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Tuesday, June 10, 2014 — 10:00 a.m.

Chair: Elizabeth Hanson

STANDING COMMITTEE ON PUBLIC ACCOUNTS

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Vice-Chair: Stacey Hassard

Members: Darius Elias
Hon. Scott Kent
Patti McLeod
Sandy Silver
Jan Stick

Clerks: Floyd McCormick, Clerk of the Yukon Legislative Assembly
Allison Lloyd, Clerk of Committees

Witnesses: **Office of the Auditor General of Canada**

Mike Ferguson, Auditor General of Canada
Eric Hellsten, Principal, Vancouver Office
Ruth Sullivan, Lead Auditor

Department of Health and Social Services

Birgitte Hunter, Acting Deputy Minister
Dorothea Warren, Assistant Deputy Minister, Social Services
Brad Bell, Director of Family and Children's Services
Elaine Schroeder, Director, Special Projects
Cheryl Van Blaricom, Acting Director, Program Support and Practice Standards
Kathy Fredrickson, Director, Corporate Planning and Risk Management

EVIDENCE**Whitehorse, Yukon****Tuesday, June 10, 2014 — 10:00 a.m.**

Chair (Ms. Hanson): I would like to now call to order this hearing of the Standing Committee on Public Accounts of the Yukon Legislative Assembly.

The Public Accounts Committee is established by Standing Order 45(3) of the *Standing Orders of the Yukon Legislative Assembly*. The Standing Order says that, “At the commencement of the first Session of each Legislature a Standing Committee on Public Accounts shall be appointed and the Public Accounts and all Reports of the Auditor General shall stand referred automatically and permanently to the said Committee as they become available.”

On December 7, 2011, the Yukon Legislative Assembly adopted Motion No. 7, which established the current Public Accounts Committee. In addition to appointing members of the Committee, the motion stipulated that the Committee shall, “have the power to call for persons, papers and records and to sit during intersessional periods.” Today, pursuant to Standing Order 45(3) and Motion No. 7, the Committee will investigate the Auditor General of Canada’s report, entitled “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.”

I would like to thank the witnesses from the Department of Health and Social Services for appearing. I believe Ms. Hunter, acting deputy minister of the Department of Health and Social Services, will introduce these witnesses during her opening remarks. Also present are officials from the Office of the Auditor General of Canada. They are Mike Ferguson, Auditor General of Canada — we would like to welcome Mr. Ferguson to the Yukon in his role as the Auditor General and to this Legislative Assembly; Ronnie Campbell, Assistant Auditor General; Eric Hellsten, Principal; and Ruth Sullivan, Lead Auditor.

I will now introduce the members of the Public Accounts Committee. I am Elizabeth Hanson, Chair of the Committee and Member of the Legislative Assembly for Whitehorse Centre. To my right is Stacey Hassard, who is the Committee’s Vice-Chair and the Member for Pelly-Nisutlin. To Mr. Hassard’s right is the Hon. Scott Kent, the Member for Riverdale North. To my left is Patti McLeod, the Member for Watson Lake. To Ms. McLeod’s left is Jan Stick, the Member for Riverdale South. Behind me is Sandy Silver, the Member for Klondike. To Mr. Silver’s right is Darius Elias, the Member for Vuntut Gwitchin.

The Public Accounts Committee is an all-party committee with a mandate to ensure economy, efficiency and effectiveness in public spending — in other words, accountability for the use of public funds. The purpose of this public hearing is to address issues of the implementation of policies — whether programs are being effectively and efficiently delivered — and not to question the policies of the Government of Yukon. In other words, our task is not to challenge government policy but to examine its

implementation. The results of our deliberations will be reported back to the Legislative Assembly.

To begin the proceedings, Mr. Ferguson will give an opening statement summarizing the findings in the Auditor General’s report. Ms. Hunter will then be invited to make an opening statement on behalf of the Department of Health and Social Services. Committee members will then ask questions. As is the Committee’s practice, the members devise and compile the questions collectively. We then divide them up among the members. The questions each member will ask are not just their personal questions on a particular subject, but those of the entire Committee. I will note that there will be an opportunity for members to ask follow-on questions. You’ll see as we go through it that there are groupings of questions, so there may an opportunity for individual Committee members to ask additional questions.

At the end of the hearing, the Committee will prepare a report of its proceedings and any recommendations that it makes. This report will be tabled in the Legislative Assembly, along with a transcript of the hearing.

Before we start the hearing, I would ask that questions and answers be kept brief and to the point so that we may deal with as many issues as possible in the time allotted for this hearing.

I also note that we will break for lunch at 12:00 noon and will resume again at 1:30 p.m.

I would also ask that members, witnesses and advisors wait until they are recognized by the Chair before speaking. This will keep the discussion more orderly and allow those listening on the radio or over the Internet to know who is speaking.

We will now proceed with Mr. Ferguson’s opening statement. I would ask, on behalf of the Committee, that you please explain, as part of your introductory remarks, how the Office of the Auditor General selected the requirements, policies, procedures, and programs for evaluation.

