



Report of the Auditor General of Canada to the Northwest Territories Legislative Assembly—2014

Child and Family Services—Department of Health and
Social Services and Health and Social Services Authorities



Office of the Auditor General of Canada
Bureau du vérificateur général du Canada

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Auditor General of Canada
Vérificateur général du Canada

To the Honourable Speaker of the Northwest Territories Legislative Assembly:

I have the honour to transmit herewith my report on Child and Family Services—Department of Health and Social Services and Health and Social Services Authorities to the Northwest Territories Legislative Assembly in accordance with the provisions of section 30 of the *Northwest Territories Act*.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Michael Ferguson'.

Michael Ferguson, CPA, CA
FCA (New Brunswick)

OTTAWA, 4 March 2014

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Child and Family Services— Department of Health and Social Services and Health and Social Services Authorities

Main Points

What we examined

The Northwest Territories' *Child and Family Services Act* came into effect in 1998. The Act recognizes that children have a fundamental right to protection from abuse, harm, and neglect. It also recognizes the value of providing support to families as the basic unit of society and as a means to promoting the health, safety, and well-being of a child. When parents fail to protect children's rights, the government is required to intervene.

The Department of Health and Social Services and Health and Social Services authorities are responsible for the protection and well-being of children, youth, and families in need. We examined whether the Department and regional authorities are fulfilling their obligations to children, youth, and families under the Act.

Audit work for this report was completed on 30 September 2013. More details on the conduct of the audit are in **About the Audit** at the end of this report.

Why it's important

The Northwest Territories is confronted with social issues such as family violence, alcohol and drug misuse, poverty, and the intergenerational effects of the former residential school system. These issues can put children and families at risk and contribute to the need for child protection and family services. It is critical that the territory have in place a well-functioning child and family services system, one that provides the required protection and prevention services to children and families in need. According to the Department of Health and Social Services, in the 2012–13 fiscal year, just over 1,000 children received some form of service under the *Child and Family Services Act*.

What we found

- Overall, the Department of Health and Social Services and the Health and Social Services authorities are not adequately meeting their key responsibilities for the protection and well-being of children, youth, and families.
- The Department has not established an adequate accountability framework for the delivery of child and family services, which the Minister of Health and Social Services has authorized the Health

and Social Services authorities to assist in delivering. It also has not adequately monitored whether those services are delivered in compliance with the *Child and Family Services Act*. In addition, the Department has not assessed the financial and human resources required by regional authorities to carry out their responsibilities to children, youth, and families, or developed adequate guidance and tools to support delivery of these services. These are serious shortcomings in the delivery structure for child and family services.

- The Health and Social Services authorities respond quickly to reports of children needing protection in most cases by initiating investigations within the required 24 hours. However, they do not always complete the required steps to ensure that the children are safe. For example, in 13 percent of investigations, the regional authorities did not assess the required safety factors in determining the immediate safety of the child. Furthermore, none of the investigations we reviewed included an assessment of risk of future harm to the child or potential for re-occurrence of abuse or neglect. In 28 percent of files, we found instances in which reported child protection concerns were not investigated. In cases where children's safety was ultimately compromised, we also found a lack of compliance with requirements.
- Regional authorities are not meeting the requirements for initial screening and annual reviews of foster care homes. In 69 percent of cases we reviewed, regional authorities did not complete the required screening of foster parents before placing children in foster care homes. The screening process includes obtaining reference letters and completing criminal-record checks. In addition, regional authorities did not conduct required annual reviews of foster care homes in 81 percent of cases. Annual reviews help to ensure that children receive ongoing high-quality care. The Department does not have an adequate system in place to oversee the placement of these children in foster care.

The Department and the regional authorities have responded.

The Department of Health and Social Services and the Health and Social Services authorities agree with all of the recommendations. Their detailed responses follow the recommendations throughout the report.

Introduction

1. Children are among the most vulnerable members of our society. Parents have a duty to protect them from abuse, harm, and neglect and to provide them with adequate food, shelter, and a nurturing environment. But a complex range of circumstances can compromise parents' abilities to meet these obligations and can contribute to the need for child protection and family services.
2. The Northwest Territories has one of the highest rates of poverty, alcohol and drug abuse, crime, and homelessness in the country—which can create or exacerbate situations that may make children more vulnerable. There are limited services in many remote communities, as well as limited adequate and affordable housing, which have a significant impact on many families. Education, employment, and health outcomes for the Aboriginal population of the territory lag significantly behind those of the non-Aboriginal population.
3. As well, the Aboriginal peoples of the Northwest Territories have experienced a range of cultural, social and linguistic changes in the past century. In particular, the system of residential schools has had a significant impact on Aboriginal peoples. These residential schools caused profound familial disruption and affected many of the traditional practices that bound families and communities together—these effects persist today.

Child and family services in the Northwest Territories

4. In the Northwest Territories, delivery of child and family services is decentralized. While the Department of Health and Social Services is responsible for the overall management of the child and family services system, the Minister of Health and Social Services has authorized seven Health and Social Services authorities (or “regional authorities”) to assist the Director of Child and Family Services in the management, control, and operation of child and family services. This was done through an authorization order under the *Child and Family Services Act* in 1998. In practical terms, the regional authorities are responsible for the day-to-day delivery of child and family services within their respective regions, in accordance with requirements set out under the Act.
5. It is the responsibility of the Department of Health and Social Services to intervene to ensure the safety and well-being of children when parents fail to do so. The *Child and Family Services Act*, which

replaced the *Child Welfare Act* in 1998, is the key legislation outlining these responsibilities for the Department. One of the Act's primary objectives is to promote the best interests, protection, and well-being of children. The Department, as the manager of the child and family services system, and the Director of Child and Family Services, a statutory appointment under the Act, have critical roles in ensuring that children and families receive the services they are entitled to under the Act. Furthermore, in cases where children are in temporary or permanent custody, the Director has many of the rights and responsibilities of a parent.

6. As manager of the child and family service system, the Department of Health and Social Services is responsible for establishing an accountability framework and providing funding to the regional authorities for the delivery of child and family services. It is also responsible for developing policies and standards to support program delivery and for monitoring to ensure that the regional authorities comply with the *Child and Family Services Act* and its associated standards and procedures.

7. Under the Act, the Director of Child and Family Services is responsible for ensuring that children are protected from harm, abuse, and neglect. To carry out this responsibility, the Director authorizes child protection workers to intervene with children and families on his or her behalf. Under the decentralized delivery structure, these child protection workers exercise many duties and powers of the Director but are employees of the regional authorities. Nevertheless, according to the Act, the Director remains accountable for all decisions made by child protection workers. The Director is also required to report annually to the Minister of Health and Social Services on the performance of the child and family services system.

8. Regional authorities' responsibilities for the day-to-day delivery of child and family services include investigating reported child protection concerns, providing support to families to address child protection issues, providing for the care of children who cannot safely live at home, and administering foster care and prevention services. Most of these services are carried out by child protection workers, who are the face of the child and family services system.

9. As of September 2013, there were 93 child protection workers appointed by the Director, the majority of whom were in the regional authorities. Their work is challenging, as they are responsible for working with children and families on a daily basis, and they often deal with a wide variety of serious issues faced by children, youth, and their

families, such as neglect, and physical and sexual abuse. Their duties can expose them to traumatic and stressful situations in which they must make difficult decisions about the best interests of children and the well-being of families. They are also required to manage children's cases, prepare legal documents, and appear in court, while dealing with child protection situations that require their immediate attention.

10. Furthermore, because of the small population of the territory and the isolation of many of its communities, child protection workers face the reality of being in close contact with families while being required to maintain confidentiality and discretion. They also have the difficult role of arguing in court for applying protection measures that could place children outside of their families, while at the same time assisting those same families in making improvements that would help them regain custody of their children.

