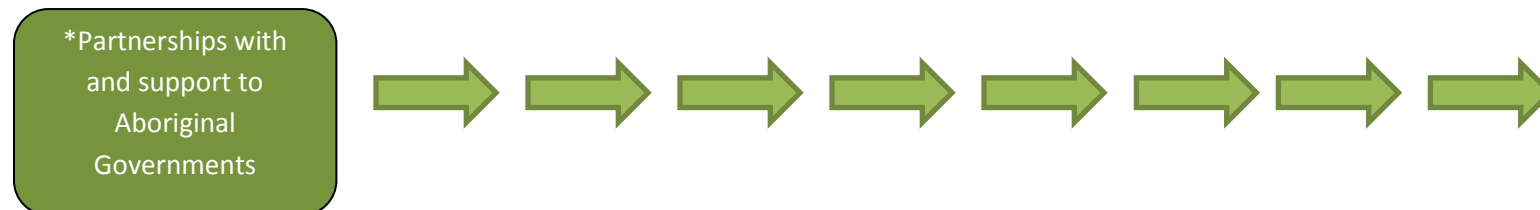
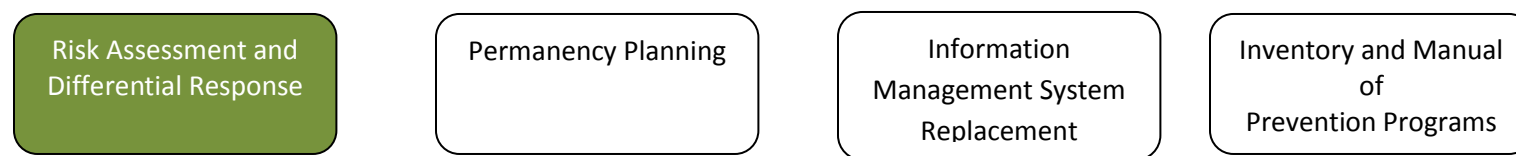
Program Administration and Management



Risk Management and Quality Assurance



Service Delivery and Child Protection Practice



The *Building Stronger Families* Action Plan encompasses twelve separate initiatives, along with a change management strategy and an evaluation component. The twelve initiatives are described in the pages that follow. There are three companion documents that form integral parts of the Action Plan (highlighted in green on the chart):

Revised Accountability Framework for Child and Family Services (Tab 1)
Quarterly Performance Reporting for the Management of Child and Family Services (Tab2)
Risk Assessment and Differential Response in the Delivery of Child and Family Services (Tab3)

All twelve initiatives are presented in tabular form in Appendix 1 (Tab 4), which identifies specific deliverables, responsibilities, time lines and current status. Appendix 2 (Tab 5) presents a chart in calendar form, outlining the timing and sequencing of each initiative.

“Respect, Recognition, Responsibility” is the foundation of the GNWT’s approach to working together with Aboriginal Governments in the NWT. It was developed based on discussion with Aboriginal Governments and community leaders. “Building Stronger Families: An Action Plan to Transform Child and Family Services” acknowledges the roles Aboriginal Governments play in the delivery of programs and services and recognizes their future interests in drawing down the authorities associated with the delivery of child and family services. We are committed to be open, flexible and responsive in working with the diverse governance structures of regional Aboriginal Governments and understanding the unique interests and challenges of each region and community. Upon request, the Department will work in partnership with Aboriginal Governments, share information and knowledge, and help build capacity.

Program Management and Administration

Revised Accountability Framework

<u>Goal</u>	<u>Outcome</u>
Clarified roles and responsibilities for the management and delivery of child and family services.	Improved accountability for compliance with the <i>Child and Family Services Act</i> and the Standards and Procedures Manual

Responsibility for the delivery of child and family services is delegated to seven Regional Health and Social Services Authorities (Regional Authorities). Child protection workers (CPWs) are appointed by the Director of Child and Family Services to deliver services under the *Act*. CPWs have a statutory reporting relationship to the Director, but within their respective Regional Authorities they report on a day-to-day basis to supervisors, who report to managers, who report to Directors, who report to the Chief Executive Officers (CEOs).

In the words of the Auditor General, *“We found that the current accountability framework leaves the Director of Child and Family Services with little control over the day-to-day decisions for which he is ultimately accountable under the Act. The Director authorizes child protection workers to exercise many of his duties and powers, and to make decisions on his behalf. However, those workers are employed by the regional authorities and receive direction from management who do not report and are not accountable to either the Department or the Director for child and family services delivered in their jurisdiction.”*

This was the observation made by the Auditor General during the audit of the child and family services program, resulting in a recommendation that the Department review the accountability framework and find ways to improve it. The *Act* enables the appointment of Assistant Directors, to whom most of the Director’s powers and duties may be delegated for specific communities. Appointing the Regional Authority CEOs as Assistant Directors would make them accountable to the Director for the delivery of services under the *Act*, thereby significantly improving overall accountability within child and family services.

A companion document to this Action Plan, ***Revised Accountability Framework for Child and Family Services***, describes the many steps the Department will be taking to improve accountability in child and family services. In the shorter term, the accountability framework for child and family services will be strengthened. In the longer term, the accountability framework for the health and social services system will be revised to reflect a single operating authority. Some Aboriginal Governments have negotiated, or are in the process of negotiating, jurisdiction over child and family services; and may choose to draw down this jurisdiction in the future. The Department is committed to working with Aboriginal Governments to support a smooth transition of jurisdiction and will update the accountability framework accordingly as required.

Legislative Amendments

<u>Goal</u>	<u>Outcome</u>
To enact changes to the <i>Child and Family Services Act</i> in response to recommendations of the Standing Committee on Social Programs	A revised <i>Act</i> that is more responsive to the needs of children and youth, and their families and communities

In 2009 the Standing Committee of Social Programs (SCOSP) was directed by the Legislative Assembly to review the *Act*. In so doing the Committee conducted a literature review, interviewed current and past clients of child and family services, received departmental briefings, consulted with key stakeholders and heard from over 250 people in 10 communities which the Committee visited. The Committee's comprehensive report was tabled in the Legislative Assembly in October 2010.

The Committee made a total of 73 recommendations for improvements to child and family services, including 13 that were directed toward amending the *Act*. In consequence, the Department will be proposing the following amendments to the current *Act*:

- Defining 'youth' as a person from the age of 16 to the age of majority (19);
- Allowing the Director of Child and Family Services to apply to the court for a declaration that a youth needs protection;
- Extending the services offered under support services agreements, including housing supports;
- Extending support services to youth who were in the permanent care of the Director of CFS before they reached the age of majority, until they reach the age of 23 years;
- Requiring the Director of Child and Family Services to develop a written transition case plan for youth leaving the permanent custody of the Director;
- Allowing for additional and optional roles for Child and Family Services Committees;
- Requiring the Director of Child and Family Services to advise a child, youth, and parents of their right to be represented by legal counsel;
- Requiring a child protection worker to notify a child's Aboriginal organization of an apprehension hearing, if the child is an Aboriginal child;
- Requiring the Legislative Assembly, or a committee designated or established by the Legislative Assembly, to review the provisions and delivery of the *Act* every five years;
- Adding prostitution and prostitution-related activities under the provisions stating the circumstances for a child needing protection;
- Amend the *Act* to remove the word 'repeatedly' from the provisions addressing the circumstances of a child needing protection during the exposure to domestic violence, s.7(3)(j) and s.7(3)(k);
- Establishing time limits for temporary care based on the child's age.

The legislative proposal has been reviewed by the Standing Committee on Social Programs, and has received Cabinet approval to proceed with legislative drafting. The drafting instructions were approved in May, 2014, and the drafting of the proposed amendments is proceeding. It is anticipated that the amendments will be brought forward to the Legislative Assembly in May or June of 2015.

If the amendments are passed, there will be a need to revise the standards and procedures manual, and to revise the statutory training program for child protection workers.

Leadership and Communications

<u>Goal</u> To support transformative change in the management and delivery of child and family services	<u>Outcome</u> Timely and effective management and operational changes
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In some important respects the issues identified by the Auditor General reflected deficiencies in the leadership of child and family services, both within the Department and within the Regional Authorities. As the Deputy Minister noted during the public hearings held by the Standing Committee on Government operations, there had been significant changes in leadership at senior levels over the last ten last years. When leaders come and go, the initiatives that they champion are placed in jeopardy.

Senior public servants are notably risk-averse, with good reason. Child protection services are notably high-risk activities. The analogy of mixing oil and water comes to mind. For some senior officials, “out of sight is out of mind” defines the optimal comfort level when it comes to child protection services.

In spite of the fact that child and family services figure prominently in the Department’s strategic plan, *Building on Our Foundation 2011 – 2016*, in reality senior leadership is continually faced with juggling competing priorities.

However, these considerations should not diminish the need for stronger and more effective leadership. Steps have been taken to reconvene the dormant Directors of Social Program Forum (comprised of the Directors of Social Programs in the Regional Authorities and the Executive Director, Territorial Social Programs). The Forum will teleconference quarterly, and will meet annually, to consider directions and priorities for child and family services.

The Forum will also become the corporate entity responsible for the implementation of this Action Plan.

The Forum has been given a seat on the Joint Senior Management Committee (comprised of the Department’s executive committee and the Chief Executive Officers of the Regional Authorities), and social program updates will become a standing item on the Committee’s agenda. As noted previously, the Regional Authority CEOs have been appointed Assistant Directors under the *Act*, and have been delegated the Director’s powers and duties.

Effective leadership requires effective communications. A communications plan specific to the initiatives contained within this Action Plan is under development.

Workload Management Study

<u>Goal</u>	<u>Outcome</u>
To assess the human and financial resources required to meet the obligations of the <i>Child and Family Services Act</i>	A fair, equitable and adequate distribution of resources across all seven Regional Authorities

In the report on the audit of child and family services, the Auditor General observed that:

“At the time of the authorization in 1998, the Department set the level of funding that each regional authority was to receive to assist in the delivery of child and family services. However, the Department provided no evidence that these funding levels were based on an assessment of resources required to deliver on obligations under the Act...”

Consequently, the Auditor General recommended that the Department, in conjunction with the Regional Authorities, undertake a detailed assessment of the human and financial resources required to deliver child and family services. To a large extent, the financial resource requirement will be driven by the human resources required to meet the obligations of the *Act*.

There are no national standards for child protection caseloads, although 20 cases per worker is a number that appears frequently in the literature. The difficulty in arriving at an acceptable caseload number is that each child and family requiring services presents with issues that can vary widely in complexity. Case complexity determines the amount of time, effort and resources required to provide appropriate services. There are no universally endorsed methods for measuring case complexity. Nevertheless, the Standing Committee on Government Operations is of the view that caseload standards must be established, and consequently made a motion to that effect:

*Committee Motion 67-17(5):
Caseload Standards for Child Protection Workers*

Moses: I move that the Department of Health and Social Services establish territory-wide caseload standards for child protection workers. And further, that the department ensure that the caseloads are fairly balanced across regional authorities. And furthermore, that the due consideration be given to regional variation of duties, demands and available resources.