Mr. Ferguson: Thank you. Good morning everyone.

Madam Chair, I am pleased to be here today before the Public Accounts Committee to discuss our report on Family and Children’s Services in Yukon. This report was tabled on February 18 in the Legislative Assembly. With me are Eric Hellsten and Ruth Sullivan, who were responsible for the audit.

In this audit, we looked at how the Department of Health and Social Services fulfills its responsibilities for the protection and well-being of at-risk children, youth and their families. We did this by examining the department’s compliance with selected requirements of the *Child and Family Services Act* and related policies and procedures. We selected only those requirements that we determined to be key requirements; the department agreed were key requirements; were requirements that had either not been reviewed in compliance testing that the department had conducted; or were requirements that had been identified in the compliance testing as needing improvement. We also examined the department’s collection, analysis and reporting on information about its family and children’s services.

I would like to briefly go over the main findings of the report. We found that the department met many requirements of the act and its policies and procedures. For example, it contacts Yukon First Nations when their children and families are involved; offers family conferencing and cooperative planning; provides assessment services, counselling and treatment; meets requirements for approving foster homes; and has developed service standards.

However, the department did not fulfill several of its key responsibilities. It developed case plans for families and plans of care for children that are to be reviewed and updated quarterly and annually, respectively. We found this is not being done in most cases. Without such reviews and updates, the department does not know whether plans are being implemented as intended or whether they are addressing the needs of children and families. These documents are one of the department's main means of ensuring that it is looking after the best interests of the children.

In addition, the department did not develop transitional plans for all youth over the age of 16 in the department's care or custody to help them gradually take responsibility for their own care. This is cause for concern, particularly since studies show that many youth who leave foster care have difficulties as they make a transition to adult life.

The department developed service standards and it involved First Nations when providing care to First Nation children and youth. As well, it met most requirements for approving foster homes. However, it conducted few annual reviews of those homes. Further, it did not ensure that all children in its care or custody had annual medical and dental examinations, which are important to ensuring the well-being and long-term health of these children.

The prevention and support services offered by the Healthy Families program and the Child Development Centre were used frequently, but the department did not measure how the programs performed. As a result, it does not have all the information it needs to make evidence-based decisions that could improve these services.

The department's client index system is not a case management system, so it cannot assist social workers in managing files by prompting them to carry out required actions at key dates. We found that the data in the system was unreliable and many of the files in the system were misclassified. Consequently, the department cannot use the system to compile data of sufficient quality to be used for performance management or for accurate reporting on the services it provides.

We made recommendations to the department on the following: ensuring compliance with service standards and policies; monitoring the implementation of its action plan to respond to internal compliance testing; measuring and assessing the performance of the Healthy Families program and the Child Development Centre; acquiring a case management system; and delivering annual reports required under the *Child and Family Services Act*.

The department agreed with our recommendations and has committed to implementing them. The department has

developed an action plan in response to our recommendations, which has been tabled in the Legislative Assembly. We encourage the Committee to ask the department to provide members with an update on the implementation of this action plan.

Madam Chair, this concludes my opening statement. I am happy to answer any questions the Committee may have.

Ms. Hunter: Good morning. The Department of Health and Social Services is pleased to appear before the Public Accounts Committee to respond to the performance audit conducted by the Auditor General of Canada during the fall of 2012 and the winter through fall of 2013.

I would like to start by introducing key officials from the department who are here with me today. To my right is Dorothea Warren, assistant deputy minister of Social Services; Brad Bell, director of Family and Children's Services; above is Elaine Schroeder, director of special projects and former director of Family and Children's Services; Cheryl Van Blaricom, director of Community and Program Support; and Kathy Fredrickson, director of Corporate Planning and Risk Management.

This morning we are looking forward to responding to your questions. Should you require additional information, it will be sent to you. I would like to take this opportunity to thank the Auditor General's office staff, as well as the departmental staff who supported the audit process.

The Department of Health and Social Services use the audit process as beneficial and significant to focus on improvement. It's a challenge for small northern jurisdictions to meet the multiple requests within timelines of such comprehensive audits. At times, we were taxed with staff capacity and competing priorities to ensure the provision of child and family services occurred while the audit was underway.

The Auditor General's report on Yukon Family and Children's Services provides five recommendations. Additional points were made within the narrative of the report. The files examined by the Auditor General were active between 2010 and March 2012. As noted by the Auditor General, the scope of the audit covers child welfare programs within Family and Children's Services, as well as two early childhood intervention programs: the Child Development Centre and Healthy Families.

Child welfare services and early childhood intervention programs have a close connection. The Child Development Centre and Healthy Families work collaboratively, each with a different program focus.

It is well-recognized that the start that children get in life is a huge predictor of the success they will experience in later years on many fronts. This program targets children and families who will benefit from additional opportunities, greater outreach and more intensive supports to develop the skills they need to be responsive and effective parents. Additionally, some children have greater needs and challenges, and therefore will require specialized intervention. Both the Child Development Centre and the Healthy Families program respond to the needs of these children and families.