11. According to the Main Estimates, the Department of Health and Social Services received \$21.3 million for Child and Family Services program delivery for the 2013–14 fiscal year. Most of this funding was allocated to the regional authorities through contribution agreements. Departmental data shows that approximately 1,000 children have received services under the *Child and Family Services Act* in each of the past three years. In the 2012–13 fiscal year, 1,042 children received services. A total of 266 children were under the temporary or permanent care of the Director of Child and Family Services, and 404 received other forms of protective services. The remaining 372 children received voluntary services that are provided under the Act and are aimed at helping to mitigate emerging child protection concerns. Approximately 95 percent of children who received services were Aboriginal.

Previous reviews of child and family services

12. Child and family services in the territory have been reviewed twice since the implementation of the *Child and Family Services Act* in 1998. The first review, conducted by the Child Welfare League in 2000, focused on identifying issues emerging with the implementation of the new Act. It made recommendations for improvements in accountability, resource allocations for regional authorities, and guidance and tools to support the delivery of child and family services. In 2010, the Legislative Assembly's Standing Committee on Social Programs reviewed the Act. The Standing Committee's report made a series of recommendations, which focused on amendments to the Act, standards and procedures, and improvements in service delivery.

Focus of the audit

13. The audit examined whether the Department of Health and Social Services and the Health and Social Services authorities adequately met their key responsibilities for the protection and well-being of children, youth, and their families. To determine this, we assessed whether the Department had an adequate accountability framework in place to support the delivery of child and family services. We also examined whether the Department and the regional authorities

- had put in place adequate mechanisms to support the delivery of services for children and families,
- had complied with key requirements of the *Child and Family Services Act*, and
- had ensured that appropriate prevention and youth programs were in place.

Our examination of the Department and the regional authorities covered the period between April 2010 and September 2013.

14. More details about the audit objective, scope, approach, and criteria are in **About the Audit** at the end of this report.

Observations and Recommendations

Accountability for child and family services

15. We examined whether the Department of Health and Social Services had established an adequate accountability framework for the delivery of child and family services through the regional authorities. Such a framework would assist the Department and the Director in assessing whether regional authorities are complying with the *Child and Family Services Act* and are achieving the intended results with the funding they receive.

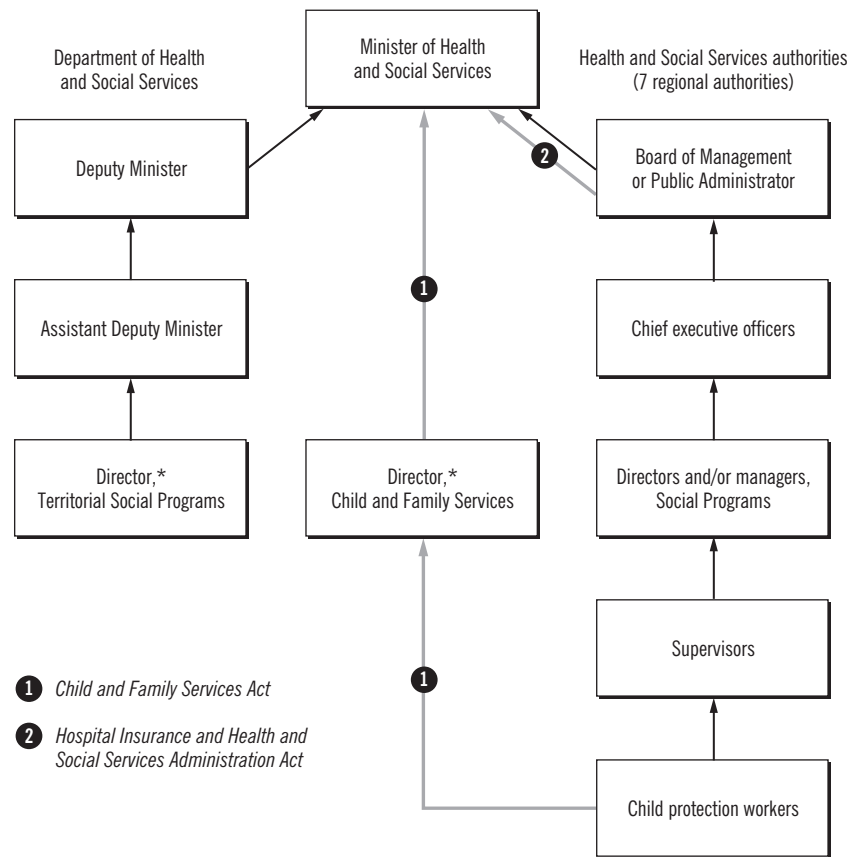
The accountability framework for child and family services is inadequate

16. 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, these workers are employed by the regional authorities and receive

direction from management who do not report to and are not accountable to either the Department or the Director for child and family services delivered in their jurisdictions (Exhibit 1).

17. The Department has not made use of a provision within the *Child and Family Services Act* that may increase accountability for child and family services within the regional authorities. The Director has the ability to appoint assistant directors within the regional authorities who may exercise many of his or her powers and duties. Such appointments may enhance oversight by extending accountability to senior management within the authorities to whom child protection

Exhibit 1 Accountability structure for child and family services



— Organizational reporting and accountability

— Statutory reporting and accountability

* The Director of Territorial Social Programs also has the statutory appointment of Director of Child and Family Services.

Sources: Department of Health and Social Services, Main Estimates, *Child and Family Services Act*, *Hospital Insurance and Health and Social Services Administration Act*

workers report. We found, however, that only one such appointment was in effect among the seven regional authorities. The Department was unable to explain why this option had not been used for all regional authorities. Officials informed us that it is currently being considered.

18. The Department requires regional authorities to submit audited financial statements as a condition of contribution agreements. It also requires specific documentation, such as incident reports, on a case-by-case basis. However, these documents do not provide the Department with the information it needs to assess the regional authorities' compliance with the Act, or whether children are receiving access to the level and quality of services they are entitled to. As well, the Department's contribution agreements do not require regional authorities to report on their performance in the provision of child and family services. We note that individual regional authorities gather varying types and amounts of information on their child and family services activities, but they are not required to report this information to the Department.

19. Recommendation. The Department of Health and Social Services should conduct a thorough review of its current accountability framework for child and family services to identify existing deficiencies and consider mechanisms at its disposal to enhance accountability. As part of this review, it should also identify additional mechanisms to improve accountability for the delivery of child and family services.

The Department's response. Agreed. The Department began work in early 2013 to conduct a review of its current accountability framework, to establish system-wide performance measures that all Health and Social Services authorities will be required to report on, and to clarify reporting requirements. We anticipate that this will be complete early in 2014. The Department is also developing a proposal for amendments to the Hospital Insurance and Health and Social Services Administration Act which will strengthen the Minister's authority for reporting and accountability. With respect to identifying additional mechanisms to improve accountability, the Department has developed a statutory training program for senior managers in the regional authorities that would allow them to be appointed as assistant directors under the Child and Family Services Act. The first training session was delivered in December 2013.

The Department does not conduct all required compliance audits of child and family services files

20. 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. These audits are one of the few tools the Department has in place to monitor regional authorities in their delivery of child and family services. We found that these audits were not conducted annually as required. Since 2010, the Department had conducted only one audit in three of the seven regional authorities, and one follow-up audit. While these audits found many instances where key requirements of the Act were not being met, the Department did not require the regional authorities to develop formal action plans to address deficiencies.

21. Failure to complete these audits annually is significant, as they provide the Department with information that allows it to monitor whether the regional authorities are delivering services in compliance with the Act, and, more fundamentally, whether children are being protected from harm, abuse, and neglect. These audits also help the Department and the regional authorities identify where improvements could be made in child protection practices.