The motion carried.

The first step in determining the human resource requirement and establishing caseload standards will be to measure current workloads, and to determine how workloads are currently being managed. Toward that end, the Department will engage the services of the Child Welfare League of Canada (CWLC). The CWLC undertook a review of the child and family program shortly after the *Act* was proclaimed in 1998. The results of that study, which included an assessment of caseloads, were published in 2000 in the report *It Takes A Community*. The report anticipated the challenges which will have to be overcome in order to assess the human resource requirements in child and family services:

“There is no useful quantification of child welfare work in the NWT. Although several offices have developed methods to serve their immediate purpose, none of the information provided the kind of dynamic data which could support effective planning and resource deployment, nor could it tell the story of what was occurring on a case basis. There was no consistent agreement on what constitutes a case, what work should be counted, and on the amount of time or percentage of full time equivalency that a social worker dedicates to child welfare. Therefore, the development of a benchmark is not readily achievable.”²

That was the situation in the year 2000. Fourteen years later the situation remains the same. The Department will be contracting with the CWLC to conduct a workload study as the first step in assessing the human resource requirement in child and family services. The project charter is expected to be completed by the end of August, work will begin in September, and a final report will be due by the end of March, 2015.

² *It Takes a Community*, Child Welfare League of Canada, 2000, p.39

Risk Management and Quality Assurance

Quarterly Performance Reports

<u>Goal</u>	<u>Outcome</u>
To achieve regular and consistent performance reporting in the delivery of child and family services	Improved program management, monitoring and evaluation, and quality assurance

In response to the Auditor General's recommendation that the Department review the accountability framework for child and family services, the Department committed to several actions, including the development of a quarterly performance measures report that each Regional Authority will submit to the Director. In reviewing the Auditor General's report, the Standing Committee on Government Operations confirmed the need for quarterly reports, as expressed in a motion presented to the Legislative Assembly:

*Committee Motion 49-17(5)
Quarterly Updates*

Nadli: I move that the Department of Health and Social Services provide quarterly updates to the Standing Committee on Social Programs on the improvements to child and family services. And further, that these updates replicate indicators associated with exhibits three, four, five and six of the Auditor General's report pertaining to the following areas respectively:

- *Conducting investigations.*
- *Addressing confirmed child protection needs.*
- *Attending to children in the care of the Director.*
- *Screening and reviewing foster homes.*

The motion carried.

The indicators within the exhibits to which the Standing Committee was referring are reproduced in Table 1.

Table 1

Exhibit 3 Investigations	Exhibit 4 Plan of Care	Exhibit 5 Temporary and Permanent Care	Exhibit 6 Foster Homes
All child protection concerns brought to the attention of child protection workers must be investigated	A plan-of-care agreement must be signed within 23 days after a child protection worker receives a report of concerns about a child's safety or well-being.	Regular contact must be maintained with children, according to the minimum contact guidelines set out in the <i>Act</i> : <ul style="list-style-type: none"> • One face-to-face contact must take place every two or three months (depending on whether the child is in temporary or permanent care); • At least every second visit must take place in the home; • At least one private contact with children must take place every six months (if in permanent care). 	Foster care applicants must be screened to determine their eligibility as follows: <ul style="list-style-type: none"> • Reference letters must be obtained from three people who have known the applicants for a minimum of three years (for regular foster care homes); • Criminal records checks must be completed; Departmental record checks must be completed, to identify and previous or outstanding child well-being or safety concerns about the applicants; • Medical information must be obtained (for regular foster homes); • An initial home study must be completed; • An agreement and oath of confidentiality must be signed.
All investigations must be completed within 30 days after the initial report of concern	All parties involved in the plan-of-care agreement must agree with the conditions and sign the agreement.	A case review must be conducted every four months (for children in temporary care) or every six months (for children in permanent care) to determine whether any changes in services to children are needed.	Annual reviews of foster care homes must be conducted to help ensure ongoing high quality of care.
In each investigation, interviews must be conducted with the parents, the children, and others who may have relevant information about the child and family	Compliance with the conditions of the plan-of-care agreement must be monitored according to the minimum contact guidelines set out in the Child and Family Services Manual: <ul style="list-style-type: none"> • one face-to-face contact must take place with the child and his or her family per month; • At least every second visit must take place in the home; • One private contact with the child must take place every six weeks. 		
In each investigation, a safety assessment must be conducted to determine whether there are any factors threatening the immediate safety of the child			
Each investigation must include a longer-term assessment of risk of future harm or the potential for re-occurrence of abuse or neglect.			

In the continuing effort to improve the management of child and family services, in September 2014 the Regional Authorities will begin the process of quarterly reporting on a standardized set of performance indicators. The quarterly reports will monitor caseloads using a dashboard approach, which will allow for tracking changes over time, for making comparisons across the Regional Authorities, and for consolidating regional information at a territorial level.

The dashboard will track both voluntary services (plans of care, voluntary agreements and support service agreements), and court-ordered care and custody (supervision orders, interim orders and temporary and permanent orders). It will also track reports of suspected child maltreatment, investigations, and investigation outcomes. The dashboard will also monitor the opening and closing of foster homes, will record foster home inspections, and will provide information on the types of foster homes in operation (regular, provisional and extended family).

A companion document to this Action Plan, ***Quarterly Performance Reports for the Delivery of Child and Family Services***, provides an example of what the quarterly reports will look like.

Annual Compliance Audits

<u>Goal</u>	<u>Outcome</u>
To achieve regular and consistent assessment of compliance with the <i>Child and Family Services Act</i> and the Standards and Procedures Manual	Improved risk management, quality assurance and accountability

The Auditor General recommended that the Department conduct annual audits on each Regional Authority, and that the Regional Authorities also regularly assess their compliance with the *Act* and the standards and procedures manual. The Standing Committee on Government operations concurred with the Auditor General’s recommendations, and made motions to that effect. Both motions passed.

Having the Department and the Regional Authorities each conduct annual audits would not be the most effective use of existing resources. Consequently, this Action Plan proposes the deployment of three-person audit teams which would see each Regional Authority audited for compliance on an annual basis. The audit team would be led by the Quality Assurance Specialist in the Child and Family Services Program, and would include an internal auditor from the Regional Authority being audited, along with an external auditor from some other Regional Authority. This approach meets the spirit of the recommendations, in that both the Department and the Regional Authorities assess compliance on an annual basis. It also adds objectivity by having an external auditor involved in each audit.

The implementation of annual compliance audits will require the design of a common audit tool and a common reporting template for use in each Regional Authority. The audit tool will be designed so as to capture, at a minimum, the data set contained within Exhibits 3, 4, 5 and 6 of the Auditor General’s report on the

audit of child and family services. The audit tool will need field-testing for validation, and the three-person audit teams will require training on the proper use of the audit tool.

The audit tool will be developed in the fall of 2014 and field-tested during the winter. Annual audits will be initiated at the beginning of the 2015/16 fiscal year.

Manual Revisions and Practice Tools

<u>Goal</u>	<u>Outcome</u>
To provide child protection workers with guidance and tools to support their functions under the <i>Child and Family Services Act</i> .	Fair, equitable and consistent service delivery in all NWT communities

Revisions to the *Child and Family Services Standards and Procedures Manual* (the Manual) have been ongoing for several years. Both the Auditor General and the Standing Committee on Government Operations recognized the need to complete the revisions on an urgent basis. So too does the Department, and consequently this action item has been given a much higher priority.

The current Manual contains ten sections:

1. Philosophy, Principles and Mandates
2. Child and Family Services Committees
3. Administration of Child and Family Services
4. Referral and Investigation
5. Voluntary and Support Services
6. Plan of Care Committees
7. Court Requirements
8. Case Management
9. Placement Services, including Foster Care
10. Permanent Custody for the Purpose of Adoption

Overall, the current Manual contains almost 200 standards, forms and attachments which need to be reviewed, verified and updated if necessary. In addition additional standards, forms and practice tools need to be developed to reflect legislative and policy changes, and the emergence of new best practices, since the Manual was originally prepared in 1998.

By mid-summer, 2014, revisions to five of the ten sections (3, 4, 7, 8, and 10) were well underway, with the expectation that by the end of September they will be ready for peer review by teams of child protection workers and supervisors from the Regional Authorities. The process will be repeated for the remaining section in the fall of 2014, with a view to having the revised and updated manual ready for distribution by January 2015.

Supervisor Training Program

<u>Goal</u> To provide supervisors with the knowledge and skills required for effective case work supervision	<u>Outcome</u> Improved case management and compliance with legislation, policy and standards
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At the present time, supervisor training within child and family services happens on an *ad hoc* basis, depending upon individual needs and the resources available within the Regional Authorities. There is an emerging consensus within program management that many of the compliance issues noted by the Auditor General could be alleviated through more effective case work supervision. Consequently, the Department has committed to developing a supervisor training program that would become required for all supervisors. This would be similar to the statutory training required of all child protection workers, but with a focus of supervisory functions.

Jurisdictional research and a review of best practices in supervision is scheduled to begin in October, 2014, with a view to developing the curriculum, resources and training materials during the last quarter of 2014/15. The goal will be for all current supervisors to complete the training program in 2015/16, and thereafter to make the training program mandatory for all new supervisors.

Service Delivery and Child Protection Practice

Risk Assessment and Differential Response

<u>Goals</u>	<u>Outcomes</u>
To adopt a standardized approach to assessing immediate safety needs and future risks of harm	Better decisions about the steps that need to be taken to protect children from harm
To enable a different set of interventions in cases of child neglect as compared to the interventions for cases of child abuse	A more family-centered and supportive response to alleviate child neglect and prevent children from becoming in need of protection

In its 2010 report to the Legislative Assembly, the Standing Committee on Social Programs noted,

“The intention of the Act is to create collaborative conditions for child welfare decision-making. Traditionally and historically, child welfare practice has been highly adversarial; it has been characterized by the assumptions that parents are wrong and the government is right, and if this assumption was disputed, the parent was expected to prove their innocence in court against the case file of the child protection worker, often without any legal assistance.”³

The first two over-arching recommendations made by the Standing Committee to the 16th Legislative Assembly were responsive to this observation:

- 1) *Focus on prevention and early intervention, helping families stay together and heal;*
- 2) *Take the least intrusive measure possible to deliver child welfare services, with increased emphasis on collaborative processes to solve family problems.*

Adopting a differential response approach will go a long way toward meeting those recommendations. Differential response is a relatively new way of dealing with child protection concerns, which over the past decade has been adopted in many jurisdictions, including some Canadian provinces. It is grounded in the observation that child *abuse* and child *neglect* are different. They have different origins, run a different course, and have different impacts and outcomes for children. The idea behind differential response is very simple: one course of action is appropriate for cases of abuse, and a different course of action is appropriate for cases of neglect.