The child welfare system is comprised of a range of programs and services that are aimed at responding to risk, ensuring child safety and well-being, and supporting positive family functioning. Social workers respond to reports of maltreatment, complete assessments, provide direct service to children and families, and make referrals as required to other service providers. In situations where children cannot safely remain at home, social workers, in collaboration with others, determine alternative arrangements, such as placement with extended family, foster care and other caregivers.

If the child is a member of a First Nation, that First Nation is invited to work collaboratively with respect to planning and delivery of services for the child and the family. The mandate of child welfare services is the Yukon *Child and Family Services Act*, which identifies guiding principles and provides factors that determine best interests of children and sets out certain requirements for the provision of services for both children and families.

The *Child and Family Services Act* was proclaimed in 2010 and is relatively new legislation. It replaces the *Children's Act*, which has been in effect since 1984.

The changes that were introduced in 2010 dramatically shift the approach to delivering child and family services. The process used to develop the act signalled a new, inclusive way of developing and providing services, one that involved partners, stakeholders and interested parties in a meaningful way. The *Child and Family Services Act* was developed through combined efforts of representatives of the Government of Yukon and First Nations. The First Nation health directors and representatives from Family and Children Services continue to meet regularly to guide ongoing implementation and address key issues related to the act.

Consultation also occurred with community groups and stakeholders to ensure that a range of perspectives were considered in the development of the legislation. The result of the collaborative approach taken is progressive child welfare legislation and sets high standards and reflects cooperation and inclusion.

Some of the key features of the act include: the early and continued involvement of First Nations in planning and decision-making for their children; the value of culture and community in all matters relating to children and families; the emphasis on supporting families and extended families in providing for their children and a provision that allows for voluntary agreement to provide support; collaborative and inclusive decision-making where extended family and foremost support persons, service providers and professionals can come together to develop plans that respond to the needs of a child in the family; mandatory reporting of child abuse and neglect concerns; and quality assurance and accountability requirements such as complaint procedures, annual reports, establishment of minimum standards of services and a review of the operations of the legislation every five years.

There are many other provisions in the *Child and Family Services Act* required — new policies and practice changes, a

different orientation for staff, stakeholders and others who are involved in service delivery.

Full implementation and refinement to some of these processes is still occurring. Internal accountability mechanisms that are aimed at ensuring compliance with legislation and practice standards are being fully implemented.

The Auditor General's report made five recommendations. The narrative of the report highlights areas that are compliant with the act and are meeting the standards of the act and policies. The recommendations note where the department is not in full compliance. The five recommendations made by the Auditor General in the report are helpful. They are being acted upon and will serve to improve the care and service provided to vulnerable children, youth and families in Yukon.

Child welfare is an area that is under review and study across Canada. There have been a number of reports released in other jurisdictions over the past year, each with observations, findings and recommendations for change to child welfare systems. Information from these reports — as well as information gained from the national forum of child welfare directors about legislative and policy initiatives and best practice — has provided insight and value for Yukon Health and Social Services. The department is committed to continuous improvement and development of the provision of high-quality and effective care and service.

To summarize, the five recommendations made by the Auditor General focused on compliance with service standards and policy, monitoring and implementing our action plan for responding to internal compliance testing reports, review and development of Healthy Families outcome measures and performance measures for the Child Development Centre, acquisition of a case management system, and the content and timelines of annual reports to the minister.

I look forward to taking questions from the Committee.

Chair: We will now turn to the first member of the Committee to commence questions, and this will be Ms. Stick.

Ms. Stick: Thank you, Madam Chair. I thank everyone for showing up today. I welcome the Auditor General and his staff as well. I'm going to start off with asking a number of questions of the Auditor General.

The first one would be: How or why did you decide to undertake this specific audit?

Mr. Ferguson: When we're deciding what audits to do, essentially we are looking at areas that we feel are of significance and of interest to Members of the Legislative Assembly. To do that, we conduct what we call a "strategic audit plan", which is essentially a risk assessment of the various risks that a jurisdiction or government department face. Based on looking at those risks, we identified potential audits. When you're dealing with something like children who are themselves at risk, that's obviously something that I think is of interest to Members of the Legislative Assembly, but it is also indicative that it's extremely important that those services be provided according to all of the policies and procedures

that are in place to make sure those children are adequately protected.

Ms. Stick: Thank you. You have reported on this subject in the other two territories, Northwest Territories and Nunavut. Can you tell us how the Yukon compares to these other two jurisdictions?

Mr. Ferguson: We have reported on similar areas in the other two territories; however, the way services are delivered and that sort of thing are not the same from territory to territory. It is not really possible to do an absolute comparison, one territory to another. I can say though that when we looked at the services provided here in Yukon, we identified some things that were working well. I think we were pleasantly surprised, for example, at the results that we have laid out in exhibit 3 around approval for foster homes and the fact that most of the steps that are required to approve foster homes — that those are being followed. I think we were very pleased to see that. However, we have also identified that there were places where services could still be improved here in the Yukon.