22. **Recommendation.** The Department of Health and Social Services should conduct the required compliance audits of child and family services files annually in all Health and Social Services authorities, as required by the Child and Family Services Standards and Procedures Manual. It should also require Health and Social Services authorities to submit formal action plans to address identified deficiencies, and it should monitor their implementation.

The Department's response. Agreed. The Department should conduct compliance audits on an annual basis; however, it would have to assess the resources required to implement this recommendation. There are other mechanisms to ensure compliance with legislation and policy that the department has initiated, including the appointment of assistant directors, annual reviews of all permanent custody orders, and a new information system that will be developed over the next three years, better designed to identify compliance issues. In addition, in response to the recommendation in paragraph 72 of this report, the regional authorities have indicated agreement with the recommendation that they conduct internal audits on an annual basis. They will be required to report on these audits to the Department, and this, too, will improve the monitoring of compliance with legislation and policy. In future, the Department will require the regional authorities to submit action plans in response to audit findings and will monitor their implementation at the six-month follow-up, and at later dates as may be required.

Annual reports to the Minister are not being completed

23. The Act requires the Director to report annually to the Minister of Health and Social Services on the administration of the *Child and Family Services Act*. We found that this reporting had not taken place for the past 10 years: the last report provided to the Minister was for the 2001–02 fiscal year. In the absence of such reporting, the Minister has limited assurance that the system is adequately meeting the needs of children and families. During the audit, the Director indicated that a report was being drafted, covering the period from 2002 to 2012. But, as of September 2013 a proposed date for reporting to the Minister had not been identified.

24. Recommendation. The Director of Child and Family Services should report annually to the Minister of Health and Social Services on child and family services, as required under the *Child and Family Services Act*.

The Department's response. Agreed. The Director of Child and Family Services should report annually to the Minister of Health and Social Services on child and family services, as required under the *Child and Family Services Act*. A draft report covering the period from 2002 to 2012 has been prepared and is awaiting approval by the Director. It will be provided to the Minister in the first quarter of 2014. An annual report for 2012–13 is being developed. In future years, annual reports on the delivery of child and family services will be provided to the Minister by the end of October, for the previous fiscal year.

Support for the delivery of services

25. We examined whether the Department of Health and Social Services had adequate mechanisms in place to ensure that key responsibilities for the protection and well-being of children, youth, and their families were being met. Specifically, we examined whether the Department had put in place the required resources and developed appropriate guidance and tools to support regional authorities in their delivery of child and family services.

26. It is important that an allocation of resources take into account the responsibilities of regional authorities, to help ensure compliance with the *Child and Family Services Act*. In addition, sufficient guidance on how to deliver on their responsibilities under the Act is important to assist regional authorities in fulfilling their obligations to children and families.

The Department has not assessed the financial and human resources needed to deliver child and family services

27. The Minister has authorized regional authorities to assist in the delivery of child and family services, in accordance with requirements of the Act. However, we found that the Department had not assessed whether the financial or human resource levels it allocated to regional authorities were and remained sufficient to deliver on these obligations.

28. 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, including the number of children and families requiring services. 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.

29. We found that since then, the Department had not assessed whether funding allocations for regional authorities were sufficient—with the exception of an assessment of per diem rates for children in foster care, which it subsequently increased in 2008. Some adjustments have also been made to funding levels for inflation and rising salary costs. We also note that some regional authorities took steps to assess human and financial resource needs, and they internally realigned activities to address identified needs.

30. In our 2011 audit of the Department's health programs and services, we recommended that it follow through on its commitment to revise the funding formula for regional authorities—a commitment originally made in 2006. In response to that audit, the Department committed to developing a new funding methodology by the 2012–13 fiscal year. As of September 2013, this had not been done.

31. The resource allocations provided by the Department to regional authorities also include funding to staff positions to deliver child and family services. The Department provided no evidence that the initial staffing levels it established took into account the responsibilities regional authorities were assuming for assisting in the delivery of child and family services. Since the authorization, the Department had not undertaken an analysis of whether staffing levels across regional authorities were sufficient to meet the obligations of the Act.

32. We note that the Department received funding to staff additional positions in the 2001–02 and 2002–03 fiscal years, in response to staffing shortfalls identified in the 2000 review of child and family services. The review also recommended that the Department assess the basis on which resources for child and family services were allocated to regional authorities. The Department did not complete this assessment. Moreover, because the Department has not developed a standard for caseloads, it is not in a position to determine whether staffing levels are sufficient.

33. Some child protection workers we interviewed informed us that they considered their workloads to be high, and that this often affected their ability to manage their caseloads effectively. At the time of our audit, Department officials told us that an assessment had recently been completed to identify the number of staff currently working in child and family services, but not whether these staffing levels were sufficient.

34. **Recommendation.** The Department of Health and Social Services, in conjunction with the Health and Social Services authorities, should perform a detailed assessment of the financial and human resource requirements for delivering child and family services. The Department should then revisit this assessment periodically to identify any necessary changes to financial and human resource requirements.

The Department's response. Agreed. The Director of Child and Family Services has had preliminary discussions with a national child welfare organization that has expressed interest in possibly conducting this review. These discussions will continue in the coming months to determine the scope, methodology, and expected cost of this undertaking. Assuming the resources are available, the Department will determine whether to proceed with the review by way of a request for proposals. If the resources are not available, then the Department will proceed when funding is identified. In the longer term, the new child and family information system will be designed so as to increase capacity for workload monitoring. Regular reporting of this information will facilitate ongoing review (annual) of the financial and human resources required to deliver child and family services under the Child and Family Services Act.

The Department's guidance and tools to support the delivery of child and family services are inadequate

35. We examined whether the Department had established clear standards and procedures to guide regional authorities, and child protection workers in particular, in their delivery of child and family services. Clear standards and procedures provide the tools needed to assist child protection workers in carrying out all of their responsibilities under the Act and in managing their cases consistently.

36. The Department developed the Child and Family Services Standards and Procedures Manual in 1998. We found, however, that it had not updated the manual since then to keep pace with changes to the Act. Officials told us that the Department recognized this and that work had been ongoing to update the manual over the past eight years but had never been completed. At the time of our audit, officials informed us that these updates were in progress and were scheduled for completion in early 2014.

37. We also found that some sections of the manual were lacking tools and guidance to assist child protection workers in meeting requirements when providing services to children and families. This was most notable with respect to key steps in the investigation process, administering plan-of-care agreements, and screening prospective foster care applicants. The absence of standardized processes could also lead to inconsistencies in intervention approaches despite similar circumstances—a trend evident in the files we reviewed.

38. Some regional authorities had developed supplemental standards to help guide the delivery of child and family services in their respective regions, which are permitted under the manual. These included policies to guide case management, periodic reviews of child files, and foster care home approval processes. We note, however, that there was no formal mechanism to facilitate sharing these additional tools and guidance among regional authorities.

39. Recommendation. The Department of Health and Social Services, in consultation with the Health and Social Services authorities, should update and clarify the Child and Family Services Standards and Procedures Manual and identify additional tools and guidance to better assist child protection workers in meeting key requirements of the *Child and Family Services Act*.

The Department's response. Agreed. In response to recommendations made by the Standing Committee on Social Programs following its review of child and family services, the Department initiated a revision of the *Child and Family Services Standards and Procedures Manual*. A substantial amount of work has been completed, and the Department anticipates sending the first two chapters out to the regional authorities for review in January 2014. The Department will continue to revise, update, and clarify the remaining portions of the manual to ensure that child protection workers have the guidance and tools to meet key requirements of the *Child and Family Services Act*. This work will be completed by the fall of 2014.

40. Recommendation. The Department of Health and Social Services, in consultation with the Health and Social Services authorities, should develop a process for all parties involved in the delivery of child and family services to share information on best practices and challenges in the delivery of these services.