In applying a differential response approach, cases of abuse are dealt with in the conventional fashion, through the conduct of investigations and intervention in court. Cases of neglect however, are dealt with in a collaborative fashion, by offering supports and various forms of assistance to parents and family.

³ Report on the Review of the Child and Family Services Act, p.25

The first step in moving toward a differential response approach requires that Child Protection Workers have tools at their disposal to allow them to assess threats to a child’s immediate safety and the potential for future harm. As the Auditor General observed in his report to the Legislative Assembly,

“We found that regional authorities did not always perform the required steps within investigations to determine whether the children were safe. Required steps that were not performed included completing a safety assessment...In addition to requiring investigations of immediate safety concern (the Act) also requires longer-term risk assessment...Neither the Department nor the regional authorities had developed a tool to assist child protection workers in assessing longer-term risks to children.”

In response to this observation and the Auditor General’s subsequent recommendation, the Department and the Regional Authorities will be adopting a set of standardized risk assessment instruments that will assist Child Protection Workers in assessing both immediate safety threats and longer-term risks of future harm. A companion document to this Action Plan, ***Risk Assessment and Differential Response in the Delivery of Child and Family Services***, provides greater detail on the adoption of risk assessment tools and outlines how the introduction of differential response will be integrated in this Action Plan.

Permanency Planning

<u>Goal</u>	<u>Outcome</u>
A long-term plan for every child in permanent care and custody, at the earliest opportunity	Each child’s needs and entitlement to permanent caregivers are met, at the earliest opportunity

Permanency planning is based on the principle that every child has the right to a permanent family, with the child’s family of origin as the first option. Every child who is taken into care should have a permanency plan – a plan that lays out the steps, the services and the outcomes required to re-unite the child with his or her family. Best practice in permanency planning is to develop the plan at the moment the child is first taken into care. Best practice also includes concurrent planning (“Plan B”) in the event that efforts to re-unite the child with the family of origin fail. Concurrent plan options might include permanent placement with extended family, kinship care, adoption, or other arrangements for the child to live in a permanent family setting. For older youth, permanency planning involves preparing the youth for the transition to adulthood, and ensuring that in doing so the youth has a lasting relationship with at least one other adult.

As of August 1, 2014 there were 142 children and youth, ranging from less than one year old to 17 years of age, in the permanent care and custody of the Director. Almost all of these children and youth came into permanent care because their child protection worker believed that their parents would be very unlikely to ever adequately care for them, and the court agreed with the child protection worker. Sometimes the parents also agree, and the application for permanent care and custody is uncontested. A number of children in permanent care have specialized medical and/or psychological needs that are well beyond the resources of the family.

Most children in permanent care live with foster parents, some of whom are members of the child’s extended family. Foster parents provide a loving home and a nurturing environment, and give their foster children what any parent would. However, the Director remains their legal guardian, and as such cannot delegate his parental responsibilities to children in permanent care and custody. Thus, the Director, and by implication, the Minister and the Department retain a special relationship and obligation to these children – that of a parent.

When an ordinary child reaches the age of majority, their parents continue to be their parents for the rest of their lives. Not so for children in permanent care; when they reach the age of majority the Director’s parental responsibilities cease under the *Act*, and the young adult effectively becomes parent-less. Ideally, every child coming into permanent care and custody would be adopted, thereby acquiring new and permanent parents. In reality however, that happens only infrequently. The older a child is, and the longer the child has been in permanent care and custody, the lower the chances of adoption.

Of the 142 children and youth in permanent care and custody on August 1, 60 (42%) were between the ages of 15 and 18 years. At those ages youth are unlikely to be adopted, and are expected to make the transition to adulthood as permanent wards of the government. On average, these youth had spent between nine and ten years in permanent care and custody. Another 39 children (27%) were between the ages of 11 and 14 years, and on average had spent between six and seven years in permanent care and custody.

The Director has initiated a formal review of all children and youth in permanent care and custody. This review will not only assess compliance with the requirements of the *Act* and Manual, but more importantly will determine the adequacy and appropriateness of each child’s and youth’s permanency plan.

Information Management System Replacement

<u>Goal</u>	<u>Outcome</u>
To replace a dated and unsupported management information system with a more functional and fully-supported system	Accurate and timely case practice and program management information

As of January 1, 2014 the current child and family services information system was no longer supported by the original vendor. Anticipating this event, during 2013 the Department sought and received approval and funding to replace the information system (\$3 million over three years). The information system must serve several functions simultaneously: it provides a documentary record of services delivered under the *Act*; it provides management information required for program planning and administration; and most importantly, it is a tool that enables child protection workers to perform their duties effectively and efficiently. The existing information system could be much improved in each of these functions.

The project charter for information system replacement was approved early in 2014, and a Request for Proposals (RFP) for project management services was issued in May. The sole proponent to the initial RFP did not fully meet the required qualification, and consequently it has been re-issued. Once the project manager is in place, the first task will be to develop the Terms of Reference for a second RFP, this one seeking a qualified contractor to replace the existing information system.

Inventory and Manual of Prevention Programs

<u>Goal</u>	<u>Outcome</u>
To compile a comprehensive listing and description of all prevention programs available in each NWT community	Child protection workers are informed of all prevention programs that might be of benefit to their clients

The Auditor General noted that...

“...neither the Department nor the regional authorities had developed comprehensive guidance to assist child protection workers in identifying and accessing available prevention programs and services that might aid children and families.”

Given the importance accorded by the Auditor General to prevention programs, he recommended that the Regional Authorities, in consultation with the Department, develop guidance to assist child protection workers in identifying and accessing prevention programs. The Regional Authorities accepted this recommendation, and will action it by compiling an inventory of prevention programs available within their respective communities and regions. The inventory will be updated semi-annually, and will form part of the resource materials distributed to child protection workers.

The inventory will contain information for child protection workers on how and when to access prevention programs.

Moving Forward

The initiatives outlined in this Action Plan will each contribute to significant changes in the operation and delivery of child and family services. Moving forward, these changes will need to be managed if they are to be introduced successfully. Further, the impact of these changes will need to be evaluated.

Change Management

Strategy to be developed in collaboration with Assistant Directors when the initiatives are approved.

Monitoring and Evaluation

Monitoring and evaluation plan to be developed in conjunction with Planning, Research and Evaluation when the initiatives are approved.

REVISED ACCOUNTABILITY FRAMEWORK

FOR CHILD AND FAMILY SERVICES

*A Component of the
Building Stronger Families
Action Plan*

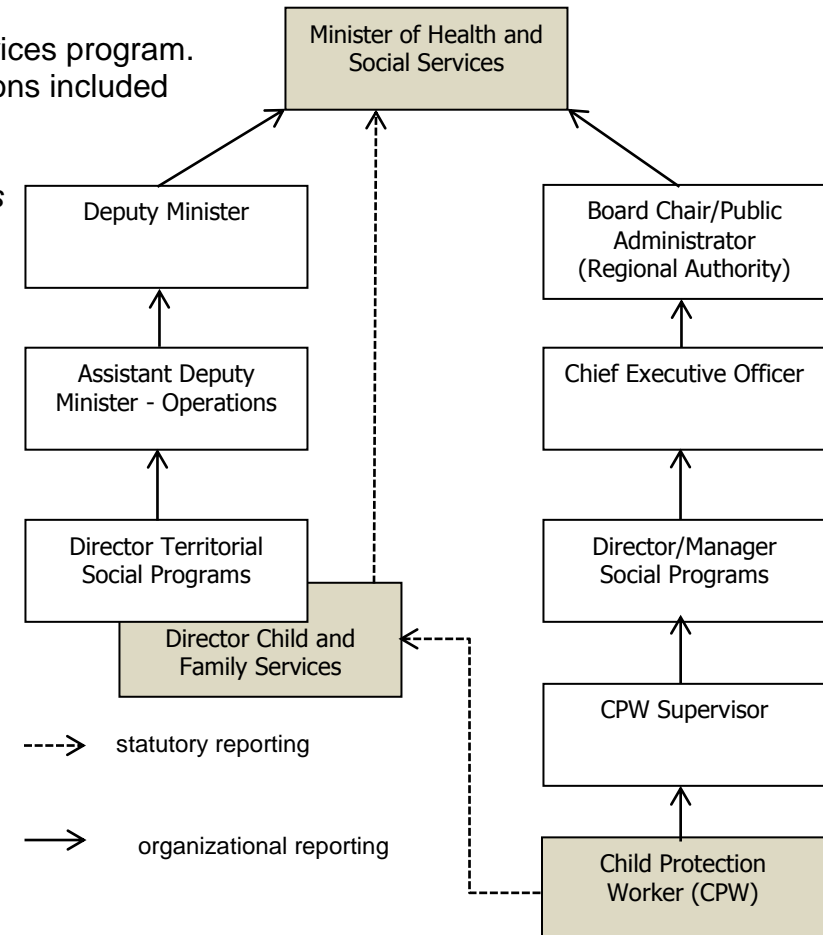
Introduction

At the outset it is important to distinguish between the more narrow accountability framework for child and family services, and the broader accountability framework for the health and social services system. This paper speaks to changes in accountability for child and family services. At the broader level, work is underway to consolidate the governance and operations of eight Health and Social Services Authorities into a single Authority. When that happens, there will be further changes to the accountability framework for child and family services, but that process will not be complete in the short term. In the meantime, immediate steps need to be taken to improve accountability in child and family services.

In October 2013 the Auditor General of Canada conducted an audit of the NWT child and family services program. The report of this audit was tabled in the Legislative Assembly in March, 2014. Among the observations included within the report was the following:

“We found that the current accountability framework leaves the Director of Child and Family Services with little control over the day-to-day decisions for which he is ultimately accountable under the Act. The Director authorizes child protection workers to exercise many of his duties and powers, and to make decisions on his behalf. However, those workers are employed by the regional authorities and receive direction from management who do not report and are not accountable to either the Department or the Director for child and family services delivered in their jurisdiction”

The accountability framework to which the Auditor General was referring is presented on the right.



Revised Accountability Framework

It should be noted that the “Director of Child and Family Services” is not a position within the Department; rather it is a statutory appointment currently held by the incumbent Director of Territorial Social Programs. The same is true for “Child Protection Worker”, which is a statutory appointment held by most incumbent social workers.

As can be seen in the diagram above, the child protection workers who deliver services under the *Child and Family Services Act* (the *Act*) have a statutory reporting relationship to the Director of Child and Family Services (the Director). At the same time, within their respective organizations child protection workers are directed by and report to supervisors, who in turn are directed by and report to managers, and upward through the organization to Chief Executive Officers. However, the Chief Executive Officers, directors and managers have no reporting relationship to the Director, or to the Department. This creates an accountability issue, in that there is no reporting relationship to the Director at the management level within the regional Health and Social Services Authorities (Regional Authorities).