It is not something that I can do a specific comparison on, but like I say, I think we were pleasantly surprised on a couple of fronts, particularly with the assessment of foster homes.

Ms. Stick: In paragraph 12, you note that substance abuse was noted in 44 of the 49 files involving child protection. What is the importance of this?

Mr. Ferguson: The importance of that is really the context, I think, to remind people perhaps of the challenges that many of the families face and many of the children face — and in fact that the department faces and the people that have to go in to help the children and the types of environment that sometimes they have to go into.

As I say, it's not particularly a finding of the audit; it's simply to help the reader understand that these are difficult situations. The children are in difficult situations and the people who have to help them are in difficult situations, so it really is just context.

Ms. Stick: What was your most important finding?

Mr. Ferguson: The most important finding — it's hard to sort of boil it down to one thing. I think, again, I will just take the opportunity to remind everyone that we did identify some things that the department was doing well. I think people need to always keep those in mind.

What's most important, though, is that there's still room for improvement on a number of fronts, particularly making sure that plans — whether they be for families or for care and custody of children, those types of things — be kept up to date; that the reviews of the foster homes be done regularly, even after the original assessment; and that the department makes sure the children are getting access to medical and dental services when they need them.

I think really what's most important is that the department has in place a number of policies and procedures that can be effective in managing and protecting the children. There's room for the department to improve on making sure those policies and procedures are adhered to in a number of situations.

Ms. Stick: I'm going to move on now to the department.

The first section was, "Yukon First Nations were contacted when their members were involved in the child welfare system." In paragraph 14, the report says: "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 ..."

The first question I have is: Does the department keep track of how long it actually takes to contact a child's First Nation after that child becomes the responsibility of the department?

Ms. Hunter: Thank you, Madam Chair. I would like to defer this question to Ms. Warren.

Ms. Warren: The information that you requested on recording when the First Nations have contacted would appear on the case notes that would each be dated. The involvement of the First Nation in case planning and decision-making would also be recorded on the documents — the plans of care, the family assessment plan — so the contact with First Nations is throughout.

Ms. Stick: In that paragraph, can you explain what "practicable" usually means — in terms of hours or days — when contacting First Nations?

Ms. Warren: The timing for contact with First Nations really varies from situation to situation. It varies according to the nature of the report. It varies according to when that report is received. It would vary according to the arrangement that we have with an individual First Nation.

There are reports that are received, for example, where the child is not identified. It may be a situation where a child is reported to be seen alone in the street. Until the child is identified and it's ascertained that they are a citizen of a First Nation and which First Nation, contact would not be made. It's fair to say that the standard is to contact a First Nation as soon as report is received when the connection is evident.

There's agreement with each of the First Nations on when contact would occur. For example, we operate an on-call, 24/7 service — so it's an after-hours on-call service. There are some First Nations that wish to be called any time — day or night, weekend — and there are other First Nations that have asked that the calls be deferred until the weekday morning or the following morning. In terms of protocol, it varies according to the nature of the call in the agreement that we have with the First Nation.

Ms. Stick: How does Family and Children's Services keep the First Nations involved in the ongoing planning for the care of their children?

Ms. Warren: Ideally, the First Nation is involved at the time that a report is received — a report that a child may be in need of protective services — so right from the onset, the First Nation is there to provide support to the parents and the family who may be distraught. They're there to potentially recommend an alternate care arrangement if the child cannot remain with their parents or current caregivers. They maintain ongoing involvement.

It's intended to be a very cooperative team approach, where the First Nation representative is a very active member in planning. They are involved in plans of care as very active participants in decision-making points along the case plan for a child or family. First Nation representatives provide tremendous support to caregivers and families and children in care, and work in partnership with our staff to ensure that the needs of children and families are optimally addressed.

Ms. Stick: The report distinguishes two key planning tools used by Family and Children's Services. In paragraph 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 care of 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.

In paragraph 22, the Auditor General's report says, "We found that the Department had developed case plans for most families (14 out of 16)." "However, we found that only 9 of the 16 files included a family assessment." Similarly, paragraph 24 says, "We found that the Department had completed a child assessment for 27 of the 33 children who required one."

Paragraph 25 says, "We found evidence that the department offered family conferencing and/or cooperative planning to 18 of 21 families entitled to those services.

Health and Social Services has provided the Public Accounts Committee with the report of compliance to child care welfare standards, 2010 to 2013. This report was based on a sample of 20 percent of the active caseload in 2012-13.

The compliance report found that with respect to compliance with the child welfare standards required under the Yukon *Child and Family Services Act*, Standard 4 planning for stability/permanency that, for children in care, the offering of cooperative planning was just 34 percent, up from 27 percent in the previous year, but if access was offered, it jumped to 92 percent.

So my first question would be: Given that planning for stability/permanency is a child welfare standard, how do you explain the continued low rate of offering of cooperative planning?