The Department's response. Agreed. The Director of Child and Family Services has recently taken steps, at the direction of the Joint Senior Management Committee, to reconvene the dormant Directors of Social Programs Forum. The forum will meet quarterly by teleconference and annually face to face to share information on best practices and discuss challenges in the delivery of child and family services, among other matters. The first face to face meetings of the forum were held on 26 and 27 November 2013. The forum is co-chaired by the Director and a member of senior management in the regional authorities, and it reports to the Joint Senior Management Committee, which includes all regional authority chief executive officers.

Mandatory training does not adequately address some key responsibilities for child protection workers

41. The Department is responsible for providing mandatory introductory training to child protection workers. We found that all child protection workers were provided with introductory training on the requirements of the Act. Some child protection workers told us that this training helped them better understand the Act and manual. Others told us, however, that the training did not provide adequate guidance on how to apply the requirements of the Act and manual in their daily work, for example, how to conduct investigations and manage children's cases. Other training, such as enhanced training on investigations, is offered periodically by the Department but is not mandatory for all child protection workers. We note that some regional authorities provided additional training to child protection workers in areas such as trauma, addictions, and personal safety to help them carry out their duties.

42. Recommendation. The Department of Health and Social Services, in consultation with the Health and Social Services authorities, should provide training to all child protection workers for all key responsibilities required to carry out child and family services. It should also assess whether the training provided is meeting the needs of child protection workers to deliver child and family services.

The Department's response. Agreed. The Department has already taken steps to implement this recommendation. The current statutory training program that all child protection workers must complete successfully in order to be appointed under the Child and Family Services Act is being expanded to include best practices in core functions, such as risk assessment, early intervention, dispute resolution, family support, and permanency planning. It is anticipated that the expanded statutory training program will be available in 2015–16.

The child and family information system contains inaccurate information on children's cases

43. The Department's child and family information system (CFIS) contains information on protection and other services provided to individual children and families, and is used by child protection workers to record decisions made on the management of children's cases. The Department indicated that the database is also used to monitor services provided to children and families. During our examination of mechanisms to support child and family service delivery, we observed some issues with the information in this system.
44. During our review of children's files, we found several instances where information reported in CFIS was incomplete or inaccurate. In 18 of the 46 files we reviewed, the details we found in a child's file (for example, reported child concerns or interventions, a child's status, or foster care placements) were not reflected in CFIS. In 6 files, investigation outcomes recorded in CFIS differed from the interventions recorded in the files. This incorrect information significantly limits the Director's ability to monitor the services provided to children and families.
45. We also found that the database could not produce accurate information on foster care homes in the territory—and specifically on how many new homes were approved each year, when they were approved, or how long the homes have been open. This information is needed to ensure that the required initial screening and annual review processes for foster care homes are completed.
46. Child protection workers told us that the database is difficult to navigate, and the volume of information they are required to enter often results in delays. They also expressed concerns with the use of this system as an effective case management tool. The Department has recognized the limitations of the database for case management as well as its data quality issues. Officials told us that they intend to replace the system within the next three years.

Child protection services and foster care

47. The Department is responsible for the overall management of the child and family services system, and specifically, the Director is responsible for ensuring compliance with the *Child and Family Services Act*. While regional authorities are responsible for the day-to-day delivery of child and family services, the Director remains accountable for decisions made by child protection workers on his behalf. In this delivery model, compliance with the Act remains both the Director's and the Department's responsibility. In this section, we report on whether key requirements were met by regional authorities in their delivery of child protection services and foster care.

48. We examined whether the regional authorities were fulfilling key responsibilities for the protection of children and for the placement of children in foster care, as set out in the *Child and Family Services Act* and in the Department's Child and Family Services Standards and Procedures Manual. More specifically, we examined 13 key requirements in the following 4 areas:

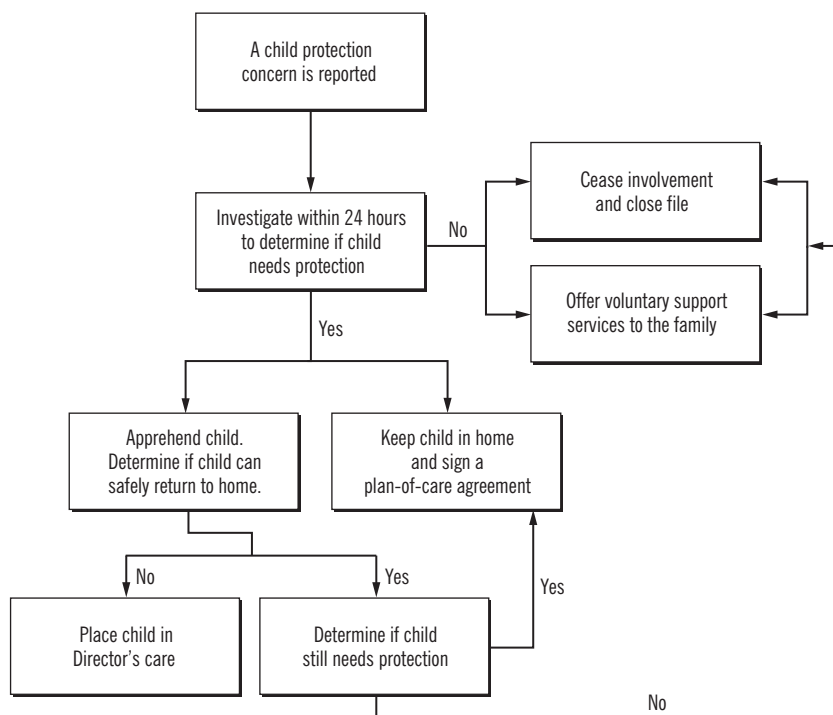
- investigating concerns about child safety and well-being,
- addressing confirmed needs for child protection,
- providing services to children under the care of the Director of Child and Family Services, and
- screening and reviewing foster care homes.

The Act and the manual set out the process that must be followed whenever a child protection concern is reported (Exhibit 2).

49. We reviewed a sample of 46 case files for children—26 who were receiving services in the parental home, and 17 who were under the care of the Director. Our sample also included 3 youths receiving services under a voluntary or support-service agreement. We also reviewed a sample of 36 files of regular, provisional, and extended-family foster care homes. We undertook this work in three regional authorities.

50. Compliance with the requirements of the Act and the manual is key to helping ensure that children are protected from abuse, harm, and neglect, and to help prevent potential protection concerns from arising. It is therefore imperative that key requirements are met each and every time child protection workers interact with children and families.

51. The 46 files we reviewed, each relating to an individual child, covered a wide range of issues facing children, youth, and their families. These issues included struggles with poverty that limited parents' abilities to care for their children, alcohol and drug use,

Exhibit 2 Key decision processes for child and family services

Sources: *Child and Family Services Act*, and the *Child and Family Services Standards and Procedures Manual*

neglect, family violence, and physical abuse. We noted that 83 percent of the files we reviewed made reference to alcohol and/or drug misuse as a factor that put the child at risk. In some of the files, there were a small number of reported concerns about the children potentially needing protection, while others had as many as 40 reported concerns. Children coming to the attention of child and family services varied in age from infancy to adolescence. Some children had been involved with child and family services for more than 10 years. Over 90 percent of our files involved Aboriginal children and families.

Regional authorities responded quickly to reported concerns for children

52. The Act and the manual require that reports of matters concerning a child be investigated promptly to assess whether the child is at risk. We examined whether the regional authorities had responded to reported concerns within the required 24-hour period.

53. For the 46 files we reviewed, there had been 225 investigations conducted during the period covered by our audit. We found that for 92 percent of investigations (207 of 225), regional authorities had responded quickly to reports of concern for children by initiating the

investigation within the required 24 hours. When the required timelines were not met, the delay in responding to the reported child protection concerns was short in some cases (2–3 days) and longer in others (up to a month or more).