The Auditor General recommended that the Department review the accountability framework, with particular attention to the provision within the *Act* that allows the Director to appoint Assistant Directors. When the Standing Committee on Government Operations reviewed the Auditor General’s report, the Committee agreed with the Auditor General’s recommendation. Subsequently, Committee Motion 52-17(5), made by MLA Bisaro, was passed by the Legislative Assembly. The motion reads as follows:

“I move that the Department of Health and Social Services conduct a thorough review of its Accountability Framework for Child and Family Services to identify existing deficiencies and implement mechanisms to enhance accountability.”

Current Status

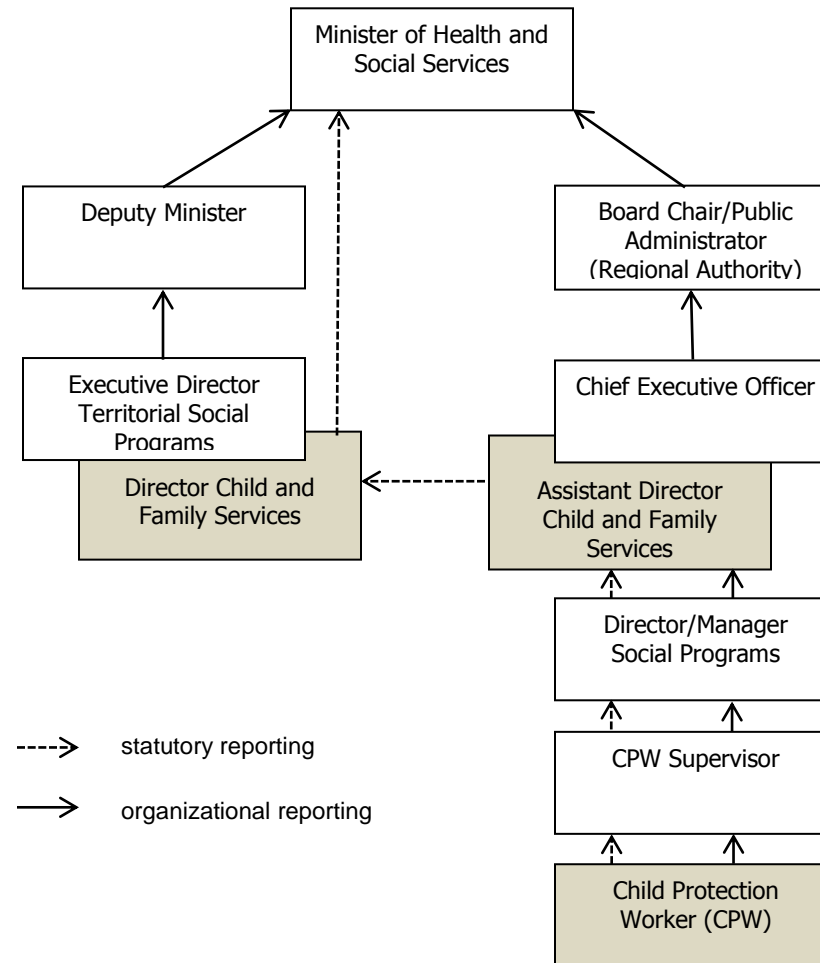
At the time the motion was made the Minister noted that work toward enhancing accountability in the child and family services program was already under progress. Having reviewed the options available to improve accountability within the child and family services program, the decision was taken to appoint the Chief Executive Officers of the Regional Authorities as Assistant Directors under the *Act*.

The *Act* allows the Director to appoint Assistant Directors for one or more communities, and to delegate to an Assistant Director most of the Director’s powers or duties under the *Act*. The appointment of Chief Executive Officers (CEOs) as Assistant Directors creates a statutory reporting relationship between them and the Director, thereby making CEOs accountable to the Director for their actions under the *Act*.

Revised Accountability Framework

A three-day statutory training program for Assistant Directors has been developed, and was delivered to all incumbent CEOs (six of the seven Regional Authorities) in early July. Assistant Director appointments became effective on July 10, 2014.

The new accountability framework for child and family services is presented below.



Revised Accountability Framework

Under the new accountability framework the Director will continue to appoint child protection workers, since that power cannot be delegated. However, CPWs are now accountable to the Director indirectly through their CEOs, in the CEO's capacity as Assistant Directors. CEOs, as Assistant Directors, are directly accountable to the Director for all services delivered under the *Child and Family Services Act*.

Roles and Responsibilities

The Director of Child and Family Services remains ultimately accountable to the Minister of Health and Social Services for all services delivered under the *Act*.

Assistant Directors are accountable to the Director for all services delivered by child protection workers under the *Act*, in the communities served by their respective Regional Authorities. These services include:

- Investigating and taking action on all reports of suspected child abuse or neglect;
- Entering into voluntary support agreements with parents;
- Entering into support service agreements with 16-18 year old youth;
- Establishing community Plan of Care Committees
- Entering into plan of care agreements for children at risk of abuse or neglect;
- Apprehending abused or neglected children;
- Applying to Court for apprehension orders;
- Applying to Court for supervision and custody orders (temporary and permanent);
- Caring for children in the custody of the Director by assuming the role of parent and guardian;
- Inspecting, approving and overseeing foster homes and group homes;
- Supervising the care and treatment of children and youth placed in southern programs;

Assistant Directors also provide oversight to the performance of child protection workers.

Additional Accountability Mechanisms

Annual Audits

The Auditor General's report to the Legislative Assembly noted that "The Department's Child and Family Services Standards and Procedures Manual requires it to conduct annual compliance audits of child and family services files across all regional authorities". The Auditor General observed that these audits were not conducted annually as required, and recommended that annual audits of each Regional Auditor be undertaken.

Four audits had been completed prior to the Auditor General's review, and an audit schedule had been implemented that would have seen each Regional Authority audited on a three-year cycle, similar to that used for hospital accreditation. Nevertheless, in the Auditor General's opinion, that was insufficient to monitor whether services were being delivered in compliance with the *Act*.

The Auditor General further recommended that "The Health and Social Services Authorities...should regularly assess whether the services they provide to children and families are in compliance with the Child and Family Services Act and the Child and Family Services Procedures Manual". In effect the Auditor General recommended that both the Department and the Regional Authorities should conduct annual audits.

The Department recognizes the need for regular compliance auditing, but is of the view that having both the Department and the Regional Authorities conduct annual audits is not the most effective deployment of resources. Consequently, in consultation with the Regional Authorities it has been decided that the Department and Regional Authorities will jointly audit each Regional Authority on an annual basis. Three-person audit teams, consisting of one departmental person, one person from the Regional Authority being audited, and one person from some other Regional Authority will undertake annual audits in each Regional Authority. This sharing of expertise within the system sets the stage for a consolidated audit process as health and social services moves toward overall system integration.

Implementing this initiative will require the development of a common audit tool, training the audit teams in the use of the audit tool, and establishing an audit schedule. The audit tool will be developed by the end of October, 2014. Training will be completed by the end of December, 2014 and annual audits of each Regional Authority will be initiated in January, 2015.

As per the recommendation of the Auditor General, the Regional Authorities will be required to develop written plans to correct any deficiencies noted in their audits, and to file these with the Department. The Department will monitor progress in the implementation of those plans.

Revised Accountability Framework

In Committee Motion 57-17(5), the Standing Committee on Government Operations moved “...that *internal compliance audits and action plans designed to address deficiencies prepared by regional authorities be forwarded to the Standing Committee on Social Programs.*” The motion carried, and the Department is reviewing the options for providing the Standing Committee with audit results.

Quarterly Performance Reporting

In response to the Auditor General’s recommendation that the Department review its accountability framework for child and family services, the Department further committed to developing a quarterly performance measures report which Assistant Directors will be required to submit to the Director of Child and Family Services. These reports will focus on the “key requirements” as defined by the Auditor General, which fall into four broad areas:

- Investigating concerns about child safety and well-being;
- Addressing confirmed needs for child protection;
- Providing services to children under the care of the Director; and
- Screening and reviewing foster homes.

A template for the quarterly report was reviewed by the Assistant Directors during their statutory training, and will be finalized by September to record baseline information. The first quarterly reports from the Regional Authorities will be due at the end of December, 2014. A companion document to the *Building Stronger Families* Action Plan, *Quarterly Performance Reports for the Delivery of Child and Family Services* provides an example of what the quarterly reports will look like.

Annual Reviews of Permanent Wards

The Director’s parental responsibilities for children in permanent care and custody are delegated to Assistant Directors.

A formal review of all children in permanent care and custody (approximately 150 children ranging in age from less than one year to 17 years) is underway, and will be completed by December, 2014. Moving forward, the Assistant Directors will review the status and formally sign-off on the case plan for each child in their permanent care and custody, on an annual basis. This measure will provide an additional accountability mechanism to ensure that Assistant Directors are meeting their statutory obligations.

Revisions to the Standards and Procedures Manual

The Auditor General observed that the Child and Family Services Standards and Procedures Manual had not been updated since 1998 to keep pace with changes in the Act. At the time of the audit the Department was in the process of updating the Manual, but the pace was very slow. The updating process has been accelerated, and a new manual will be sent out for field review this fall. Additional tools will be included in the Manual, which will assist child protection workers in meeting their statutory obligations, thereby improving accountability system-wide.

Assessment of Human and Financial Resources

Insufficient and/or inadequately distributed human and financial resources may contribute to accountability issues. During the audit of child and family services the Auditor general noted that...

“The Department was unable to identify the rationale for the amount of funding allocated to each regional authority, or the method by which it had derived these funding levels.” And the Auditor General noted further that *“...the Department had not undertaken an analysis of whether staffing levels across regional authorities were sufficient to meet the obligations of the Act.”*

The Auditor General recommended that the Department undertake a detailed assessment of the financial and human resource requirements for delivering child and family services, and the Department has committed to doing so.

The Child Welfare League of Canada was invited to submit a proposal to undertake the human resource component of the recommended assessment, and has done so. Discussions between the League and the Territorial Social Programs division to fine-tune the proposal are ongoing, and it is anticipated that a final proposal and work plan will be completed by the end of August, with a view to having the assessment completed by March 31, 2015.

Amendments to the Child and Family Services Act

Subsequent to the Standing Committee on Social Programs review of the *Child and Family Services Act* in 2010, the Department began work on a series of amendments to the Act in response to the Committee’s recommendations. A legislative proposal for these amendments has been approved and legislative drafting has been initiated. Some of the proposed amendments bear directly on improved accountability, such as establishing age-based time limits on temporary care and custody, and requiring the Director to demonstrate that prevention efforts have preceded applications for court-ordered care and custody.

Revised Accountability Framework

It is anticipated that the proposed amendments will be brought forward for consideration by the Legislative Assembly prior to the end of its current term.

