



Report of the Auditor General of Canada to the Yukon Legislative Assembly—2014

Yukon Family and Children's Services—Department of
Health and Social Services



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

OAG-BVG

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Auditor General of Canada
Vérificateur général du Canada

To the Honourable Speaker of the Yukon Legislative Assembly:

I have the honour to transmit herewith my report on Yukon Family and Children's Services—Department of Health and Social Services to the Yukon Legislative Assembly in accordance with the provisions of section 35 of the *Yukon Act*.

Yours sincerely,

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

Michael Ferguson, CPA, CA
FCA (New Brunswick)

OTTAWA, 18 February 2014

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Yukon Family and Children's Services— Department of Health and Social Services

Main Points

What we examined

Yukon's *Child and Family Services Act* came into effect in April 2010. Centred on the best interests of the child, the Act recognizes that prevention activities are integral to the promotion of the safety, health, and well-being of a child, and that the family should be supported to provide for the care, nurturing, and well-being of a child. It also recognizes that First Nations should be involved in the planning and delivery of programs and services to their members. In addition, the Act includes quality assurance mechanisms, such as mandatory annual case reviews for children in the Department's care or custody, and reporting on compliance with service standards.

Under the Act, the Department of Health and Social Services has key responsibilities for the protection and well-being of at-risk children, youth, and their families. We examined how the Department fulfills these responsibilities through compliance with selected requirements of the Act and related policies, and by collecting, analyzing, and reporting on information about its Family and Children's Services.

Audit work for this report was completed on 4 December 2013. More details on the conduct of the audit are in **About the Audit** at the end of this report.

Why it's important

Social workers deal with a wide variety of serious issues faced by children, youth, and their families, such as neglect and physical and sexual abuse. The Department of Health and Social Services reported that in 2011–12, it provided child protection services to 579 families in which there were children with identified protection concerns and provided services to 211 children in the Department's care or custody. The Department also provides some services to families to support them in parenting and to prevent child neglect and abuse. Children are among the most vulnerable people in society, and they are entitled to personal safety, health, and well-being.

What we found

- While the Department of Health and Social Services meets many requirements of the *Child and Family Services Act* and its policies and procedures, it does not adequately fulfill several of its key

responsibilities related to the protection and well-being of at-risk children, youth, and their families. It has developed service standards, involves First Nations when providing care to First Nations children and youth, and meets most requirements for approving foster homes. However, it does not ensure that all children in the Department's care or custody have annual medical and dental examinations, which are important to ensure the well-being and long-term health of children in care. In addition, it does not develop transitional plans for many youth who are entitled to one in order to gradually take responsibility for their own care, and it conducts few annual reviews of foster homes.

- The Department develops case plans for families and plans of care for children, but it does not review and update most of these plans. Reviewing the plans helps to evaluate families' progress, recognize the changing needs of children, and identify when plans need to be updated to achieve their goals.
- While the prevention and support services offered by the Healthy Families program and the Child Development Centre are used frequently, the Department does not measure their performance and, therefore, does not have all the information it needs to make evidence-based decisions that could improve the programs. The Healthy Families program is particularly important for helping high-risk parents to prevent childhood abuse and neglect, and the Child Development Centre supports families with children who experience developmental delays.
- The Department's Client Index System does not support the needs of social workers or management. It is not a case management system that could assist social workers in managing files by prompting them to carry out required actions at key dates. The data in the system is unreliable, and many of the files in the system are misclassified. Furthermore, many staff members do not use the system because they find it extremely slow. As a result, the Department cannot use the system to compile data of sufficient quality to be used for performance management or measurement, or for accurate annual reporting on the services it provides to families and children.

The Department has responded. The Department agrees with our recommendations. Its detailed responses follow the recommendations throughout the report.

Introduction

1. The estimated population of Yukon as of June 2013 was 36,526. The majority of residents—about 27,900—live in the city of Whitehorse. The two next largest communities are Dawson City (almost 2,000 residents) and Watson Lake (almost 1,500 residents). The remaining 14 communities range in population size from about 50 to 860 people. Approximately 23 percent of Yukon's population is of Aboriginal origin.
2. Yukon's *Child and Family Services Act* requires that the best interests of the child be given paramount consideration in making decisions or taking any action under the Act. The Government of Yukon recognizes families as having the primary responsibility for the safety, health, and well-being of children. Families are the primary influence on children's growth and development, and the government recognizes that they are best able to make decisions for the care and well-being of their children.
3. In its 2010 report, *Children and Youth in Out-of-Home Care in Canada*, the Centre of Excellence for Child Welfare reported that in 2007, an estimated 9.2 per 1,000 children were in out-of-home care in Canada. In the Government of Yukon's Operation and Maintenance Estimates for the 2009–10 fiscal year, the Department of Health and Social Services reported that 3.6 percent (equivalent to 36.3 per 1,000) of Yukon's children were in the care and custody of the Department in the 2007–08 fiscal year.

The *Child and Family Services Act*

4. The *Child and Family Services Act* came into effect in April 2010. The Act represents a significant change in Yukon's approach to the protection and support of at-risk children and families. The Act
 - recognizes that First Nations are key partners in ensuring the safety of First Nations children, planning for the care of those children, and supporting their families;
 - emphasizes collaboration with families and provision of support in meeting the needs of children and families;
 - provides for transitional support until the age of 24 for youth who have been in care; and
 - calls for quality assurance mechanisms, including mandatory annual case reviews for children in the care or custody of the

Director of Family and Children's Services and annual service-delivery reporting.