Key investigation steps to assess child safety were not followed

54. As part of the investigation process, the Act and the manual require that specific steps be taken to assess a child's safety. We examined whether the required procedures to assess the affected children's safety were followed.

55. 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 and interviewing children and other family members. Furthermore, 28 percent of the files (13 of 46) included reports of concerns about children possibly needing protection that had not been investigated at all (Exhibit 3).

56. Failure to follow the required investigation steps may leave children in situations of neglect or compromised safety. We found that in those investigations where regional authorities had failed to perform the required investigation steps, 66 percent (48 of 73 investigations) had been followed by at least one further investigation in which the child was ultimately found to be in need of protection. See our recommendation in paragraph 71.

Investigations did not include assessment of longer-term risks for children

57. The Act also requires that a number of factors be taken into account to determine a child's safety when conducting an investigation. In addition to requiring investigations of immediate safety concerns, it also requires longer-term risk assessment—specifically, the assessment of patterns of neglect, repeated exposure to family violence, and potential future harm when determining whether a child is at risk and in need of protection. Neither the Department nor regional authorities had developed a tool to assist child protection workers in assessing longer-term risks for children.

58. We found that this requirement was not met in any of the files we reviewed. We found that in most cases, when investigations concluded that a child's immediate safety was not compromised, the file was closed.

Fifty-nine percent of these cases (87 of 148 investigations) saw the development of additional concerns where children were subsequently found to be in need of protection.

59. In our review of files, we noted that focusing on immediate safety factors without assessing longer-term risk for children coincided with unresolved issues leading to recurring interactions with families. In one case we reviewed, there were ultimately over 40 reported child protection concerns, resulting in the child being apprehended 9 times. We further observed several cases where children were repeatedly exposed to interrelated issues including parental alcohol misuse, family violence, and neglect. In a small number of extreme circumstances, we observed cases where children had suffered notable parental neglect or physical harm that required medical intervention.

Exhibit 3 Regional authorities did not meet key investigation requirements

Key requirement	Finding
There were a total of 225 investigations in the files we reviewed.	
All child protection concerns brought to the attention of child protection workers must be investigated.	In 28 percent of files (13 of 46), one or more reported child protection concerns were not investigated.
All investigations must be completed within 30 days after the initial report of concern.	18 percent of investigations (41 of 225) were not completed within 30 days after the initial report of concern.
In each investigation, interviews must be conducted with the parents, the children, and others who may have relevant information about the child and family.	In 27 percent of investigations (60 of 221*), the required interviews were not conducted.
In each investigation, a safety assessment must be conducted to determine whether there are any factors threatening the immediate safety of the child.	In 13 percent of investigations (29 of 222*), required safety factors were not assessed when determining 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.	We did not find longer-term risk assessments in any of the investigations (0 of 225).

* This requirement did not apply to a small number of investigations.

60. Recommendation. 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*.

The Health and Social Services authorities' response. Agreed. The Health and Social Services authorities will work with the Department of Health and Social Services in the selection, adaptation, and implementation of a best-practice risk assessment tool that is reliable and valid and will guide child protection workers in assessing long-term risks. This will be accomplished, at the earliest (depending on the need for adaptation), in the 2015–16 fiscal year.

Monitoring of plans for children's safety in the parental home was inadequate

61. Once a child is considered to be in need of protection, the Act allows for a number of approaches to protecting the child. These include allowing the child to remain in the parental home, but with support and services to help ensure the child's safety. When a child remains in the parental home, the Act requires that parents sign a plan-of-care agreement, which sets out provisions to help alleviate concerns about children needing protection. The Act also sets out requirements for monitoring a family that has a plan-of-care agreement to ensure the child's safety.

62. We examined whether the regional authorities had initiated plan-of-care agreements within the required timelines. We also examined whether they had maintained regular contact with families to ensure that conditions of the agreement were being met. We found that these key requirements had not been met (Exhibit 4).

63. In the files we reviewed, 37 plan-of-care agreements had been signed during the period covered by our audit. We found that regional authorities had not adequately monitored the delivery of 54 percent of agreements (20 of 37) to ensure that their provisions were met, and they had not maintained regular contact with the families—in particular, with the children these agreements were designed to protect. As a result, regional authorities did not know whether the agreements were alleviating concerns about children needing protection and, more fundamentally, whether the children were safe. This situation is significant, as we found that in 76 percent of cases (28 of 37 agreements), further child protection concerns arose even after plan-of-care agreements had been signed. See our recommendation in paragraph 71.

Exhibit 4 Regional authorities did not meet key requirements for addressing confirmed child protection needs

Key requirement	Finding
There were a total of 37 plan-of-care agreements in the files we reviewed.	
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.	14 percent of plan-of-care agreements (5 of 37) had not been signed within 23 days.
All parties involved in the plan-of-care agreement must agree with the conditions and sign the agreement.	14 percent of plan-of-care agreements (5 of 37) had not been signed by the required parties.
<p>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 Standards and Procedures Manual:</p> <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 54 percent of the agreements (20 of 37), compliance with conditions of the plan-of-care agreements was not monitored according to the minimum contact guidelines.

Children in the care of the Director of Child and Family Services were not sufficiently monitored

64. In cases where a child cannot safely return to the care of his or her parents, child protection workers are required to seek temporary or permanent custody of the child through the courts. If custody has been granted and children are placed in foster care, the Act and the manual further require that child protection workers maintain regular contact with the children and periodically conduct case reviews to assess the care and services the children are receiving. Since the Act gives the Director most of the rights and responsibilities of a parent for each child placed in his or her care, it is important that the child is in a safe and appropriate placement and is receiving the necessary services and support.

65. We examined whether the regional authorities had maintained regular contact with the children under the care of the Director and conducted the required assessments of services they were receiving. We found that key requirements in this area had not been met (Exhibit 5).

66. In the files we reviewed, there were 17 children in either the temporary or permanent care of the Director. We found that in 59 percent of these files (10 of 17), regional authorities did not maintain regular contact with children, in particular with children who were placed in extended family foster care homes. We also found that the required case reviews were not done for any of the children in care. This means that there was limited assessment of the children's health and overall well-being or of foster families' capacity to care for the children and the quality of care they were receiving. See our recommendation in paragraph 71.

Exhibit 5 Regional authorities did not meet key requirements for children under the care of the Director

Key requirement	Finding
In the files we reviewed, there were 17 children in the temporary or permanent care of the Director.	
Regular contact must be maintained with the children, according to the minimum contact guidelines set out in the Act: <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). 	Regular contact had not been maintained with 59 percent of the children in care (10 of 17 children).
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 the children are needed.	Case reviews had not been conducted every four or six months in any of the cases (0 of 17 children).

Foster care homes were not screened or reviewed annually

67. Children in the care of the Director are placed in foster care homes until they can return to the care of their parents, or until more permanent care can be arranged. The manual requires that foster care homes undergo a screening process to ensure that they can provide an appropriate and safe environment for children—and, if approved, they undergo annual reviews. We examined a sample of 36 files for regular, provisional, and extended-family foster care homes to assess whether the regional authorities had conducted the screening and annual review processes as required. We found that requirements for screening and review of foster care homes were not met (Exhibit 6).

68. We found that the required screening of foster care homes was not completed in 69 percent of the files we reviewed (25 of 36). In 81 percent of the foster care home files (17 of 21), regional authorities did not conduct annual reviews, regardless of whether the appropriate screening had taken place. This resulted in the placement of some children in inappropriate or unsafe situations. In two cases we reviewed, children had been placed in homes where the required screening had not occurred and where there were subsequent allegations of neglect and physical abuse. Both foster care homes were closed after these allegations arose. See our recommendation in paragraph 71.