Child and Family Services Information System

The Department has received approval and funding for the replacement of the child and family services information system (three million dollars over three years, beginning in 2014/15). The Auditor General's report came at an opportune time, in that the Department will be able to incorporate some of his recommendations, particularly those related to improved accountability, into the re-design of the information system. For instance, the new system could incorporate built-in "flags" that would immediately bring compliance issues to the attention of program managers. It is anticipated that the new information system will be operational in 2017/18.

QUARTERLY PERFORMANCE REPORTS

FOR THE DELIVERY OF
CHILD AND FAMILY SERVICES

*A Component of the
Building Stronger Families
Action Plan*

Child and Family Services Quarterly Report

In the continuing effort to improve the management of Child and Family Services, in October 2014 the regional Health and Social Services Authorities will begin quarterly reporting on a standardized set of performance indicators. The quarterly reports will monitor caseloads using a dashboard approach, which will allow for tracking changes over time, for making comparisons across the regional Authorities, and for consolidating regional information at a territorial level. The dashboard will track both voluntary services (plans of care, voluntary agreements and support service agreements), and court-ordered care and custody (supervision orders, interim orders and temporary and permanent orders). It will also track reports of suspected child maltreatment, investigations, and investigation outcomes. The dashboard will also monitor the opening and closing of foster homes, will record foster home inspections, and will provide information on the types of foster homes in operation (regular, provisional and extended family).

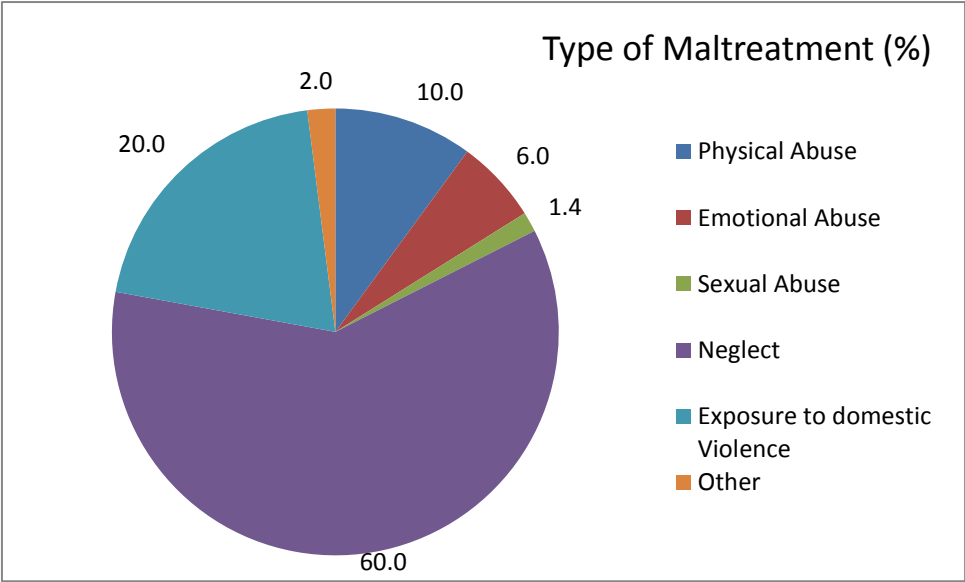
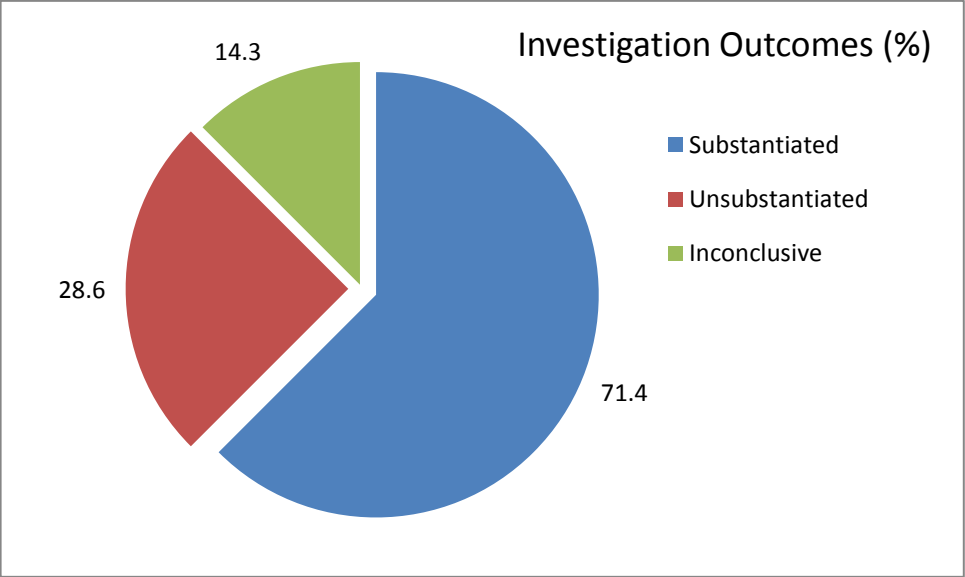
Child and Family Services Quarterly Report

Oct - Dec XXXX

Reports and Investigations		
INVESTIGATIONS ongoing at beginning of Quarter		10
REPORTS received during Quarter		100
Referred for Investigation		75
Screened Out		25
INVESTIGATIONS initiated	75	75
INVESTIGATIONS completed	93.3	70
INVESTIGATION Outcomes		
Substantiated	71.4	50
Unsubstantiated	28.6	20
Inconclusive	14.3	10
INVESTIGATIONS Substantiated		
Physical Abuse	10.0	5
Emotional Abuse	6.0	3
Sexual Abuse	1.4	1
Neglect	60.0	30
Exposure to domestic Violence	20.0	10
Other	2.0	1
INVESTIGATIONS pending at end of Quarter		5
INVESTIGATIONS ongoing at end of Quarter		10

SAMPLE NUMBERS

Dashboard



Child and Family Services
Oct - Dec XXXX

Children With Status

Start of Quarter

COUNT								Total	
Apprehension	Supervision Order	Interim Custody	Temporary Custody	Permanent Custody	Plan of Care	Voluntary Services	Support Services		
5	5	10	20	30	40	30	20	160	
PERCENT								Total	
Apprehension	Supervision Order	Interim Custody	Temporary Custody	Permanent Custody	Plan of Care	Voluntary Services	Support Services		
3	3	6	13	19	25	19	13	100	
PERCENT	Voluntary	Court-Ordered							
COUNT	56	44							
	90	70							

SAMPLE NUMBERS

Children With Status

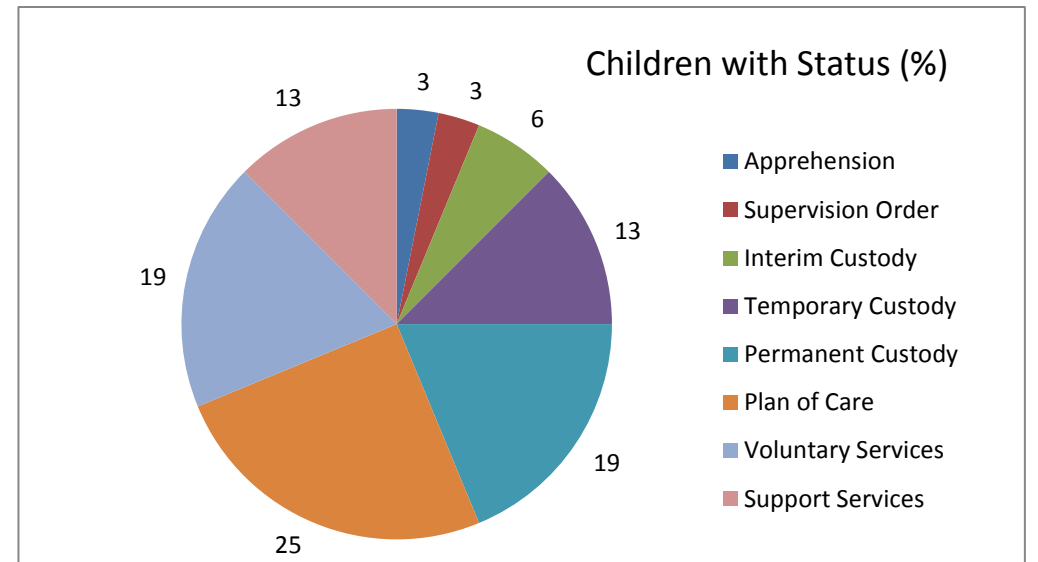
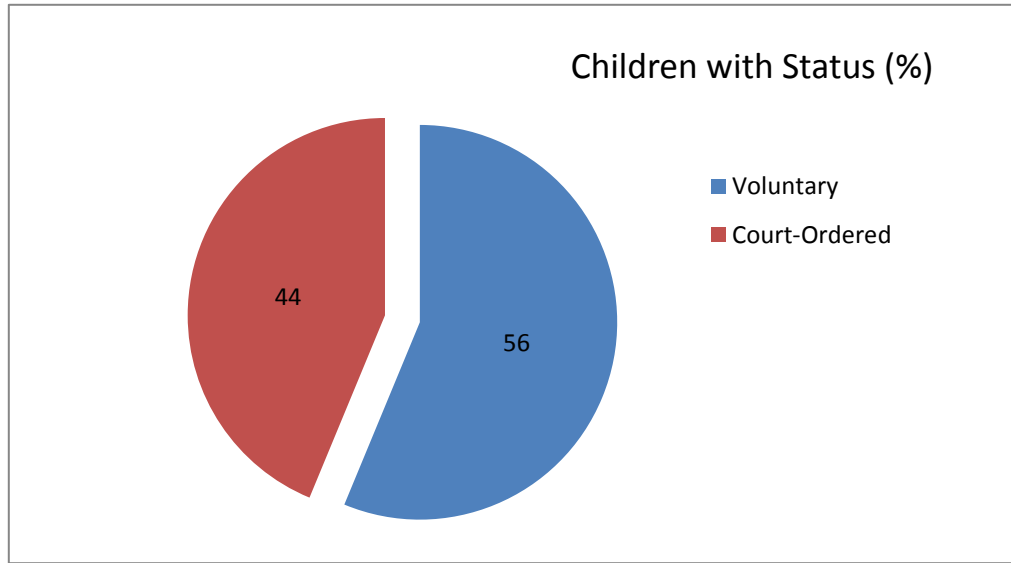
End of Quarter

COUNT								Total	
Apprehension	Supervision Order	Interim Custody	Temporary Custody	Permanent Custody	Plan of Care	Voluntary Services	Support Services		
								0	
PERCENT								Total	
Apprehension	Supervision Order	Interim Custody	Temporary Custody	Permanent Custody	Plan of Care	Voluntary Services	Support Services		
								0	
PERCENT	Voluntary	Court-Ordered							
COUNT									

Foster Home	%	Count
Regular		
Provisional		
Extended Family		
Other		
Parent Home		