Family and Children's Services

5. The Department of Health and Social Services operates the child welfare system in Yukon. Within the Department, the Director of Family and Children's Services is responsible for administering the *Child and Family Services Act*. To carry out this responsibility, the Director delegates specific duties, functions, and powers to social workers—employees of the Department—to carry out their work with children and families on the Director's behalf.
6. The budget for Family and Children's Services programs was \$38.8 million for the 2011–12 fiscal year. The Family and Children's Services branch has approximately 240 full-time-equivalent positions, including about 25 in the communities outside Whitehorse. These positions include social workers, group home staff, youth justice workers, and administrative workers.
7. The Department reported that it provided child protection services to 579 families with identified protection concerns in the 2011–12 fiscal year. It also reported that it provided services to 211 children in its care or custody during the same period. The Department's services included placing children in foster care and offering support programs to families, such as counselling services, adoption services, and residential care. These services are important because children are among the most vulnerable people in society, and they are entitled to personal safety, health, and well-being, including having their needs for shelter, food, health, and development met.
8. When the Department receives a report that a child may be in need of protective intervention, a social worker assesses the information to determine whether an investigation is required. If an investigation takes place, the Act sets out a number of options for dealing with the outcome. For example, the decision could be that no action is needed; that the Department will work with the family to protect the child, perhaps by placing the child with extended family or by referring the family to other community services; or that the child will be taken into the Department's care or custody.

Focus of the audit

9. The focus of the audit was to determine whether the Department of Health and Social Services adequately fulfills its key responsibilities for the protection and well-being of at-risk children, youth, and their families. We examined whether the Department complies with selected requirements of Yukon's *Child and Family Services Act*, as well as selected policies and procedures, so that it acts in the best interests of children. We also looked at whether the Department collects data, analyzes information, and reports on selected programs delivered to families and children to measure and assess performance and outcomes, so that it can improve its programs and services as necessary.
10. More details about the audit objectives, scope, approach, and criteria are in **About the Audit** at the end of this report.

Observations and Recommendations

Assessing compliance with the Act

11. We looked at the services that the Department of Health and Social Services provides to children, youth, and their families. We reviewed a random sample of 69 files: 16 files of cases in which the Department was providing child protection services to families, 33 files for children who were in the care or custody of the Department, and 20 foster home files. Our purpose was to assess whether the Department complied with selected requirements of Yukon's *Child and Family Services Act* as well as with selected policies and procedures.
12. In our file review, we noted frequent mention of alcohol and drug abuse as a factor that put children at risk. Of the 49 files we reviewed in which the Department was providing child protection services, whether or not the child was in the Department's care or custody, 44 identified substance abuse as a factor contributing to the need for child and family services. Alcohol alone was identified as a factor in 15 files; drugs alone were identified as a factor in 1 file; and both alcohol and drugs were identified as factors in 28 of the files.
13. Of the 49 files we reviewed in which the Department was providing child protection services, whether or not the child was in its care or custody, 37 (76 percent) involved Yukon First Nations children or families. Since these First Nations represent approximately 23 percent of Yukon's population, our sample showed a significant over-representation of Yukon First Nations children and families in the child welfare system. Exhibit 1, which follows paragraph 17,

summarizes the key requirements we selected for our file review with respect to contacting First Nations, and also presents our findings. Similarly, Exhibit 2, which follows paragraph 39, summarizes the key requirements we selected for our file review with respect to families and children. Exhibit 3, which follows paragraph 45, summarizes the key requirements we selected for our file review regarding foster homes. These exhibits also show our findings.

Yukon First Nations were contacted when their members were involved in the child welfare system

14. The *Child and Family Services Act* requires that, when dealing with a Yukon First Nations child, the Department must contact the child's First Nation as soon as practicable, and it must include the First Nation in ongoing planning and delivery of programs and services. These requirements are important because they help to keep children connected to their communities and cultures.

15. We found that the Department had contacted the relevant First Nations for 13 of 14 families in which either an application for protective intervention had been made for a Yukon First Nations child, or a Yukon First Nations child had been taken into the Department's care or custody. We also found evidence of ongoing contact with the Yukon First Nation in 10 of 11 families where the Department was required to make contact.

16. In addition to our file review, we consulted six different Yukon First Nations to obtain their views on the Act and their working relationship with the Department's Family and Children's Services branch. While most First Nations representatives told us that they generally view the Act positively, all had concerns about a lack of capacity for their particular First Nation to deliver child welfare services to their members. They also noted that, because there is no funding attached to some of the services outlined in the Act, such as family support and prevention, First Nations have been unable to participate in providing these services to the extent they feel necessary.

17. Most First Nations we contacted characterized their working relationship with the Department as positive, while others said the relationship was sometimes challenging. In October 2012, the Department formalized a memorandum of agreement with the Kwanlin Dün First Nation to work cooperatively and in partnership under the Act on child welfare matters, for the overall safety and benefit of Kwanlin Dün children.

Exhibit 1 The Department met requirements for contacting First Nations

Key requirement	Finding
1. First Nations must be involved as early as practicable in decision-making processes regarding a child who is a member of a Yukon First Nation.	The Department contacted the Yukon First Nation in 13 of 14 cases (93%).
2. For a Yukon First Nations child or family receiving child welfare services, the Department must maintain ongoing contact with the First Nation.	The Department maintained ongoing contact with the Yukon First Nation in 10 of 11 cases (91%).

The Department developed case plans for families and plans of care for children

18. When a child is considered to be in need of protection but does not need to be taken into the Department's care or custody, social workers are required to develop a case plan for the family to address the issues that have been identified. When the Department takes a child into its care or custody, social workers are required to develop a plan of care to meet the child's needs for safety and well-being while in care.

19. In the process of developing case plans and plans of care, social workers complete family assessments (for case plans) or child assessments (for plans of care). The purpose of an assessment is to identify the strengths and needs of the family and the child, and to form the basis for developing a case plan or a plan of care. The Department is also required to offer family conferencing and/or cooperative planning so that it can take into account the wishes, needs, and role of the family, as well as the child's culture and community.