Exhibit 6 Regional authorities did not meet key requirements for screening and review of foster care homes

Key requirement	Finding
We examined 36 foster care home files.	
Foster care home 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-record checks must be completed. • Departmental record checks must be completed, to identify any previous or outstanding child well-being or safety concerns about the applicants. • Medical information must be obtained (for regular foster care homes). • An initial home study must be completed. • An agreement and oath of confidentiality must be signed. 	Required screening of foster care home applicants was not completed in 69 percent of foster care home files (25 of 36).
Annual reviews of foster care homes must be conducted to help ensure ongoing high quality of care.	Annual reviews were not performed in 81 percent of files (17 of 21*).

* Annual reviews were not required for 15 foster care homes due to the length of time the homes were open.

There is no standardized approach to delivering foster care

69. Despite the requirements of the Act, there is no standardized approach for delivering foster care in the Northwest Territories. While the Department has established basic rates of pay for foster parents, it has not established any other standards to help ensure

that each child in foster care receives equitable support and services from regional authorities. Some regional authorities have developed supplementary guidelines to assist in the delivery of foster care in their respective regions, while others have not, despite the manual's requirement to do so. We observed significant disparities across regional authorities in the levels of support and services provided to foster care children and families.

70. Officials across regional authorities told us that there is a chronic shortage of foster care homes in the territory—particularly, of foster families who are well equipped to provide the support children require. As well, in our review of children's files, we found that some children had experienced a high number of movements between foster care homes—as many as 22 placements in different foster care homes within a year. Such displacement may affect children's stability, their ability to form healthy and secure emotional attachments, and their behaviour.

71. Recommendation. The Health and Social Services authorities should comply with the *Child and Family Services Act* and the *Child and Family Services Standards and Procedures Manual* in their delivery of services to children and families. They should ensure that key requirements are met when

- investigating concerns about child safety and well-being,
- providing protective services to children to address confirmed child protection needs,
- providing services to children under the care of the Director of Child and Family Services, and
- performing screening and monitoring of foster care homes.

The Health and Social Services authorities' response. *Agreed. In accordance with the Child and Family Services Act and the Child and Family Services Standards and Procedures Manual, the Health and Social Services authorities, in consultation with the Department of Health and Social Services, will ensure that child protection workers know, understand, and comply with*

- *investigating concerns about child safety and well-being,*
- *providing protective services to children to address confirmed needs for child protection,*
- *providing services to children under the care of the Director, and*
- *performing screening and monitoring of foster care homes.*

This will be accomplished

- *by capturing the above-noted items in the internal compliance audits, which the authorities intend to initiate in response to the recommendation in paragraph 72, and*
- *by ensuring that the services noted above are addressed on an ongoing basis between the child protection worker and his or her supervisor during regular supervisory sessions.*

72. Recommendation. The Health and Social Services authorities, in consultation with the Department of Health and Social Services, 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 Standards and Procedures Manual*. The results of these assessments should be used to improve compliance and should be shared with the Director of Child and Family Services.

The Health and Social Services authorities' response. *Agreed. The Health and Social Services authorities will work with the Department of Health and Social Services to initiate internal compliance audits on a regular basis that complement the Department's audits. These audits will be initiated in the 2014–15 fiscal year. The results will be shared with the Director as well as with the Health and Social Services authorities Board of Directors/ Public Administrators.*

Some good practices in prevention services are emerging

73. The Act supports prevention activities to assist in dealing with child protection concerns before they escalate. Some prevention programs and services are available in a number of communities across the territory. However, we found 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.

74. Despite the lack of guidance to identify and access these programs and services, we found instances of good practices and exceptional dedication by child protection workers to offer prevention services to children and families in need. One regional authority had employed a family preservation worker who provides in-home parenting support to families who are assessed as being at potential risk (Exhibit 7). Also, in about half of the files we reviewed, we observed efforts on the part of child protection workers to help children and families access activities such as camps, recreation, and support groups as a means of providing support to the family.

Exhibit 7 Services provided by a family preservation worker

A family preservation worker provides primary, in-home, and individualized intervention services intended to improve the well-being of children by promoting productive family functioning. The aim of this intervention is to help prevent the out-of-home placement of children whenever possible. A family preservation worker may provide assistance and mentorship to help in the development of effective parenting skills, which may help to reduce family conflict and distress. This assistance may include

- instructions in family budgeting;
- guidance in managing daily household tasks, such as cleaning, cooking, and grocery shopping;
- nutrition and health information; and
- identification of services that might help stabilize families at risk.

Source: Interviews with regional authority officials

75. However, in the remaining files we reviewed, we found that available prevention support was not offered, especially the support that might help to alleviate the immediate poverty concerns of children and their families. Furthermore, regional authority officials frequently told us that there are insufficient local prevention services and resources available, making it difficult to meet the prevention needs of affected families within their communities.

76. Recommendation. The Health and Social Services authorities, in consultation with the Department of Health and Social Services, should develop guidance to assist child protection workers in identifying and accessing the prevention programs available to children and families. They should also ensure that prevention programs are offered to families in need.

The Health and Social Services authorities' response. Agreed. The Health and Social Services authorities, in consultation with the Department of Health and Social Services, will ensure that all child protection workers have knowledge of the range of prevention programs available in their community, and offer those prevention programs to families in need. This will be accomplished through the creation of regional information packages that describe the promotion and prevention programs available in each community, which will be provided to each child protection worker and shared between regional authorities at the Joint Senior Management Committee. It will also be accomplished through revisions to the statutory training required of all child protection workers that will take effect in 2015–16.

There are gaps in the Department's services for at-risk youth

77. Under the Act, youth who are 16 or older are no longer considered children and become ineligible for child protection services. Youth approaching the age of 16 who are already under the care of the Director can choose to have their custody arrangements extended until they are 18 if they are in temporary care, or 19 if they are in permanent care, and continue receiving services. Otherwise, the Act allows for limited support to youth in the form of support-service agreements. These agreements are made at the discretion of child protection workers and can take the form of financial support to youth, who in return have to meet specific criteria such as attending school or counselling.

78. While youth who are 16 or older are not entitled to protection, including placement in foster care, they are also unable to qualify for other territorial government programs or benefits, such as income assistance, until they reach the age of majority. The inability of youth to receive protective services takes place in the context of high rates of alcohol and drug misuse, suicide, pregnancy, and crime among youth, which markedly exceed the national average. Furthermore, national statistics indicate that youth who have been in foster care are more vulnerable to these same risks. We found that some regional authorities referred youth to community resources, but neither the Department nor regional authorities had developed programs to fill the gap.

79. At the time of our audit, officials informed us that the Department was considering proposing some amendments to the Act, including one that would change its definition of a child. If implemented, this would allow for the provision of protective services to youth up to the age of 19.

Improvements to child and family services are within the Department's control

80. Many of the weaknesses we have reported on are within the Department's control to address. The Department has had a long-standing awareness of many of these weaknesses. However, it has done little systematic analysis resulting in solutions to address these weaknesses. As far back as the year 2000, recommendations were made to the Department to address weaknesses in the areas of accountability, resource allocations to regional authorities, and guidance and tools to support service delivery. Our audit found that these same issues persist and are critical shortcomings in the child and family services system that affect meeting key responsibilities for

children, youth, and families. Improvements in standards and procedures to assist in front-line delivery of services, better training for child protection workers, and periodic reassessments of financial and staffing allocations may result in improved services to children and families. Enhanced accountability and oversight for these services is also important to ensure that key responsibilities for children, youth, and their families are being met.

Conclusion

81. We concluded that the Department of Health and Social Services and the Health and Social Services authorities are not adequately meeting their key responsibilities for the protection and well-being of children, youth, and their families.