Ms. Warren: Cooperative planning is a new provision that was introduced with the *Child and Family Services Act* when it was proclaimed in 2010 and developed and fully implemented shortly thereafter. As in many new processes, it has not perhaps had the early high uptake that one might expect, but we do see that there has been an ongoing increase in the number of referrals that are made. It's an area that we continue to monitor.

We must also be mindful in the audits of cooperative planning that there is a fulsome sense of what that concept is. There is a technique in cooperative planning that is called "family conferencing". It's a technology that has been adopted from Australia, although it exists in other jurisdictions across Canada, and that is a particular technique. There is also the broader concept of cooperative planning, which is one of

inclusion. It is bringing together parents and extended family and other service providers — others of significance in a child's life — and involving them in planning for that child. I would submit that cooperative planning is a foundational element in the legislation. It's one of inclusion; it's one of participation; it's one of shared decision-making and it's one that that we will continue to promote and reinforce and see the numbers of families involved with cooperative planning increase.

Ms. Stick: Can you explain then why the gap still exists between what is required and what is actually being done?

Ms. Warren: Do you mean with respect to cooperative planning? The gap that exists with this standard, as with many others, is one that we recognize needs to be addressed and enclosed.

In terms of why the gap exists — I think it's for a variety of reasons. Some would be that it's a work-in-progress in terms of change and integrating that practice into every case worker's repertoire. We need to address systems so that we're actively monitoring and tracking when cooperative planning is required and when it occurs, similar to plans of care and reviews of care, training, a systemic response, rigour on supervision, and support to our staff to ensure that they're aware of what the expectations are and that they are enabled to follow through with those expectations.

Ms. Stick: I think you've answered most of my next question, but I'll ask it just in case there is more that you want to add. What does the department plan to do to close those gaps in the future?

Ms. Warren: We have very recently introduced an interim manual tracking system. You would have noted that the Auditor General has recommended that we have an automated case management system that would provide staff with prompts — supervisors and managers with reports — but, pending that development, we have very recently introduced a manual system.

The system will inform social workers by providing a paper tool that allows them to track on an ongoing basis where compliance to certain standards is met and where it's outstanding. It will also be used in supervisory review with staff on a regular basis — social workers and supervisors come together for case consultation as well as clinical supervision, and the status of requirements on documentation and implementing processes, such as cooperative planning, will be part of that review.

We've applied an additional level of rigor and accountability, in that internally these regular reports will be passed up to the manager on a monthly basis and to the director on a quarterly basis. We're implementing accountability tools and reporting tools — certainly looking at how staff can be supported in meeting the demands of a very, very difficult job.

It's important that we're also mindful that our staffing is a factor in compliance. It is necessary for us to have a full complement of staff. When staff are covering vacancies, they tend to respond to the urgent and emergent matters, the direct

case contact, and perhaps defer the documentation. It's very important that we're fully staffed and that our staff are prepared and supported to carry out their responsibilities.

Mr. Silver: I do have a question. We spoke briefly about contacting First Nation families when a child is taken into custody. The focus of the audit was to determine whether the Department of Health and Social Services adequately fulfilled its key responsibilities for the protection and well-being of at-risk youth and their families. I have a general question about the policy for the protection of children.

How long does it take, from the time information is provided to the department until action is taken? For example, how long would it take for an initial investigation to be completed or for a child to be apprehended? Is there a standard benchmark for how long this initial phase is supposed to take? Is that benchmark, according to the department, being reached?

Ms. Warren: We have a policy with respect to the length of time that is required to respond to reports of child abuse, neglect, child maltreatment. The standard for responding to the report, in terms of commencing an investigation, is within 24 hours.

Where the report indicates that a child is at immediate risk, in immediate jeopardy — the earlier example I noted was that a child may be observed to be alone in the street or abandoned in the house. That would be an immediate response. The report is received and literally a pen is dropped and action is taken to respond. For all reports, research into past involvement — whatnot — occurs within the 24 hours. However, for some reports, the direct client follow-up may be a bit longer than 24 hours.

Ms. McLeod: We are just going to continue on with questions for the department.

With respect to child protection cases, the compliance report stated: "Planning for stability/permanency had mixed results. The offering of cooperative planning was low at 28 percent, down from 59 percent in the previous year and similar to the base year 2010." Where it was offered, it was accessed at 60 percent (compared to 50 percent and 34 percent in the two previous years). However does CFS plan to address this low compliance issue? Could you please identify what factors are at play and how is Family and Children Services addressing them?

Ms. Warren: Cooperative planning is certainly one of the key requirements, one of the foundational elements throughout the legislation and it is one — as you readily observe in our internal compliance reports — it has been a bit up and down over the last three sessions and we are examining that.

For our compliance reports, there are action plans prepared. We have spent time with our staff in individual units providing information and training on cooperative planning process and have completed an analysis of what's missing in some of those families — on why cooperative planning has not occurred to the extent that we might expect. As noted earlier, a bit of it is in the interpretation of what cooperative planning and that principle of inclusion are.