20. Case plans are important because they provide clear and specific guidance for changing the behaviours and conditions that expose the child to the risk of harm. They also provide a point of reference for the family and worker to measure progress; they clarify roles; and they enhance coordination. The plans specify who will do what, by when, and for how long. Plans of care are important because they help to ensure a coordinated and agreed-upon approach that addresses the safety and well-being of children in the Department's care or custody.

21. We examined whether the Department developed case plans for families receiving services and plans of care (including completing the required assessments) for children in its care or custody. We also looked at whether the Department offered family conferencing and/or

cooperative planning. For case plans, we looked at whether they included services that the Department is providing and whether they specified time frames for matters addressed by the plans.

22. We found that the Department had developed case plans for most families (14 out of 16). Furthermore, most plans included services—for example, drug and alcohol counselling, or child assessment and treatment services. The plans usually included time frames for matters they addressed. However, we found that only 9 of the 16 files included a family assessment. These assessments guide the case plan for the family and, ultimately, the protection of the children concerned. It is, therefore, important that officials document the assessments to help ensure that social workers have a full picture when working with the family.

23. For children in the Department's care or custody, we found that social workers had developed a plan of care for 27 of the 31 children who required one (two of the files were not open long enough to require a plan of care). The plans included goals for various aspects of the child's life (such as health, education, and emotional and behavioural development) and tasks to be completed in working toward those goals. The plans also named the individuals responsible for completing the tasks and included timelines for completion.

24. We found that the Department had completed a child assessment for 27 of the 33 children who required one. The assessments outlined the strengths and needs of the children concerned. They included elements such as summaries of the Department's involvement with the children and families, the children's developmental needs, and the families' capacity to care for the children. Child assessments and plans of care help the Department to ensure that the best interests of children are considered.

25. We found evidence that the Department offered family conferencing and/or cooperative planning to 18 of 21 families entitled to those services. Holding family conferences and/or cooperative planning meetings helps to ensure that decisions are made with the children's best interests in mind.

The Department did not review and update case plans and plans of care

26. The Child and Family Services Act Policy Manual requires social workers to review case plans at least every four months and update them as needed. The Act requires workers to review and update plans of care annually. Reviewing a case plan is important to help the worker

and the family evaluate the family's progress, celebrate achievements, and see what further support or changes are needed for the family to achieve its goals. Reviewing a plan of care is important to determine whether the services provided by the Department are effective in meeting the goals identified in the plan, including the child's need for stability and continuity of lifelong relationships.

27. We found that the Department was not reviewing and updating case plans and plans of care as required by the Child and Family Services Act Policy Manual and by the Act, respectively. It had reviewed only 4 of 12 case plans at least once between 1 April 2010 and 1 April 2013. Furthermore, it had conducted an annual review of only 5 of 26 plans of care between 1 April 2010 and 30 June 2013. These figures excluded files lacking initial plans that could be reviewed and others that had not been open long enough to be reviewed. In some files, the plans were six years out of date. We also found that the Department had not reviewed and updated the family assessments and child assessments intended to guide the plans.

28. It is critical that the Department keep these documents current; this is one of its responsibilities. The documents are one of its main means of ensuring that it is looking after the best interests of the children, a matter of paramount importance. Without updated case plans and plans of care, the Department does not know whether the plans are being implemented as intended or whether it is addressing the children's and families' needs. Furthermore, as children in the Department's care or custody grow and mature, their needs change. The plans are a way for the Department to acknowledge those changes and take them into account.

29. In our view, reviews of case plans every four months and annual reviews of plans of care are of utmost importance. Reviews ensure that current plans are in place for the families and children receiving services. We found that the largest problem facing the Department was the low rate of compliance with the requirement to conduct reviews at specified intervals. See our recommendation at paragraph 46.

Transitional case plans for youth were not developed in most cases

30. Youth can remain in the Department's care or custody until age 19 (the age of majority in Yukon), and can receive transitional support up to age 24. In preparation for the termination of custody, the Department is supposed to begin transitional planning with youth,

starting at age 16. The *Child and Family Services Act* requires social workers to document transitional planning through transitional case plans.

31. Transitional planning is important because it provides youth with training, guidance, and support so that they can gradually take responsibility for their own care, according to their capabilities, until they leave the Department's care or custody. The Department has a responsibility to support these youth as they transition to adulthood.

32. We reviewed the files of 13 youth between the ages of 16 and 19 who were in the Department's care or custody and 4 youth between the ages of 20 and 21 who were no longer in its care or custody because they had reached the age of majority, but still continued to have services available to them. We found that only 7 of these 17 files included a reference to transitional case planning. Without transitional case plans, youth who leave the Department's care or custody might not have received the training, guidance, and support they need. This is cause for concern, particularly because studies show that many youth who leave foster care have difficulties as they transition to adult life. See our recommendation at paragraph 46.

Many annual medical and dental examinations were not provided

33. When a child is in the Department's care or custody, the *Child and Family Services Act* Policy Manual requires social workers to provide health services such as annual medical and dental examinations and, if necessary, developmental and psychological assessments. In addition, under the *Child and Family Services Act*, children in the Department's care or custody have a right to medical and dental care. We looked at whether the Department met these critical requirements.

34. We found that only 19 of 30 children and youth in the Department's care or custody had undergone a medical examination between 1 March 2012 and 1 April 2013 (1 of the 33 had reached the age of majority and was no longer in the Department's care or custody; 2 did not consent to an examination). Only 15 of 29 children and youth had undergone a dental checkup between 1 March 2012 and 1 April 2013 (1 of the 33 had reached the age of majority and was no longer in the Department's care or custody; 1 did not consent to an examination; 2 were too young to require an examination).