82. The Department does not have an adequate accountability framework in place to support the delivery of child and family services, and neither the Department nor regional authorities have adequate mechanisms in place to ensure that key responsibilities for children, youth, and families are being met. These are serious shortcomings in the delivery structure that have an impact on services provided to children and families. There is not enough support in place to meet the needs of youth aged 16 to 18 years. While some good practices in prevention services are emerging, in about half of the files we reviewed, prevention options were not pursued.

83. The Department of Health and Social Services and Health and Social Services authorities have not complied with their key responsibilities related to child protection and foster care services. In the files we reviewed, regional authorities did not comply with many key requirements set out in the *Child and Family Services Act*. While they responded quickly in most cases to reports of children needing protection, key steps in the investigation process were not followed, and families that signed agreements to help ensure children's safety were not sufficiently monitored. Key requirements for initial screening and annual reviews of foster care homes were also not met.

About the Audit

The Office of the Auditor General's responsibility was to conduct an independent examination of child and family services in the Northwest Territories to provide objective information, advice, and assurance to assist the Legislative Assembly in its scrutiny of the government's management of resources and programs.

All of the audit work in this report was conducted in accordance with the standards for assurance engagements set by the The Canadian Institute of Chartered Accountants Handbook—Assurance. While the Office adopts these standards as the minimum requirement for our audits, we also draw upon the standards and practices of other disciplines.

As part of our regular audit process, we obtained management's confirmation that the findings reported in this report are factually based.

Objective

The overall objective of the audit was to determine whether the Department of Health and Social Services and the Health and Social Services authorities adequately meet their key responsibilities for the protection and well-being of children, youth, and their families.

To determine this, we examined whether the Department had an adequate accountability framework in place to support the delivery of child and family services. We also examined whether the Department and the regional authorities

- had adequate mechanisms in place to ensure that key responsibilities for the protection and well-being of children, youth, and their families were being met;
- complied with their key responsibilities related to the protection of children and the provision of foster care services;
- provided prevention programs for children and families to help reduce risks leading to child protection needs; and
- established adequate programs for youth who are 16 to 18 years old.

Scope and approach

The audit focused on both the Department of Health and Social Services and seven Health and Social Services authorities located across the territory.

Our audit included interviews with senior officials, managers, and child and family services staff from the Department. We also met with senior officials, managers, supervisors, and child protection workers from each of the seven regional authorities. For some of the regional authorities, our audit work included visits to both regional and community offices. We also analyzed documentation related to child and family service delivery from the Department and from each of the seven regional authorities, including child files and foster care files.

The Stanton Territorial Health Authority was excluded from the audit scope, as it does not provide child and family services that are similar to the other regional authorities.

To assess whether the Department and the regional authorities complied with key requirements of the *Child and Family Services Act*, we selected and tested random samples of 46 child files and 36 foster care files. We selected these files from three regional authorities: the Yellowknife Health and Social Services Authority, the Beaufort Delta Health and Social Services Authority, and the Tlicho Community Services Agency. The key requirements we examined included 13 procedural requirements that the regional authorities must follow in providing child protection services. These files documented that children had received services between April 2010 and July 2013 (but may have also received services outside of that time frame). The 36 foster care files were opened between 2008 and 2013.

Criteria

Criteria	Sources
To determine whether the Department of Health and Social Services and the Health and Social Services authorities adequately met their key responsibilities for the protection and well-being of children, youth, and their families, we used the following criteria:	
The Department of Health and Social Services has an accountability framework that clearly defines the roles and responsibilities of each of the parties involved in the delivery of child and family services, and is consistent with the <i>Child and Family Services Act</i> .	<ul style="list-style-type: none"> • Health and Social Services Establishment Policy • <i>Child and Family Services Act</i> • <i>Financial Management Board Handbook</i>, Government of the Northwest Territories
<p>The Department of Health and Social Services and the Health and Social Services authorities have</p> <ul style="list-style-type: none"> • put in place the resources to identify children at risk and to investigate cases, as required by the <i>Child and Family Services Act</i>; • established clear standards and procedures to guide the delivery of services to children, youth, and families in accordance with the <i>Child and Family Services Act</i>; • monitored compliance with the <i>Child and Family Services Act</i>; and • collected and analyzed information to improve program administration and results. 	<ul style="list-style-type: none"> • <i>Child and Family Services Act</i> • <i>Child and Family Services Regulations</i> • <i>Child and Family Services Standards and Procedures Manual</i> • <i>Financial Management Board Handbook</i>, Government of the Northwest Territories
The Department of Health and Social Services and the Health and Social Services authorities provide support to families to care for their children, including prevention and monitoring activities intended to promote the safety, health, and well-being of children.	<ul style="list-style-type: none"> • Health and Social Services Establishment Policy • <i>Child and Family Services Act</i>
The Department of Health and Social Services and the Health and Social Services authorities deliver child protection services in compliance with key requirements of the <i>Child and Family Services Act</i> , and related standards and procedures.	<ul style="list-style-type: none"> • Health and Social Services Establishment Policy • <i>Child and Family Services Act</i> • <i>Child and Family Services Regulations</i> • <i>Child and Family Services Standards and Procedures Manual</i>

Criteria	Sources
To determine whether the Department of Health and Social Services and the Health and Social Services authorities adequately met their key responsibilities for the protection and well-being of children, youth, and their families, we used the following criteria: (continued)	
The Department of Health and Social Services and the Health and Social Services authorities deliver foster care services in compliance with key requirements of the <i>Child and Family Services Act</i> and related standards and procedures.	<ul style="list-style-type: none"> • Health and Social Services Establishment Policy • <i>Child and Family Services Act</i> • <i>Child and Family Services Regulations</i> • Child and Family Services Standards and Procedures Manual
The Department of Health and Social Services and the Health and Social Services authorities have identified risks related to youth from 16 to 18 years old.	<ul style="list-style-type: none"> • Health and Social Services Establishment Policy
The Department of Health and Social Services and the Health and Social Services authorities have mechanisms to identify children who may require youth services and have designed programs and services to support them.	<ul style="list-style-type: none"> • Health and Social Services Establishment Policy • <i>Child and Family Services Act</i>

Management reviewed and accepted the suitability of the criteria used in the audit.

Period covered by the audit

The audit covered the period between April 2010 and September 2013. Audit work for this report was completed on 30 September 2013.

Audit team

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Appendix List of recommendations

The following is a list of recommendations found in the report. The number in front of the recommendation indicates the paragraph where it appears in the report. The numbers in parentheses indicate the paragraphs where the topic is discussed.

Recommendation	Response
Accountability for child and family services	
<p>19. The Department of Health and Social Services should conduct a thorough review of its current accountability framework for child and family services to identify existing deficiencies and consider mechanisms at its disposal to enhance accountability. As part of this review, it should also identify additional mechanisms to improve accountability for the delivery of child and family services. (15–18)</p>	<p>The Department’s response. Agreed. The Department began work in early 2013 to conduct a review of its current accountability framework, to establish system-wide performance measures that all Health and Social Services authorities will be required to report on, and to clarify reporting requirements. We anticipate that this will be complete early in 2014. The Department is also developing a proposal for amendments to the <i>Hospital Insurance and Health and Social Services Administration Act</i> which will strengthen the Minister’s authority for reporting and accountability. With respect to identifying additional mechanisms to improve accountability, the Department has developed a statutory training program for senior managers in the regional authorities that would allow them to be appointed as assistant directors under the <i>Child and Family Services Act</i>. The first training session was delivered in December 2013.</p>
<p>22. The Department of Health and Social Services should conduct the required compliance audits of child and family services files annually in all Health and Social Services authorities, as required by the Child and Family Services Standards and Procedures Manual. It should also require Health and Social Services authorities to submit formal action plans to address identified deficiencies, and it should monitor their implementation. (20–21)</p>	<p>The Department’s response. Agreed. The Department should conduct compliance audits on an annual basis; however, it would have to assess the resources required to implement this recommendation. There are other mechanisms to ensure compliance with legislation and policy that the department has initiated, including the appointment of assistant directors, annual reviews of all permanent custody orders, and a new information system that will be developed over the next three years, better designed to identify compliance issues. In addition, in response to the recommendation in paragraph 72 of this report, the regional authorities have indicated agreement with the recommendation that they conduct internal audits on an annual basis. They will be required to report on these audits to the Department, and this, too, will improve the monitoring of compliance with legislation and policy. In future, the Department will require the regional authorities to submit action plans in response to audit findings and will monitor their implementation at the six-month follow-up, and at later dates as may be required.</p>