Ms. McLeod: Why do gaps exist between what is required and what is actually done? Were these due to a conscious choice of the case worker of the family or child involved, or merely an oversight?

Ms. Warren: We are fortunate to have staff who are very dedicated, committed professionals. Child welfare work is not easy work. It's sensitive work, challenging work and it often happens in very emotionally charged circumstances.

Matters that involve the protection and well-being of children are typically complicated, and social workers are often intensely involved with children and youth and families and collateral agencies and others in the community.

It's required that they make notes on each and every involvement that they have. They're then required to summarize these notes in particular formats that have been referenced earlier today — assessments, plans of care, case plans. They're required to balance client contact and many other conferences and meetings with meeting their requirements for documentation. Direct client service can take priority at times, and should take priority at times. That doesn't discount the need for staff to meet the requirements for documentation.

It would be a range of reasons, I would suggest, that documentation isn't completed, but our staff are committed professionals. They've not made a conscious decision to set aside part of their responsibilities. We need to ensure that we have the structures in place and the systems in place, the supports in place, so they can carry out their full range of responsibilities.

Ms. McLeod: I think you've answered in part this next question but you may wish to expand on it. Given the results of the three-year core compliance audit demonstrate limited improvement in this area, what does the department plan to do to close these gaps in the future?

Ms. Warren: We are committed to continuous improvement and ensuring that we do close the gaps in the three internal compliance reviews that have been conducted.

We expect that progress will be made based on some of the new systems that we have introduced — the tracking and monitoring system that I referenced earlier. We have set a standard for increased rigour and review of case files on an ongoing basis. We have developed an action plan on the most recently completed compliance review. That action plan is implemented. We have set an internal date for compliance across the board on case files — the date of June 30 — and we are on target to meeting that commitment.

Ms. McLeod: With the new systems and monitoring concepts that you put in place, how will the department measure and track improvement?

Ms. Warren: There will be two mechanisms for measuring and tracking. One is the ongoing internal reports. Certainly this new manual tracking system was seen as a tool that was necessary to provide the prompts and the documentation on what needed to be done and then submit that through the different management levels within the system. That will occur on a regular basis between our front-

line case workers and their supervisors, and the supervisor submitting to the manager and then reports to the director.

It's an accountability mechanism that is really intended to examine what the gaps might be in a particular area. It may be a staffing issue, it may be a one-on-one training issue, there may be a vacancy — whatever. It will allow us the opportunity to have insights into what those root causes might be.

In addition to that, we have instituted since 2010 an internal compliance testing process — I understand that the Committee received reports on each of those three years — and then, very recently, the summary report for the three years was delivered. We intend to continue with that internal compliance testing as well as the everyday tracking and monitoring mechanism.

Ms. McLeod: How is information transmitted to foster families about their role and responsibilities and the department's role and responsibilities in terms of support services, whether material or financial?

Ms. Warren: One minute, Madam Chair. I am going to confer with my colleague.

All foster parent applicants go through training sessions that provide them with information on the fostering experience. It's a curriculum that has an acronym of PRIDE, and it's a curriculum-based program that provides foster parents with a range of information to equip them to respond to the needs of the children they accept into their home.

In addition, we have a manual — a written document that is a reference document for foster parents. The manual was most recently updated last summer, the summer of 2013. We have liaison with the Foster Parents Association, where designated staff members meet with members of the association to respond to or discuss what might be broader system issues as opposed to case issues. At the casework level, there are social workers assigned to work with individual foster parents and provide counselling, support and referral services, as the situation might dictate.

We enter into agreements with foster parents on an annual basis. It's an agreement that outlines roles and responsibilities and a range of information that foster parents would need to receive.

So it's at a case level — a one-to-one level — and we have a system connection and broader communication mechanisms with foster parents.

Ms. McLeod: You referenced a manual for foster parents and I'm going to suggest that we can refer to that as a handbook or regulations so that families can look and see what their responsibilities are and the supports that are available to every foster family. I'm wondering if the Committee can receive a copy of that documentation.

Ms. Warren: I would be pleased to provide it.

Ms. McLeod: Thank you very much. In paragraph 27, the report says, "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." "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."

In paragraph 29, the report says, "We found that the largest problem facing the Department was the low rate of compliance with the requirement to conduct reviews at specified intervals."

My question to the Auditor General's staff is: In paragraph 27, you disclose the low rate of compliance for reviewing and updating case plans and plans of care. Why did you feel that this is the largest problem facing the department, as you note, in paragraph 29?

Mr. Ferguson: I think, for example, if you look at exhibit 2 in the report, where we have laid out a number of the key requirements and sort of the rate of compliance — and throughout the whole report — it is evident that the department does a pretty good job of putting in place case plans or plans of care, that type of thing, up front. It is one thing to do good plans originally, but it is important to make sure that those plans are maintained; that they remain relevant; that they are reviewed; that they are monitored and can be assessed to make sure that those plans remain relevant. As you mentioned in the question — and as we stated in the audit — we did find some files that were six years out of date.