35. The Department is responsible for ensuring that these children and youth have an opportunity to receive annual medical and dental

examinations. Lack of such services can have an impact on a child's health over the long term. This is particularly true for children in care: research shows that, on average, they have poorer health and are more vulnerable because of their high levels of trauma, stress, uncertainty, and instability. Children's physical health has also been shown to be an important determinant of their capacity to face developmental challenges. See our recommendation at paragraph 46.

Children's academic progress was monitored

36. The Department is responsible for knowing how a child in its care or custody is doing in school, both academically and socially. The Child and Family Services Act Policy Manual states that when a child is in the care or custody of the Department, social workers must obtain the child's school records at the end of each academic year so that they can keep the child's educational record up to date. Workers are also responsible for ensuring that they refer a child for an educational assessment when necessary.

37. A child's education is important because it is a key determinant of the quality of his or her adult life, and school is where children acquire many social skills. Furthermore, academic performance is a critical indicator of well-being for victims of child abuse and neglect. The information in report cards is useful for discussions about children's overall school performance.

38. We looked at whether current report cards were on file for children in the Department's care or custody. We also looked at whether the children had been referred for educational assessments and whether individualized educational plans were on file for children who required special education services.

39. We found that 24 of 26 children's files included report cards. Five of the 24 children subsequently graduated or reached the age of majority and were no longer in care or custody. Of the remaining 19 files, 14 had current report cards (from June 2012 or later). We also found evidence of educational assessments and individualized educational plans in children's files. We noted that files often included case notes and correspondence among social workers, teachers, and foster parents, showing that the workers were monitoring the academic performance of children in the Department's care or custody.

Exhibit 2 The Department met many requirements for families and children, but did not fulfill several key responsibilities

Key requirement	Finding
Family conferencing and/or cooperative planning	
1. Family conferencing and/or cooperative planning must be offered to the families of children who are receiving child welfare services.	18 of 21 families (86%) were offered family conferencing and/or cooperative planning.
Child protection files—family assessments and case plans	
2. Family assessments must be completed for involvements where a child is in need of protection.	9 of 16 files (56%) had at least one family assessment.
3. Case plans or plans developed as a result of cooperative planning must be developed for families where a child is in need of protection.	14 of 16 files (88%) had a case plan or plan developed as a result of cooperative planning.
4. Case plans must be reviewed every four months.	4 of 12 case plans (33%) were reviewed at least once between 1 April 2010 and 1 April 2013.
Children in care—child assessments and plans of care	
5. A child assessment must be developed for children in the Department's care or custody.	27 of 33 files (82%) had a child assessment.
6. Child assessments must be reviewed annually.	3 of 24 child assessments (13%) were reviewed annually.
7. A plan of care must be developed for children in the Department's care or custody.	27 of 31 files (87%) had a plan of care.
8. Plans of care must be reviewed annually.	5 of 26 plans of care (19%) were reviewed annually.
Children in care—transitional plans	
9. Transitional plans must be developed for youth aged 16 years and older who are in the Department's care or custody.	7 of 17 files (41%) included a reference to transitional planning.
Children in care—health and development	
10. Children in the Department's care or custody must be provided with annual medical checkups.	19 of 30 children/youth (63%) underwent a medical examination in the previous 12 months.
11. Children in the Department's care or custody must be provided with annual dental checkups.	15 of 29 children/youth (52%) underwent a dental examination in the previous 12 months.
12. Services for assessment, counselling, and treatment must be provided to children in the Department's care or custody.	27 of 33 children/youth (82%) were provided with assessment services, counselling, or treatment. Note: Assessments, counselling, and treatment are provided on an as-needed basis; they are not always required.
13. For children in the Department's care or custody, the Department must obtain the child's school records at the end of the academic year to ensure that the educational record remains current.	24 of 26 files (92%) had report cards, of which 14 of 19 (74%) were from June 2012 or later.

The Department met requirements for approving foster homes but conducted few annual reviews of the homes

40. We reviewed 20 foster home files that were active between April 2010 and March 2012. We sought to determine whether the Department was approving foster home applications according to the requirements of the Child and Family Services Act Policy Manual, and whether it reviewed the foster homes annually once it had approved them—also a requirement of the Manual.

41. In approving a foster home application, the Department must meet a number of requirements. For example, it must

- conduct a criminal record check of all adults residing in the foster home,
- obtain references for the applicants,
- ensure that all adults residing in the home have had a medical examination to confirm that they do not pose a health risk to the child and are able to care for him or her,
- conduct a home health and safety inspection, and
- conduct a foster family assessment.

Before the Department places a child in an approved foster home, the foster parents are required to sign an oath of confidentiality and a foster home agreement.

42. The Department must meet these requirements because it is responsible for taking all possible precautions to ensure the safety and well-being of the children in its care. We found that the Department had met the requirements for approving foster homes and placing children in those homes.

43. Once the Department has approved a foster home and placed a child in that home, the Department is supposed to conduct an annual review of the home. According to the Child and Family Services Act Policy Manual, the annual review process includes a foster family assessment, which involves meeting all adults living in the home and interviewing them to determine whether the home continues to meet standards. The annual review process also includes updating the home health and safety inspection, foster parent agreement, and oath of confidentiality.

44. We found that the Department was not conducting annual reviews as required. Between April 2010 and June 2013, it should have conducted 45 annual reviews for the 20 foster homes files we

examined. While the Department had conducted parts of the annual review process for some foster homes, it had completed only 7 reviews in full.

45. The annual reviews allow the Department to verify that the homes continue to provide a safe environment for children in its care or custody. Without completing the annual reviews, the Department risks leaving children in homes where their safety and well-being could be compromised. We did not, however, find any issues identified with regard to the children's safety in the files that we reviewed.