Recommendation	Response
<p>24. The Director of Child and Family Services should report annually to the Minister of Health and Social Services on child and family services, as required under the <i>Child and Family Services Act</i>. (23)</p>	<p>The Department's response. Agreed. The Director of Child and Family Services should report annually to the Minister of Health and Social Services on child and family services, as required under the <i>Child and Family Services Act</i>. A draft report covering the period from 2002 to 2012 has been prepared and is awaiting approval by the Director. It will be provided to the Minister in the first quarter of 2014. An annual report for 2012–13 is being developed. In future years, annual reports on the delivery of child and family services will be provided to the Minister by the end of October, for the previous fiscal year.</p>
<p>Support for the delivery of services</p>	
<p>34. The Department of Health and Social Services, in conjunction with the Health and Social Services authorities, should perform a detailed assessment of the financial and human resource requirements for delivering child and family services. The Department should then revisit this assessment periodically to identify any necessary changes to financial and human resource requirements. (25–33)</p>	<p>The Department's response. Agreed. The Director of Child and Family Services has had preliminary discussions with a national child welfare organization that has expressed interest in possibly conducting this review. These discussions will continue in the coming months to determine the scope, methodology, and expected cost of this undertaking. Assuming the resources are available, the Department will determine whether to proceed with the review by way of a request for proposals. If the resources are not available, then the Department will proceed when funding is identified. In the longer term, the new child and family information system will be designed so as to increase capacity for workload monitoring. Regular reporting of this information will facilitate ongoing review (annual) of the financial and human resources required to deliver child and family services under the <i>Child and Family Services Act</i>.</p>
<p>39. The Department of Health and Social Services, in consultation with the Health and Social Services authorities, should update and clarify the Child and Family Services Standards and Procedures Manual and identify additional tools and guidance to better assist child protection workers in meeting key requirements of the <i>Child and Family Services Act</i>. (35–38)</p>	<p>The Department's response. Agreed. In response to recommendations made by the Standing Committee on Social Programs following its review of child and family services, the Department initiated a revision of the Child and Family Services Standards and Procedures Manual. A substantial amount of work has been completed, and the Department anticipates sending the first two chapters out to the regional authorities for review in January 2014. The Department will continue to revise, update, and clarify the remaining portions of the manual to ensure that child protection workers have the guidance and tools to meet key requirements of the <i>Child and Family Services Act</i>. This work will be completed by the fall of 2014.</p>

Recommendation	Response
<p>40. The Department of Health and Social Services, in consultation with the Health and Social Services authorities, should develop a process for all parties involved in the delivery of child and family services to share information on best practices and challenges in the delivery of these services. (35–38)</p> <p>42. The Department of Health and Social Services, in consultation with the Health and Social Services authorities, should provide training to all child protection workers for all key responsibilities required to carry out child and family services. It should also assess whether the training provided is meeting the needs of child protection workers to deliver child and family services. (41)</p>	<p>The Department’s response. Agreed. The Director of Child and Family Services has recently taken steps, at the direction of the Joint Senior Management Committee, to reconvene the dormant Directors of Social Programs Forum. The forum will meet quarterly by teleconference and annually face to face to share information on best practices and discuss challenges in the delivery of child and family services, among other matters. The first face-to-face meetings of the forum were held on 26 and 27 November 2013. The forum is co-chaired by the Director and a member of senior management in the regional authorities, and it reports to the Joint Senior Management Committee, which includes all regional authority chief executive officers.</p> <p>The Department’s response. Agreed. The Department has already taken steps to implement this recommendation. The current statutory training program that all child protection workers must complete successfully in order to be appointed under the <i>Child and Family Services Act</i> is being expanded to include best practices in core functions, such as risk assessment, early intervention, dispute resolution, family support, and permanency planning. It is anticipated that the expanded statutory training program will be available in 2015–16.</p>
Child protection services and foster care	
<p>60. 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 <i>Child and Family Services Act</i>. (57–59)</p>	<p>The Health and Social Services authorities’ response. Agreed. The Health and Social Services authorities will work with the Department of Health and Social Services in the selection, adaptation, and implementation of a best-practice risk assessment tool that is reliable and valid and will guide child protection workers in assessing long-term risks. This will be accomplished, at the earliest (depending on the need for adaptation), in the 2015–16 fiscal year.</p>

Recommendation	Response
<p>71. The Health and Social Services authorities should comply with the <i>Child and Family Services Act</i> and the Child and Family Services Standards and Procedures Manual in their delivery of services to children and families. They should ensure that key requirements are met when</p> <ul style="list-style-type: none"> • investigating concerns about child safety and well-being, • providing protective services to children to address confirmed child protection needs, • providing services to children under the care of the Director of Child and Family Services, and • performing screening and monitoring of foster care homes. (54–70) 	<p>The Health and Social Services authorities’ response. Agreed. In accordance with the <i>Child and Family Services Act</i> and the Child and Family Services Standards and Procedures Manual, the Health and Social Services authorities, in consultation with the Department of Health and Social Services, will ensure that child protection workers know, understand, and comply with</p> <ul style="list-style-type: none"> • investigating concerns about child safety and well-being, • providing protective services to children to address confirmed needs for child protection, • providing services to children under the care of the Director, and • performing screening and monitoring of foster care homes. <p>This will be accomplished</p> <ul style="list-style-type: none"> • by capturing the above-noted items in the internal compliance audits, which the authorities intend to initiate in response to the recommendation in paragraph 72, and • by ensuring that the services noted above are addressed on an ongoing basis between the child protection worker and his or her supervisor during regular supervisory sessions.
<p>72. The Health and Social Services authorities, in consultation with the Department of Health and Social Services, should regularly assess whether the services they provide to children and families are in compliance with the <i>Child and Family Services Act</i> and the Child and Family Services Standards and Procedures Manual. The results of these assessments should be used to improve compliance and should be shared with the Director of Child and Family Services. (54–70)</p>	<p>The Health and Social Services authorities’ response. Agreed. The Health and Social Services authorities will work with the Department of Health and Social Services to initiate internal compliance audits on a regular basis that complement the Department’s audits. These audits will be initiated in the 2014–15 fiscal year. The results will be shared with the Director as well as with the Health and Social Services authorities Board of Directors/Public Administrators.</p>

Recommendation	Response
<p>76. The Health and Social Services authorities, in consultation with the Department of Health and Social Services, should develop guidance to assist child protection workers in identifying and accessing the prevention programs available to children and families. They should also ensure that prevention programs are offered to families in need. (73–75)</p>	<p>The Health and Social Services authorities’ response. Agreed. The Health and Social Services authorities, in consultation with the Department of Health and Social Services, will ensure that all child protection workers have knowledge of the range of prevention programs available in their community, and offer those prevention programs to families in need. This will be accomplished through the creation of regional information packages that describe the promotion and prevention programs available in each community, which will be provided to each child protection worker and shared between regional authorities at the Joint Senior Management Committee. It will also be accomplished through revisions to the statutory training required of all child protection workers that will take effect in 2015–16.</p>