It is a requirement to keep the plans up to date, but I think fundamentally the reason to make sure the plans are up to date is to make sure that what those plans are saying need to be done remains relevant and appropriate.

Ms. McLeod: The aforementioned report of compliance to core child welfare standards made the following observation in the first compliance report for 2010-11, and it is a theme repeated in the subsequent two reports: policy requirements are that case plans be reviewed regularly and that progress be documented to demonstrate that plans are being worked on and that goals are being achieved. Compliance is low in this area across Yukon and across case types — the highest compliance being achieved in Whitehorse for children in care cases is 65 percent.

The report author asked: What is getting in the way of good case planning? Is it an issue of systemic barriers, case worker attention to planning, competing priorities, inadequate documentation, or something else? The audit went on to say that if it is not documented, it will not happen.

There is a need to emphasize the importance of adequate documentation for the sake of the child, the family, the supervisor and the next worker. Documentation also helps the current worker to organize, to reflect, to analyze and to be thorough, and to remember.

The question for the department was: Can the department outline in detail what specific initiatives have been taken to address the finding of both the Office of the Auditor General and the department's own three-year report on compliance to core child welfare standards to ensure that case planning is done and that complete annual reviews are done for all children in care?

Ms. Warren: There is indeed consistency between some of the findings in the department's internal compliance reviews and the Auditor General's report.

There are four key documents that direct and guide services to children and families and requirements for documentation at prescribed intervals in these areas. When families are receiving child protection services, a family assessment is required and a case plan is required. When children are in care of the director of Family and Children's Services, an assessment must be developed and a plan of care must be developed and reviewed.

As noted, the audits — the compliance audit and the Auditor General's audit — indicated that our status of doing the upfront work, the first phases, is stronger and there is a higher level of compliance than when doing the ongoing work. The exhibit reference noted that 87 percent of the child-in-care files that were reviewed had a plan of care and 82 percent of family assessments were completed. However, the requirements for review of both were low. Some were very low.

In summary, the actions that the department is taking to address this are at a system level to put in the system, which I mentioned earlier, for ongoing monitoring and tracking of each file that is active and where a social worker is involved. On an ongoing basis, the tracking mechanism — we could provide you a copy of the format, should you wish to see it — will lay out when due dates are. Similar what an automated system would do, it would flag due dates for particular pieces of the planning work. Then those due dates will be reviewed in the supervisory sessions between the front-line worker and the supervisor, and the supervisor will actually look at the file. It will be a review of the documentation, not a review of the clinical plan verbally, in isolation of a review of what is documented.

Then, through reporting up the system, we hope to be able to respond to whatever gaps there are and whatever needs staff might have to meet their obligations. We have, as I noted earlier, set a June 30 date for complete compliance, so we are hoping then — we have a level playing field and a clean slate to begin ongoing monitoring and tracking. I might also again emphasize the full complement of staff and the importance of having all positions filled so that staff are enabled time-wise to be able to carry out their responsibility.

So what's different, in a nutshell, is that we've introduced a new system, a new tool to support staff. We've applied some rigor around how that will be used in the system. We've added an accountability measure — monthly reports to the manager, quarterly reports to the director — and we believe, through discussions with our staff, that there is a commitment. There is a renewed emphasis on meeting that full range of responsibility that it is not just high-quality client contact, but it is also documentation of that contact.

Chair: I just have a quick question. You mentioned a sense of good compliance at the outset in terms of the initial contact. You have made several references to having a full complement of staff. My question really has to do with the implications of continuity with respect to staffing and staff turnover. We'll come into this later, and so I would ask you to keep your comments brief on this because we will be talking about staffing challenges as the audit outlined that. With

respect to the issues of planning and the issues that were identified by the Auditor General and your own compliance review, we see workers who are there to do the initial work with the family or child and they're not there in 18 months. The bottom line is: What is your rate of turnover?

Ms. Warren: Madam Chair, I'm sorry I don't have the data to provide you on what our rate of turnover is. It varies.

The Auditor General's report noted in some of its sections that we had periods of very lengthy and concerning vacancy in some of our regional offices. We also have vacancies from time to time in our urban office, in our Whitehorse office. It's a bit easier to redeploy staff in the Whitehorse office. It's a bit more complicated in the rural office.

I won't discount the impact that vacancies have on compliance. When reports are received in the early stages of investigation and in assessing with families, it is important that people be on, that they be available and that work is done to ensure child safety, and that the early actions that need to be taken — perhaps in relation to child placement — are taken. Actions are taken within the office to redeploy staff where necessary to do that. Staff then often return to what their ongoing duties are.

Madam Chair, you are quite right. There is an issue with continuity of service, and much of social work practice is based on developing and maintaining a high-quality relationship. In short, I cannot tell you specifically what the data is around turnover rate and its impact on compliance, but I would suggest that it does have an impact.