Exhibit 3 The Department met requirements for approving foster homes, but conducted few annual reviews

Key requirement	Finding
Foster homes	
14. The Department must <ul style="list-style-type: none"> a. complete a criminal record check on all adults aged 18 years and older residing in the applicant home; b. complete a medical reference on all adults who will be providing care, in order to be aware of any health problems that may affect their ability to provide quality foster care; and c. meet with the applicants in their home to ensure that the home provides a safe and healthy environment for the protection, health, and safety of the children living there. 	19 of 20 files (95%) included, <ul style="list-style-type: none"> a. criminal record checks, b. medical references on all adults who would be providing care for a child in the home, and c. completed home health and safety inspections.
15. The Department must obtain three personal references on the applicants' suitability as foster parents.	16 of 20 files (80%) included three personal references for the applicants.
16. The Department must complete a foster family assessment with the applicants and others living in the home as a foundation for a cooperative, sharing, trusting, and ongoing partnership between the foster family, the branch, and families.	18 of 20 files (90%) included foster family assessments.
Foster homes—annual reviews	
17. The Department must formally review the foster homes at least once a year from the date of approval.	7 of 45 required annual reviews (16%) were completed in full.

46. Recommendation. The Department of Health and Social Services should ensure that the following are carried out as required to comply with its service standards and policies, for the purpose of helping to ensure the safety and development of at-risk children:

- Case plans should be reviewed every four months, and plans of care should be reviewed annually.
- Transitional case plans should be developed for youth who are in the Department's care or custody. The plans should be in place for these youth, starting at age 16 and until they leave the Department's care or custody.
- Children and youth in the Department's care or custody should be given the opportunity to have annual medical and dental examinations.
- Reviews of foster homes should be performed annually.

The Department's response. Agreed. The Department will ensure compliance with standards related to the above-noted areas through active monitoring of files at the supervisory and management levels. Additionally, the Department will continue to complete compliance reviews on an annual basis.

The Department developed service standards and monitors compliance

47. One of the key requirements of the *Child and Family Services Act* is that the Department shall develop service standards and report every three years on how well it is complying with those standards. Service standards are important for management decision making and for improving the quality of services provided to children and families. Meeting the standards should ultimately help to improve outcomes for children, youth, and families who come into contact with the Department.

48. We looked at whether the Department had developed service standards and whether it was reporting on its compliance with those standards. We found that the Department developed seven standards (adapted from standards used by the Government of Alberta) and measures for these standards.

49. We also found that the Department tested its compliance with the standards in 2011, 2012, and 2013, and produced internal reports on the results of the testing. The Department is required to report to the Minister of Health and Social Services every three years on its compliance with the standards. The first report will be due in April 2014.

50. The internal compliance testing reports provide baseline information intended to support management decision making and quality improvement. The reports point out areas where the Department could improve its compliance with service standards. All three reports recommended that the Department take steps to comply more closely with particular provisions of the Act and the Child and Family Services Policy Manual, including placing greater emphasis on cooperative planning and family conferencing, reinforcing the need for adequate documentation, and emphasizing the importance of plans of care.

51. The Department completed an action plan in September 2013 to respond to the reports. The plan sets out objectives to address the areas of low compliance identified in the 2011–12 compliance report. The areas include review of case plans and plans of care, and transitional planning for youth reaching the age of majority and leaving care. The action plan also establishes measurable timelines for the objectives. For example, the action plan includes a deadline of 31 March 2014 to achieve compliance with requirements for assessments, plans of care, and annual reviews for all children in the Department's care or custody.

52. **Recommendation.** In continuing its efforts to comply with service standards, the Department of Health and Social Services should monitor the implementation of the action plan for responding to its internal compliance testing reports so that it can ensure that actions have been taken and are having the desired effect.

The Department's response. Agreed. The Children's and Family Services Audit 2011–2012 Plan was developed to address compliance issues that were identified in the 2011–2012 compliance review. This plan outlines the standards, actions to address compliance issues, and results achieved for each of the standards identified. Progress on compliance will be tracked to ensure that improvements are made. A plan will also be developed and implemented to address compliance issues identified in the upcoming 2012–2013 compliance review.

The Department faces staffing challenges in communities

53. Senior departmental staff told us that staffing in remote communities is a challenge. This is a common problem for many jurisdictions in Canada. Regional workers whom we met noted that their challenges differ from those facing workers in Whitehorse. They serve their clients in multiple roles, there is a lack of support programs for families, and they are more isolated from co-workers.

54. We analyzed vacancy rates for the 2010–11, 2011–12, and 2012–13 fiscal years to determine whether the Department had permanent staff occupying positions in the regions (all communities outside Whitehorse). Of the 24.7 full-time-equivalent positions in the regions, we found that an average of 4.3 were vacant—that is, without permanent workers—during that period. When a position is vacant in the regions, another regional social worker or a mobile social worker fills the position temporarily, or a social worker from a neighbouring community responds to emergencies and urgent matters in the community. Between 31 March 2010 and 31 March 2013, we found a number of extended vacancies:

- Pelly Crossing was without a permanent social worker for 22 consecutive months.
- In the Faro and Ross River region, both social worker positions were without permanent workers for 12 consecutive months and then again for another 14 consecutive months.
- Carcross was without a permanent social worker for 11 consecutive months.
- Teslin and the regional supervisor position for northern Yukon were both without a permanent worker for 9 consecutive months.

55. The Department is aware of the difficulty of hiring and retaining staff in the regions, and it has developed strategies to support existing social workers and attract new ones. Officials advised us that the Department offers incentives for people to work in the regions—for example, retention bonuses, higher salaries, and subsidized heating and housing. In addition, the Department provides housing for social work practicum students in Carmacks, Ross River, and Dawson City. The Department also works with Yukon College to promote interest in the rural or generalist social work practice. This partnership gives the Department an opportunity to see who is graduating from the social work programs and to identify potential employees.