Regional Authority

DASHBOARD



Child and Family Services
Oct - Dec XXXX

Foster Homes		
	PERCENT	COUNT
Opened		
Provisional	23	5
Extended Family	68	15
Regular	9	2
Closed		
Provisional	29	2
Extended Family	71	5
Regular	0	0
Reviewed		
Provisional	0	0
Extended Family	83	5
Regular	17	1
Total Opened		22
Total Closed		7
Total Reviewed		6

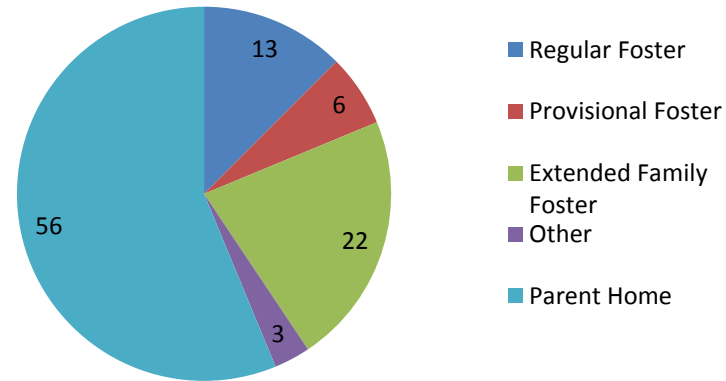
Quarter Start		
	%	Count
Foster Home		
Regular Foster	13	20
Provisional Foster	6	10
Extended Family Foster	22	35
Other	3	5
Parent Home	56	90

Quarter End		
	%	Count
Foster Home		
Regular		
Provisional		
Extended Family		
Other		
Parent Home		

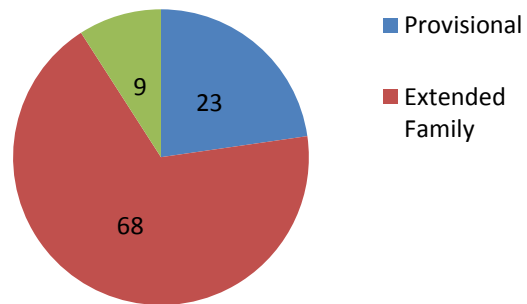
SAMPLE NUMBERS

DASHBOARD

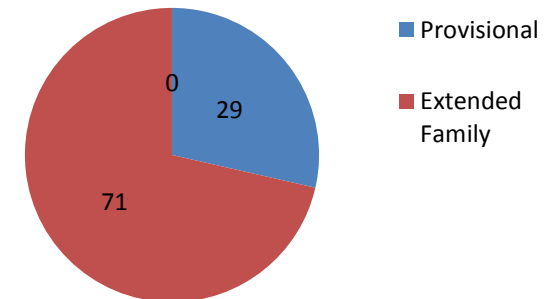
Type of Placement (%)



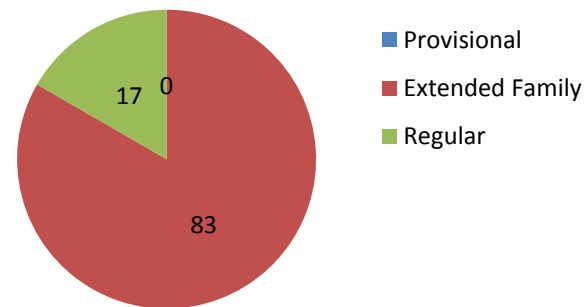
Foster Homes Opened (%)



Foster Homes Closed (%)



Foster Homes Reviewed (%)



RISK ASSESSMENT AND DIFFERENTIAL RESPONSE

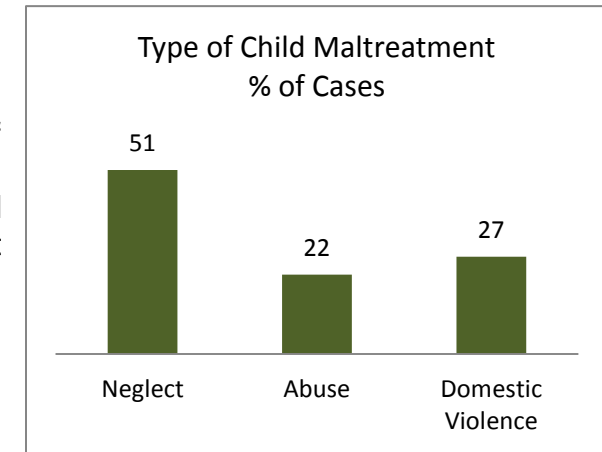
IN THE DELIVERY OF
CHILD AND FAMILY SERVICES

*A Component of the
Building Stronger Families
Action Plan*

Introduction

The *Canadian Incidence Study of Reported Child Abuse and Neglect* (1998, 2003, 2008)¹ found that child maltreatment occurs in three primary forms – neglect (34% of cases of substantiated maltreatment), physical, emotional or sexual abuse (32% of cases) and exposure to intimate partner violence (34% of cases). Child **abuse** involves inflicting harm to a child in a physical, emotional or sexual manner. Child **neglect**, on the other hand, involves failing to provide a child with the things that are necessary for healthy development.

In the 2003 cycle of the study² it was determined that in the NWT neglect was a far more common form of maltreatment than abuse was. Neglect was the primary concern in 51% of maltreatment cases; abuse (physical, emotional and/or sexual) was the primary concern in 22% of maltreatment cases. In the remaining 27% of cases child maltreatment was associated with exposure to domestic violence (see Figure 1 opposite). This finding suggested that neglect is more common in the NWT, while abuse is less common in the NWT, compared to the rest of Canada.



There is a growing body of evidence, drawn from both child welfare research and child welfare practice, that the origins and impacts of child abuse are different than the origins and impacts of child neglect. Child abuse is often the result of a deliberate act; child neglect is often the result of a failure to act. Child abuse has an immediate negative impact; child neglect has a cumulative negative impact over time. In cases of child abuse, the child's safety is often in immediate danger; in cases of child neglect, the child's safety is often not immediately threatened but his or her wellbeing is threatened in the longer term. In many situations involving *abuse*, removing the child from the parent(s) is necessary to protect the child from further harm. However, in situations involving *neglect*, removing the child from the parent(s) may actually do more harm than good. In many cases of neglect, the preferred approach should be to provide additional supports to the parent(s) and work with them to properly care for their child or children.

These observations have led many jurisdictions to adjust their approach to child welfare work. In the conventional approach to child welfare, cases involving neglect are treated in the same manner as cases involving abuse. All reports of suspected neglect and abuse are subject to an investigative process, aimed at

¹ Public Health Agency of Canada

² Northwest Territories Incidence Study of Reported Child Abuse and Neglect – 2003

determining the facts, identifying perpetrators, and relying on court orders to ensure that the child is safe. As often as not, the child is temporarily removed from the family home. The current NWT *Child and Family Services Act* supports the conventional approach. Indeed, some would argue that the Act compels this approach, in that all reports of suspected abuse or neglect must be investigated. An unintended consequence of not differentiating between abuse in neglect may be that, in cases of neglect, too many children are removed from their parents.

Risk Factors for Child Maltreatment

It is well-known that Aboriginal children are over-represented in the child welfare system, not just in the NWT but across the country. While roughly 61% of NWT children aged 0-18 are Aboriginal, they account for about 95% of children receiving services under the *Child and Family Services Act*.

A 2011 report by the Assembly of First Nations (AFN), drawing upon the data from the *Canadian Incidence Study of Reported Child Abuse and Neglect (CIS)*, sheds light on the reasons for the high proportion of Aboriginal children in the child welfare system: “The CIS has further demonstrated that the overrepresentation of First Nations children in the child welfare system is primarily driven by cases of neglect, rather than other forms of maltreatment...and that incidents of neglect for First Nations children are associated with poverty, poor housing and caregiver substance abuse.”³

A year prior to the AFN report, the Standing Committee on Social Programs offered its own insights into the over-representation of Aboriginal Children in the child welfare system: “Testimony from our communities is supported by the shocking fact that more than 90% of child welfare cases involve aboriginal children. The causes are rooted in a long history of discrimination, assimilation, trauma and cultural loss in residential schools, social inequality and poverty, poor housing, and a lack of focus on prevention and support for families in need by child welfare services.”⁴

The “lack of focus on prevention and support for families” are key considerations. The question is, Would a better focus on prevention, and additional supports for families, reduce the incidence of neglect, the primary form of child maltreatment in the NWT? If so, then what types of prevention programs, and what forms of support, are required?

The *Canadian Incidence Study of Reported Child Abuse and Neglect* shed some light on the types of supports that are required by parents whose children come in contact with the child welfare system. The Study looked at caregiver and household characteristics as risk factors associated with abuse and neglect.

³ *Kiskisik Awasisak: Remember the Children* Understanding the Overrepresentation of First Nations Children in the Child Welfare System, 2011, p.1

⁴ Report on the Review of Child and Family Services: Building Stronger Families, 2010. p. 1

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Risk Assessment and Differential Response

Based on a national review of over 85,000 cases of substantiated investigations, Table 2 identifies the most frequent caregiver risk factors for child abuse and neglect.

Table 2
National Study (2008)

Caregiver Risk Factor	Proportion of Substantiated Cases
Being a victim of domestic violence	46%
Few social supports	39%
Alcohol/drug abuse	38%
Mental health issues	27%
Perpetrator of domestic violence	13%

The proportions were slightly different in the 2003 cycle of the study that included an in-depth look at the Northwest Territories, as seen in Table 3 .

Table 3
NWT Study (2003)

Caregiver Risk Factor	Proportion of Substantiated Cases
Maternal victim of domestic violence	73%
Maternal alcohol abuse	61%
Few social supports (maternal)	47%
Paternal alcohol abuse	42%
Paternal perpetrator of domestic violence	41%
Maltreated as a child (paternal)	23%

Quite clearly, alcohol abuse, domestic violence and lack of social supports are among the leading risk factors associated with child neglect and abuse.

Other risk factors include not having full time employment, requiring social assistance and living in public housing. As the AFN report stated: “These data on household/family structural factors suggest that the high rate of First Nations investigations (into child maltreatment)...reflects challenges linked to poverty.”⁵

The Department, and the Government as a whole have already taken critical steps that will in both the short and medium term address the need for increased support services to families at risk:

- Creation of the Aboriginal Health and Community Wellness division, which will support communities in the development and delivery of community wellness plans;
- An updated addictions and mental health action plan, designed to add spiritual healing, recovery from trauma and reconnection with culture to the continuum of addictions programs;
- The Family Violence Prevention...
- The Renewed Early Childhood Development Framework...
- The Anti-Poverty Action Plan.

Action can also be taken within child and family services.

A Differential Approach

In the past decade a number of jurisdictions, including some Canadian provinces, have introduced what has been loosely referred to as a “differential approach”. In practice what this means is that the child welfare intervention in cases of neglect is different than the intervention used in cases of abuse. In most cases of abuse the intervention continues to be the conventional approach. However, for many cases of neglect the approach is significantly different; it is collaborative rather than investigative and focuses on providing the family with additional supports rather than taking an adversarial approach and taking parents to court.