56. Because of the heavy workload combined with isolation and the lack of support services and programs for families, the Department finds it difficult to maintain staff in some communities. It does, however, work to cover vacant regional positions so that communities are not left without services for lengthy periods. Shortages in the number of social workers in the communities mean that children and youth in those communities might not receive the protection they need, because social workers cannot meet the requirements of the *Child and Family Services Act*.

Measuring and assessing performance

57. Yukon's *Child and Family Services Act* sets out guiding principles for implementing the legislation. One principle is that prevention activities are integral to promoting the safety, health, and well-being of a child. Another principle is that families should be supported to provide for the care, nurturing, and well-being of children. The Department has prevention and support programs in keeping with these principles.

58. We looked at two prevention and support programs—the Healthy Families program and the Child Development Centre—to determine whether the Department monitors the delivery of these programs, including gathering performance information on the programs. If the Department monitors the way the programs are delivered, it can determine how to improve them.

59. **Healthy Families program.** Healthy Families is a prevention and support program within the Department's Family and Children's Services branch. The Department delivers this voluntary home-based family support program to high-risk parents of newborns. The program begins before or at birth, and continues until the child reaches school age. The objective is to prevent childhood abuse and neglect. In place since 1999, the program is available only in Whitehorse. Expenses for the program in the 2012–13 fiscal year were about \$1.4 million. The program has about 13 full-time-equivalent employees. In 2012, 46 families were identified from 300 births as high risk; 33 of these families chose to participate in the program.

60. The Department delivers the Healthy Families program jointly with community health nurses, who complete an initial screening questionnaire with the families of newborn children and a subsequent survey with parents to identify and assess at-risk families. The program is voluntary and high-risk families can decline to participate.

61. Program goals for Healthy Families include assessing the strengths and needs of new parents, helping them to access community services, teaching them problem-solving skills, and improving families' support systems. Services provided to a family in the program include transportation to medical appointments; weekly visits from a Healthy Families worker, with less frequent visits as the child grows and develops; and activities to strengthen the child's growth and development.

62. **Child Development Centre.** The Child Development Centre, which the Department finances, is a non-profit organization in Yukon intended to support children and families. Established in 1979, the

Child Development Centre provides services to Yukon children in Whitehorse and the regions, from birth to school age. In 2012, the Centre worked with close to 48 percent of the population of preschool children in Yukon—a caseload of more than 675 children per month. Expenses for the Centre for the 2012–13 fiscal year were about \$2.3 million, with around 88 percent of the funding coming from the Department and the remainder from the federal government, fundraising, and other sources.

63. The Child Development Centre's programs and services include preschool, language groups, "Follow Along" (a preventive program for children up to three years old), a fetal alcohol spectrum disorder diagnostic and support team, speech pathology services, and mental health services. These services are particularly important for children who may be experiencing developmental delays as well as for the families who support them.

64. In the 33 files we reviewed for children who were in the care or custody of the Department, we saw evidence that the Department often obtained assessments from the Centre for children in the Department's care or custody. The assessments help social workers to know what, if any, developmental issues the children have.

The Department has not measured performance of the Healthy Families program and the Child Development Centre

65. In January 2013, the Department's Healthy Families program was accredited by Healthy Families America. The accreditation report identified areas of strength, including the fact that workers conducted outreach efforts on evenings and weekends to ensure that families had every opportunity to engage in the program. The report also noted, however, that the Department had not completed an analysis of who had dropped out of the program and why. Without this type of analysis, the Department does not have all the information it needs to make evidence-based decisions that could improve the effectiveness of the program. We found that the Department's data showed low retention rates and few families meeting program goals.

66. The Healthy Families Yukon Policies and Procedures Manual, issued in 1999, includes a set of evaluation outcomes for the Healthy Families program. Evaluation outcomes are the expected changes based on measures that the Department set for the program; for example, an increase in families' use of formal and informal social support. The Manual also notes that program staff will participate in monitoring these outcomes to fully evaluate the program. The

Department informed us that it has not used these measures because its priorities have been to implement the program and meet accreditation standards.

67. We found that the Department has not measured the effectiveness of the Child Development Centre's programs and services.

Departmental officials told us that they have had discussions with the Centre about developing more detailed reports on the Centre's services than are currently produced from the Centre's database. The Centre is currently preparing to start its accreditation process by the fall of 2014.

68. The Department is investing financial and human resources in the Healthy Families program and the Child Development Centre. However, without knowing how the programs are performing, it does not know whether it should make changes to these programs or consider other programs to provide better services for children, youth, and families.

69. Recommendation. The Department of Health and Social Services should review existing evaluation outcomes for the Healthy Families program and develop performance measures for the Child Development Centre. It should also ensure that it regularly compares the results of these measures to planned outcomes, so that it can make changes to better serve children and families. For the Healthy Families program, the Department should also develop an action plan to address issues identified in the accreditation of the program and monitor its implementation.

The Department's response. Agreed. The Healthy Families accreditation process and the development of program performance measures are part of a sequential plan. The outcome measures that were developed for the Healthy Families program in 1998–1999 will be further refined, including identification of key outcome measures. The Department will continue with accreditation for the Healthy Families program. We will work with the Child Development Centre to identify and report on program outcomes.

The Client Index System is inadequate

70. The Client Index System is the information system for Family and Children's Services. The system has been in use since 1999, when it was introduced as a fix for the Year 2000 computer transition.

71. We looked at whether the Department uses the information from this system to measure progress on its service standards and to guide decision making on its programs and services. We also looked to see if

the system supports social workers in carrying out their responsibilities in working with children and families.

72. Departmental officials showed us how the Client Index System works. They told us that there are a number of problems with the system. For example, because the system is old (DOS-based) and most staff members are not familiar with DOS (Disk Operating System) language, they can easily make errors that they are not able to correct. Officials also told us that entering and retrieving data can be cumbersome—for example, they noted that in rural communities, staff members can wait for up to 20 minutes before the system accepts a keystroke. Many staff members told us that they do not use the system because it is extremely slow.

73. We were unable to use the data from the Client Index System as a source for a statistical sample to be used in our audit testing because the data was unreliable. There were inconsistencies in the data and misclassified files in the system when compared to the details in the paper files.

74. As a result of poor data in the system, the Department cannot use it to compile data of sufficient quality for accurate reporting on programs, or for performance measurement and management to improve programs and services as necessary. For example, in Yukon's Operation and Maintenance and Capital Estimates for the 2013–14 fiscal year, the Department reported that 211 children were in the Department's care or custody in the 2011–12 fiscal year. However, information from the Client Index System indicated that there were 190 active files on children in care or custody for that fiscal year. The discrepancies point to the Department's difficulties in managing and reporting basic information on its programs.

75. Departmental officials told us they were not satisfied that the Client Index System meets all legal requirements, such as the protection of personal information. For example, an audit log tracks log-ins to the system, but it does not track what users accessed.

76. As noted earlier, departmental social workers have not been carrying out all requirements of the Act and related policies and procedures. The social workers might more easily meet these requirements if they were embedded in a computerized case management system that automatically prompted them to carry out the actions needed for compliance at the appropriate times. For example, a case management system could flag in advance the dates on which a social worker is supposed to carry out tasks such as annual

reviews. This would enable the worker to plan for the required actions. A case management system could also function as a training tool because the built-in requirements would guide system users.

77. Recommendation. The Department of Health and Social Services should acquire a case management system that would help social workers meet legislative and policy requirements for all the children for whom they are responsible. The system should also be capable of generating reports on caseloads and trends, and on how well the programs are managed. The Department should also ensure that processes, such as the classification of files, are monitored so that data entered into the system is accurate. In addition, it should track compliance with legislative and policy requirements.

The Department's response. Agreed. The Department will initiate a project for the replacement of the Client Index System into the Government of Yukon's information system/information technology development cycle.

The Department needs to improve its reporting

78. The *Child and Family Services Act* requires the Department to report annually to the Minister of Health and Social Services on the Department's provision of services. Annual reporting is important because it provides information on the implementation of the Act.

79. The Department has produced a draft of its first annual report, entitled *A New Direction in Child Welfare*. This report covers the 2010–11 and 2011–12 fiscal years. We reviewed the draft report and found that it included mostly descriptive information, with little performance information. The Department could improve its reporting by using, as appropriate, performance measures similar to those used in other jurisdictions in the preparation of its annual reports.

80. Recommendation. The Department of Health and Social Services should deliver annual reports required under the *Child and Family Services Act* to the Minister on a timely basis. The reports should include more quantitative information about activities, services, performance, and outcomes, how these differ from expectations, and how the Department is planning to address any shortcomings.

The Department's response. Agreed. The annual reports will be provided to the Minister of Health and Social Services as required under the *Child and Family Services Act*. The ability to include more quantitative information in the annual reports is currently limited by the Client Index System's ability to collect that data. Moving forward with the system

replacement project will enable more rigorous quantitative reporting in the future.

Conclusion

81. The Yukon Department of Health and Social Services meets many requirements of the *Child and Family Services Act* and its policies and procedures. Nevertheless, we concluded that the Department does not adequately fulfill several of its key responsibilities for the protection and well-being of at-risk children, youth, and their families. The Department needs to improve its compliance with requirements for reviewing and updating case plans and plans of care; developing transitional care plans for youth; ensuring that all children in its care or custody have annual medical and dental examinations; and conducting annual reviews of foster homes. The Department also needs to develop performance measures and review existing evaluation outcomes for its Family and Children's Services programs. As well, it should improve its data collection, information analysis, and reporting on these programs, so that it can improve programs and services as necessary.

82. Areas where the Department complies with the Act include that it contacts Yukon First Nations when it provides services to Yukon First Nations families and children; develops case plans and plans of care for the families and children it serves; offers family conferencing and/or cooperative planning; provides assessment services, counselling, and treatment; meets requirements for approving foster homes; and has developed service standards.

About the Audit

The Office of the Auditor General's responsibility was to conduct an independent examination of Yukon Family and Children's Services 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 out in the Chartered Professional Accountants of Canada 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.

Objectives

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

The first sub-objective was to determine whether the Department complies with selected requirements of the *Child and Family Services Act* and its policies and procedures, so that it acts in the best interests of the children it is charged with protecting.

The second sub-objective was to determine whether the Department collects data, analyzes information, and reports on selected Family and Children's Services programs in order to measure and assess performance and outcomes so that it can improve its programs and services as necessary.

Scope and approach

The audit focused on the Family and Children's Services branch of the Department of Health and Social Services because that branch is responsible for implementing the *Child and Family Services Act*.

Our audit included interviews with Yukon First Nations and other key stakeholders, as well as with social workers and managers from the Department in Whitehorse, Dawson City, Watson Lake, Teslin, Carcross, Carmacks, Haines Junction, and Old Crow. We also reviewed and analyzed documentation provided by the Department. We selected some requirements of the Act that had also existed in the previous *Children's Act* and some new requirements that had been added to the current legislation to fill gaps identified in the *Children's Act*. For the new requirements, we selected those that were auditable, were within the scope of the audit, and had either not been reviewed in compliance testing conducted by the Department or had been identified in the compliance testing as needing improvement.