Table 1 summarizes the major differences between the conventional approach and its alternative.

⁵ *Kiskisik Awasisak: Remember the Children* Understanding the Overrepresentation of First Nations Children in the Child Welfare System, 2011, p. xiv.

Table 1

Conventional Approach	Alternative Approach
The primary consideration is the safety and well being of the child	The primary consideration is the safety and well being of the child
The Child Protection Worker investigates the family	The Child Protection Worker offers assistance to the family
Investigation creates an adversarial relationship	Offering assistance creates a collaborative relationship
The Worker shows up unannounced at the family home	The Worker invites the parents to her office
Steps are taken by the child protection worker to remove the child from harm	Steps are taken by the family to protect the child from harm
Disputes are resolved by taking the matter to Court	Disputes are resolved by mediation
Resources are directed toward intervention	Resources are directed toward prevention

Introducing a differential response model would require four steps:

- Adopting a risk assessment process (instrument) that accurately distinguishes between those children who need to be removed from the family home, and those who need stay, but whose parents need additional supports;
- Developing and implementing the types of support programs (prevention, promotion and early intervention) that at-risk children and families need;
- Revising child protection standards, practices and policies in support of differential responding;
- Training child protection workers in the use of the risk assessment instrument and on the revised standards, practices and policies of the differential response model.

Introducing a differential response model will be a major undertaking, but it will lead to fundamental changes in child protection practices, which would be of enormous benefit to many children and their families. But support services need to be in place for this model to work, and there must be a valid and reliable way of determining when to use the conventional investigative approach, and when an alternative, more collaborative and family-centered is more appropriate.

Risk Assessment in Child Protection Practice

Risk assessment in child protection practice will always be subject to potential errors, referred to as false positives and false negatives. A false positive error occurs when a child protection worker decides that the child is at risk of maltreatment, when in fact the child is in reality quite safe. The worker’s decision leads to an intervention that is unnecessary. A false negative is just the opposite – the child protection worker decides that the child is safe, when in fact the child actually is

at risk. The worker's decision not to intervene leaves the child in harm's way. Risk assessment strategies attempt to minimize both types of error, but no existing method eliminates them completely.

There are two "state of the art" approaches to assessing risk in child protection practice: Structured Decision Making and Signs of Safety. They are not mutually exclusive; rather they are slightly different and somewhat complementary approaches to achieving the same goal – making the right decisions with regard to the risks of harm to a child. Both approaches are evidence-based. Structured Decision Making is built on scientific research and validated through practice; Signs of Safety is built on practitioner experience, and validated through research. Both have the primary goal of keeping children safe, and toward that end both rely fundamentally on engagement of the family.

Structured Decision Making[®] (SDM) was developed by the Children's Research Centre in California beginning about 15 years ago. It has been well researched and validated in practice, and has been adopted by child welfare agencies in many international jurisdictions, including some Canadian provinces. SDM uses a series of structured assessment tools at various points in the process of managing child protection cases to assist workers to make decisions. The tools include an intake assessment, an assessment of immediate safety factors, an assessment of the risk or likelihood of future harm, an assessment of family strengths and needs, and a reunification assessment.

The SDM tool for assessing the likelihood of future harm would be ideally suited to responding to one of the recommendations made by the Auditor General in his report to the Legislative Assembly:

"The Health and Social Services authorities, in consultation with the Department of Health and Social Services, should develop a tool to ensure that longer-term risks to children are formally assessed when determining a child's safety, as required under the Child and Family Services Act."

Signs of Safety (SOS) was developed in Western Australia in the 1990s by two principal practitioners, in collaboration with over 150 child protection workers, many of whom were working in Aboriginal communities. The impetus behind SOS was the observation by one of the principals that there was a "disconnect" between the theory and models of child protection and actual practice with real people. SOS is sometimes described as a "mapping process" that explores both the sources of danger and harm for a child, while at the same time identifying the assets and strengths that the family has to keep children safe. The resources within the child protection system are then brought into play, with a two-fold purpose: reducing the threat of harm and increasing the family strengths. As with SDM, SOS has been adopted by many international child welfare systems, including some Canadian jurisdictions. SOS was adopted by the Department of Child Protection of the Government of Western Australia in 2008. It required five years to fully implement the system.

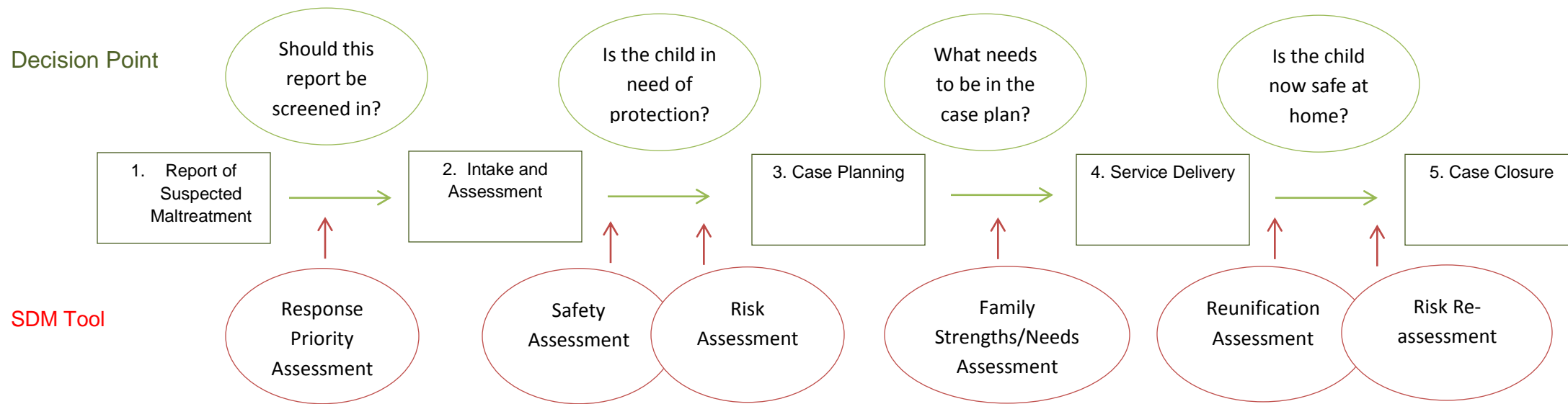
The Department has been in discussion with the Children's Research Centre to explore the options for introducing SDM into child and family services. It is feasible to do so, but the assessment tools would need to be adapted to the unique cultural and social environment of the NWT, and would subsequently need to be proven to work effectively (validated) within this jurisdiction. Staff from the Children's Research Center recently presented the SDM process to the Joint Senior

Management Committee (Department executive committee and the CEOs of the Regional Authorities), subsequent to which a decision was taken to proceed with adopting SDM in the child and family services program.

Implementation of Structured Decision Making®

The Children’s Research Center (CRC) has agreed to collaborate with the Department and the Regional Authorities in the adaptation and implementation of SDM in the NWT. The CRC is well positioned to do so, as they will be able to draw on their recent experience in working with both Saskatchewan and Manitoba to introduce SDM into the child protection services in those jurisdictions.

The diagram below outlines five major steps in a child protection intervention, and illustrates the application of the SDM tools at each step.



There are six tools (assessment protocols) in SDM which assist Child Protection Workers (CPWs) in making critical decisions. The tools allow CPWs to quantify levels of risk (low, medium, high and very high) and to make intervention decisions accordingly. There are a number of advantages to using SDM, including the fact that they are evidence-based, they provide all CPWs with a standard and consistent method of collecting information to support decision making, and they support targeting resources to those children at highest risk.

The SDM tools have been developed using actuarial methods and correlational research. Without getting into details, the tools reflect the established relationships between certain family, parent and child characteristics and positive and negative child welfare outcomes, For instance, it has been established that exposure to domestic violence (a characteristic of some families) is associated with higher risk of child abuse. Parental addiction issues are also associated with higher risk of child neglect. A child’s age is also a characteristic associated with risk, in that younger children are less able to protect themselves from harm than older children. The SDM tools are the result of years of research with thousands of children and families

It is a well-established fact that assessment tools that work well with one group of people may not work as well with another group of people. The greater the differences between the two groups, the less likely the tool will work equally well with both groups. This leads to the need for “validation” studies, which are a formal evaluation of how well the tools works with a specific population. Adopting SDM in the NWT will require first that the tool be adjusted to reflect northern realities, including cultural differences, social factors, economic conditions, and family structures. Once the tools are adjusted they will then need to be validated with northern people, to ensure that there are indeed providing accurate assessments. Validation studies can only be performed after the tool has been in use for a trial period of time (pilot study) and with a sufficient number of people, usually for a period of 12 to 18 months and with at least 500 families.

Adapting, pilot testing, validating and implementing SDM in the NWT will be phased in over a period of two to six years. Phase one will involve introducing the first three assessment tools – response priority, safety and risk – into child protection practice. Phase one will be completed within two years. Phase two will introduce the family strengths and needs assessment tool, and phase three will add the final two tools – reunification assessment and risk re-assessment. The complete SDM initiative should be operational by 2020.

The tasks within phase one are outlined in the diagram below.



Initially the adapted SDM priority, safety and risk assessment tools will be piloted in three yet-to-be determined regions.

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APPENDIX 1

TABLE OF DELIVERABLES AND CURRENT STATUS
August 25, 2015

Revised Accountability Framework

Action Item	Deliverable	Responsibility	Time Line	Status
Design statutory training program for Assistant Directors	Training program curriculum and associated materials	CFS Unit	June 30, 2014	Completed
Deliver statutory training program to CEOS	CEOs complete three days of statutory training	CFS Unit	July 10, 2014	Completed
Appoint CEOS as Assistant Directors under the CFS Act	Appointments filed with Justice	Director	July 10, 2014	In progress; appointments will be effective July 10, 2014
Revise CEO job descriptions	Revised job description reflecting Assistant Director duties	HR Unit	September 30, 2014	Pending
Revise contribution agreements	Revised CA reflecting AD duties	Finance Division	2015/16 fiscal year	Pending

Legislative Amendments

Action Item	Deliverable	Responsibility	Time Line	Status
Draft legislative proposal	Legislative proposal for review and approval	PRE Division	May 30, 2014	Completed
Prepare drafting instructions	Drafting instructions for review and approval	PRE Division	June 30, 2014	Completed
Draft amendments to the <i>Act</i>	Amendments for review and approval	Department of Justice	March 31, 2015	In progress
Draft amending Bill	Bill ready for 1 st Reading	Justice/PRE	April 30, 2015	Pending
Prepare cost analysis	FMB submission	CFS Unit/Finance Division	January 2015	Pending

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Leadership and Communications

Action Item	Deliverable	Responsibility	Time Line	Status
Reconvene the Directors of Social Programs Forum (DSPF)	Revised Terms of Reference approved by senior management	CFS Unit	April 1, 2014	Completed; monthly teleconferences will begin in September
Add social programs updates as standing item on JSMC agenda	Revised agenda for future meetings	Directorate	June 1, 2014	Completed; on the agenda for the August meeting
Create a work plan for DSPF to provide leadership and oversight to the Action Plan	Work plan for JSMC approval	DSPF	October 1, 2014	Pending
Develop a communications plan for <i>Building Stronger Families</i>	Communications plan for DSPF/JSMC approval	CFS unit with PLC Division	TBD	Pending

Workload Management Study

Action Item	Deliverable	Responsibility	Time Line	Status
Engage with the Child Welfare League of Canada (CWLC)	CWLC commitment to undertake the study	CFS Unit	April 1, 2014	Completed
Draft preliminary study proposal	Draft proposal	CWLC	July 15, 2014	Completed
Draft final study proposal	Final draft	CWLC	August 15, 2014	Pending
Prepare study charter	Project charter for departmental approval	CFS Unit	September 15, 2014	
Conduct workload management study	Monthly status reports	CWLC	September 2014 – February 2015	
1 st draft of final report	Draft report	CWLC	February 28, 2015	
2 nd draft	Draft report	CWLC	March 15, 2015	
Submit final report	Final report	CWLC	March 30, 2015	
Assess financial resource requirements	Discussion paper	Finance Division/CFS Unit	June 30, 2015	

Quarterly Performance Reports

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Action Item	Deliverable	Responsibility	Time Line	Status
Determine reporting requirements (indicator selection)	Preliminary indicator set	CFS Unit	June 30, 2014	Completed
Design test reporting template	Reporting template (test version)	CFS Unit	July 15, 2014	Completed
Collect baseline data (test version)	Baseline data set (test version)	Regional Authorities (RAs)	October 1, 2014	Pending
Compile 3 rd Q test report (October 1 – December 31 data)	Test reports	RAs	January 15, 2015	
Adjust indicator set and report template	Final indicator set and reporting template	CFS Unit	February 28, 2015	
Collect 1 st baseline data set	Baseline data for 1 st Q report	RAs	April 1, 2015	
Submit 1 st quarterly report	1 st Q report for 2015/16	RAs	June 15, 2015	

Annual Compliance Audits

Action Item	Deliverable	Responsibility	Time Line	Status
Identify who will participate on the audit teams	Nominations from the RAs and CFS Unit	RAs and CFS Unit	August 15, 2014	Completed
Convene a teleconference of the audit team members to initiate planning	Audit team teleconference	CFS Unit	August 30, 2014	Pending
Develop audit team work plan	2014/15 work plan	CFS Unit	September 15, 2014	
Create a common audit tool to be used across all RAs	Audit tool	Audit Team	October 15, 2014	
Create a common template for audit reporting	Reporting template	Audit Team	October 15, 2014	
Field test the audit tool and reporting template in two RAs	Field test audit reports	Audit Team	December 15, 2014	
Finalize audit tool and reporting template	Final tool and template	Audit Team	January 30, 2015	
Develop annual audit schedule	2015/16 audit schedule	Audit Team	March 1, 2015	
Complete annual audits in all RAs	Audit reports	Audit Team	April 1 – March 31, 2015	

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Manual Revision and Practice Tools

Action Item	Deliverable	Responsibility	Time Line	Status
Review and revise sections 1 - 5	Revised standards and procedures	CFS Unit	August 30, 2014	Pending
Field acceptance testing	Feedback from end users	RAs	September 15, 2014	
Revise sections 1 - 5	Final sections 1 - 5	CFS Unit	September 30, 2014	
Review and revise section 6 - 10	Revised standards and procedures	CFS Unit	October 30, 2014	
Field acceptance testing	Feedback from end users	RAs	November 15, 2014	
Revise sections 6 - 10	Final sections 6 - 10	CFS Unit	November 30, 2014	
Complete new practice tools	Practice tools	CFS Unit	November 30, 2014	
Field test practice tools	Feedback from end users	RAs	December 15, 2014	
Issue revised Standards and Procedures Manual	Revised Manual	CFS Unit	January 2, 2015	

Supervisor Training Program

Action Item	Deliverable	Responsibility	Time Line	Status
Undertake jurisdictional review and best practice research	Summary report	CFS Unit	October 31, 2014	Pending
Draft Terms of Reference for a training working group	Terms of reference	CFS Unit	October 31, 2014	
Identify group members and convene initial meeting	Minutes of the meeting	CFS Unit	November 30, 2014	
Design and develop curriculum	Supervisor training curriculum	Working Group	January 30, 2015	
Design and develop training materials	Supervisor training materials	Working Group	February 28, 2015	
Deliver supervisor training to all current supervisors	Training event	CFS Unit	April – June 2015	

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Risk Assessment and Differential Response

Action Item	Deliverable	Responsibility	Time Line	Status
Conduct best practice research and literature review of differential response models	Collected materials	CFS Unit	May 31, 2014	Completed
Conduct best practice review of risk assessment strategies	Collected materials	CFS Unit	June 30, 2014	Completed
Engage with the Children's Research Centre (CRC)	Contact established	CFS Unit	July 15, 2014	Completed
Presentation to JSMC on Structured Decision Making	Presentation	CRC	August 23, 2014	Completed
Decision whether to proceed	Direction on moving forward	JSMC	August 30, 2014	Completed
Contract with CRC	Contract signed	CFS Unit	September 30, 2014	Pending
Adapt SDM priority, safety and risk assessment tools	Adapted risk assessment tool	CRC/CFS Unit	December 30, 2014	
Field test assessment tools	RAs feedback	RAs	March 31, 2015	
Pilot assessment tools	Data for validation study	RAs	April 1, 2015 – March 31, 2016	
Validation study	Validation report	CRC	September 2016	

Permanency Planning

Action Item	Deliverable	Responsibility	Time Line	Status
Develop a compliance audit tool for permanent wards	Audit tool (checklist)	CFS Unit	March 31, 2014	Completed
Complete the audit tool for all permanent wards	Completed checklist	RAs	June 30, 2014	Delayed; re-set to Sep 30
Develop a template for permanency plans	Permanency plan template	CFS Unit	September 30, 2014	Pending
Complete a permanency plan for each permanent ward	Permanency plans	RAs	March 31, 2014	

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Information Management System Replacement

Action Item	Deliverable	Responsibility	Time Line	Status
Secure approval and funding to replace CFIS	Funding in 2014/15 budget	IS Division	April 1, 2014	Completed
Develop project charter	Approved Charter	IS Division/CFS Unit	April 30, 2014	Completed
Develop and issue RFP for project manager	RFP issued	IS Division	May 30, 2014	Completed
Review proposals	Contractor selected	IS Division/CFS Unit/Finance	June 30, 2014	Delayed – no successful Proponent
Revise and re-issue RFP	Revised RFP issued	IS Division	July 15, 2014	Completed
Review proposals	Proponent selected	IS Division/CFS Unit/Finance	August 30, 2014	Pending
Develop and issue RFP for replacement project	RFP issued	IS Division	October 30, 2014	
Review proposals	Contractor selected	IS Division/CFS Unit/Finance	November 15, 2015	
Negotiate contract	Signed contract	IS Division	December 15, 2014	
Begin replacement work	Monthly progress reports	Contractor	January 2, 2014	

Inventory and Manual of Prevention Programs

Action Item	Deliverable	Responsibility	Time Line	Status
Create a template for documenting prevention programs	Inventory template	CFS Unit	November 30, 2014	Pending
Issue request to RAs	Letter requesting an inventory of programs by community	CFS Unit	November 30, 2014	
Document existing prevention programs	Program description	RAs	January 30, 2015	
Compile templates into a Manual	Prevention program inventory and manual	CFS Unit	March 31, 2015	

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	FY 2014/15												FY 2015/16												FY2016/17	Status Aug 15
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		

APPENDIX 2

TIME LINES

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Accountability Framework																									
Design statutory training	●	—	●																						Complete
Deliver statutory training				●	●																				Complete
Appoint CEOs as Assistant Directors				◇																					Complete
Revise job descriptions					●	—	●																		
Revise contribution agreements												●	—	●											
Legislative Amendments																									
Draft legislative proposal	●																								Complete
Proposal approved	◇																								Complete
Prepare drafting instructions	●	—	●																						Complete
Legislative drafting					●	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	Initiated	
Cost analysis													●	—	●										
Communications and Change Management																									
Reconvene the Directors of Social Programs Forum (DSPF)																									

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	FY 2014/15													FY 2015/16											FY2016/17	Status		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		Aug 15		
Collect baseline data (test version)						●	●																					
Compile 3 rd Quarter report (test version)									●	●																		
Adjust indicator set and report template										●	●																	
Collect 1 st baseline dataset												●	●															
Submit 1 st Quarterly report																												
Annual Practice Audits																												
Identify who will participate on the audit teams					●	●																						Pending
Convene a teleconference of the audit team members to initiate planning																												
Develop audit team work plan						●	●																					
Create a common audit tool to be used across all RAs						●	●																					
Create a common template for audit reporting						●	●																					
Field test the audit tool and reporting template in two RAs									●	●																		
Finalize audit tool and reporting template										●	●																	
Develop annual audit schedule											●	●																
Complete annual audits in all RAs																												

Building Stronger Families Action Plan

	FY 2014/15													FY 2015/16											FY2016/17	Status	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		Aug 15	
Design and develop training materials									●	—	●																
Deliver supervisor training to all current supervisors																											
Risk Assessment and Differential Response																											
Conduct best practice research and literature review of differential response models	●	—	●																								Complete
Conduct best practice review of risk assessment strategies		●	—	●																							Complete
Engage with the Children's Research Centre (CRC)		●	—	●																							Ongoing
Presentation to JSMC on Structured Decision Making						◇																					Complete
Decision whether to proceed						◇																					Complete
Contract with CRC							◇																				
Adapt SDM risk assessment tools								●	—	●																	
Field test assessment tools											●	—	●														
Pilot assessment tools																											
Validation Study																											

Building Stronger Families Action Plan

	FY 2014/15												FY 2015/16												FY2016/17	Status
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		Aug 15

Permanency Planning																											
Develop a compliance audit tool for permanent wards	●																										Complete
Complete the audit tool for all permanent wards	●	—	●	—	●	—	●																				Delayed
Develop a template for permanency plans					●	—	●																				
Complete a permanency plan for each permanent ward								●	—	●																	
Information System Replacement																											
Secure approval and funding to replace CFIS	◇																										Complete
Develop project charter	●	—	●																								Complete
Develop and Issue RFP for project manager		●	—	●																							Complete
Review proposals				●	—	●																					No successful Proponent
Revise and re-issue RFP				●	—	●																					Complete
Review proposals					●	—	●																				
Develop and Issue RFP for replacement project						●	—	●																			
Review proposals										●	—	●															
Negotiate contract											●	—	●														