To assess whether the Department of Health and Social Services complied with selected requirements of the *Child and Family Services Act* and its policies and procedures, we selected and tested a random sample of 16 family files in which child protection concerns had been substantiated, 33 files in which a child was in the care or custody of the Department, and 20 foster home files. These requirements included

procedural requirements that the Department must follow in providing child protection services, some of which are new for the Department as a result of the new Act. All 69 files were active between April 2010 and March 2012.

We were unable to use a statistical sample because the Department's Client Index System and the manner in which files were classified did not enable us to obtain data that was sufficiently reliable.

Criteria

We used the following criteria to determine whether the Department of Health and Social Services	
<ul style="list-style-type: none"> adequately fulfills its key responsibilities for the protection and well-being of at-risk children, youth, and their families, and complies with selected requirements of the <i>Child and Family Services Act</i> and its policies and procedures, so that it acts in the best interests of the children it protects; and collects data, analyzes information, and reports on its Family and Children's Services programs, to measure and assess performance and outcomes so that it can improve its programs and services as necessary. 	
Criteria	Sources
The Department provides 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"> <i>Child and Family Services Act</i> Child and Family Services Act Policy Manual
The Department has the resources to fulfill its key responsibilities under the Act.	<ul style="list-style-type: none"> <i>Child and Family Services Act</i>
The Department informs the child's First Nation when an application for an order of protective intervention is made and/or while a child is entering into the care or custody of the Department.	<ul style="list-style-type: none"> <i>Child and Family Services Act</i> Child and Family Services Act Policy Manual
The Department has established standards for the services it delivers under the Act.	<ul style="list-style-type: none"> <i>Child and Family Services Act</i>
The Department gathers performance information to measure its progress on meeting its service standards and to guide decision making on its programs and services.	<ul style="list-style-type: none"> Orientation Manual: Family and Children's Services/Regional Services Branches Yukon Financial Administration Manual
The Department reports to the Minister every three years on compliance with its service standards and annually on its provision of services under the Act.	<ul style="list-style-type: none"> <i>Child and Family Services Act</i>
The Department ensures that it secures and protects sensitive information.	<ul style="list-style-type: none"> Child and Family Services Act Policy Manual

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, when the *Child and Family Services Act* was implemented, and December 2013. Audit work for this report was completed on 4 December 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
Assessing compliance with the Act	
<p>46. The Department of Health and Social Services should ensure that the following are carried out as required to comply with its service standards and policies, for the purpose of helping to ensure the safety and development of at-risk children:</p> <ul style="list-style-type: none"> • Case plans should be reviewed every four months, and plans of care should be reviewed annually. • Transitional case plans should be developed for youth who are in the Department's care or custody. The plans should be in place for these youth, starting at age 16 and until they leave the Department's care or custody. • Children and youth in the Department's care or custody should be given the opportunity to have annual medical and dental examinations. • Reviews of foster homes should be performed annually. (11–45) 	<p>The Department's response. Agreed. The Department will ensure compliance with standards related to the above-noted areas through active monitoring of files at the supervisory and management levels. Additionally, the Department will continue to complete compliance reviews on an annual basis.</p>

Recommendation	Response
<p>52. In continuing its efforts to comply with service standards, the Department of Health and Social Services should monitor the implementation of the action plan for responding to its internal compliance testing reports so that it can ensure that actions have been taken and are having the desired effect. (47–51)</p>	<p>The Department's response. Agreed. The Children's and Family Services Audit 2011–2012 Plan was developed to address compliance issues that were identified in the 2011–2012 compliance review. This plan outlines the standards, actions to address compliance issues, and results achieved for each of the standards identified. Progress on compliance will be tracked to ensure that improvements are made. A plan will also be developed and implemented to address compliance issues identified in the upcoming 2012–2013 compliance review.</p>
<p>Measuring and assessing performance</p>	
<p>69. The Department of Health and Social Services should review existing evaluation outcomes for the Healthy Families program and develop performance measures for the Child Development Centre. It should also ensure that it regularly compares the results of these measures to planned outcomes, so that it can make changes to better serve children and families. For the Healthy Families program, the Department should also develop an action plan to address issues identified in the accreditation of the program and monitor its implementation. (57–68)</p>	<p>The Department's response. Agreed. The Healthy Families accreditation process and the development of program performance measures are part of a sequential plan. The outcome measures that were developed for the Healthy Families program in 1998–1999 will be further refined, including identification of key outcome measures. The Department will also continue with the accreditation process for the Healthy Families program. We will work with the Child Development Centre to identify and report on program outcomes.</p>

Recommendation	Response
<p>77. The Department of Health and Social Services should acquire a case management system that would help social workers meet legislative and policy requirements for all the children for whom they are responsible. The system should also be capable of generating reports on caseloads and trends, and on how well the programs are managed. The Department should also ensure that processes, such as the classification of files, are monitored so that data entered into the system is accurate. In addition, it should track compliance with legislative and policy requirements. (70–76)</p>	<p>The Department's response. Agreed. The Department will initiate a project for the replacement of the Client Index System into the Government of Yukon's information system/information technology development cycle.</p>
<p>80. The Department of Health and Social Services should deliver annual reports required under the <i>Child and Family Services Act</i> to the Minister on a timely basis. The reports should include more quantitative information about activities, services, performance, and outcomes, how these differ from expectations, and how the Department is planning to address any shortcomings. (78–79)</p>	<p>The Department's response. Agreed. The annual reports will be provided to the Minister of Health and Social Services as required under the <i>Child and Family Services Act</i>. The ability to include more quantitative information in the annual reports is currently limited by the Client Index System's ability to collect that data. Moving forward with the system replacement project will enable more rigorous quantitative reporting in the future.</p>