I would say, though, recognizing the need for brevity on this topic at this point, that we are fully staffed in regional services at this point and I am advised that we have two supervisory positions in Whitehorse that are under recruitment, so we are in a very positive place in terms of staffing them.

Chair: I'll be asking the next set of questions.

Paragraph 30 of the Auditor General's report addressed transitional case plans for youth. The report says that the *Child and Family Services Act* requires social workers to document transitional planning through transitional case plans. In paragraph 32, the report says, "We found that only 7 of these 17 files included a reference to transitional case planning."

The report also said that: "Youth can remain in the Department's care or custody until age 19, 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 report says, "Transitional planning is important because it provides youth with training, guidance, and support... The Department has a responsibility to support these youth as they transition to adulthood."

My first question is for the Auditor General. Mr. Ferguson, in paragraph 32 you identify the low rate of files that include a reference to transitional planning. From your perspective, why is such planning important?

Mr. Ferguson: I think that in paragraph 32 we go on to say that without transitional case plans, youth who leave the department's care or custody might not have received the training, guidance and support they need, and this is a cause for concern, particularly because studies show that many youth who leave foster care have difficulties as they transition to adult life. I think it's just an identification that this is a vulnerable point in time for these youth to make that transition, to be able to adequately care for themselves. I think making sure that they are equipped to do that is important so that they function well as adults.

Chair: My next questions are to the department. Transitional plans are important for youth, as we've said, leaving the department's care. What is the department doing to ensure that each youth, starting at age 16, understands that transitional planning is available? What efforts are being made to explain to them what that means?

Ms. Warren: We absolutely acknowledge that transitional planning is an area of great importance and an area that requires improvement. There have been discussions and sessions with our social work staff internally on this particular topic area. We're conscious that documentation is not up to standard, but we're also concerned that we have insights into the type of engagement, planning and support that is needed. Through our discussions with staff and other professional service providers whom we work closely with, it was determined that we needed to emphasize this area over the coming year and spend some time with others to really gather intelligence locally and do some research on what is occurring in other jurisdictions in this area.

To this end, we have established a working group and set out terms of reference for that working group. We've invited First Nation representatives to be part of that forum. We've invited representatives from the Foster Parent Association, former youth who have been in care and department staff. The mandate of that group will be, as I mentioned, to share information, examine the guidelines that exist for transitional planning with our youth, examine what gaps might be there and look at what we might learn from other areas. The group has broad terms of reference and can certainly solicit the views of others who they think may have information to bring to the table.

We've asked that the group also recommend on the feasibility and an approach to establishing a youth-in-care network. Youth-in-care networks or peer support groups — mutual support groups — exist in many other jurisdictions in the country, and we would like to examine whether that's a group that we should and could establish in the Yukon. The documentation is certainly one issue, but we need to really look insightfully into this area and ensure that we're providing the type of service that we could be.

Chair: Thank you. You mentioned that you've established a working group with broad-ranging terms of reference. I would like you to address the time frame for when that working group will report with respect to some sort of plan for implementation. The second part of my question is: What interim measures is the department taking to ensure that

transitional plans are in fact completed as required for youth now transitioning from the care of the director of Family and Children's Services?

Ms. Warren: The mandate of the working group is to provide a report at year-end. That may be an interim report, depending on the extent of the study and research that they would like done in the interim and on a parallel track. We recognize that we need to review every plan for every youth that is in our care. Supervisors and case workers are doing that and have done it — undertaken that already. It's a work-in-progress to ensure that the transitional plans are in place or the transitional planning has begun. Part of that individual case review is to ensure that we have engaged others who have significance in the future plan for that child. It may be a First Nation's member or community member, extended family member, but that work is underway as we speak.

Chair: Just one last question with respect to the transitional measures. How many children at age 16 are currently receiving transitional planning? How many are receiving transitional support up to age 24?

Ms. Warren: I have the data before me on numbers of youth that are receiving the post-care services — that would be services between the age of 19 and 24. There are 14 youth that are receiving supports that are financial, personal, residential — a range of support.

I am sorry, unless someone behind me has information on the numbers of youth 16 and up, we will have to provide that for you at another date.

Chair: I would like to move on now to the issues of medical and dental examinations, and my first question is to the Auditor General.

In paragraph 34, you note the rates of dental checkups and medical exams. Why are these health requirements important?

Mr. Ferguson: Yes, we did identify in paragraph 34 that we found 19 out of 30 children and youth in the department's care or custody had undergone a medical examination and that only 15 of 29 children and youth had undergone a dental checkup between March 1, 2012 and April 1, 2013. Those were the levels that we found in terms of those children having access to dental and medical services.

I think in paragraph 35 we really do go on to explain the importance, where we say 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 and research shows that, on average, they have poorer health and are more vulnerable because of their high levels of trauma, stress, uncertainty and instability.

Of course, children's physical health has also been shown to be an important determinant of their capacity to face developmental challenges.

I think it's paragraph 35 where we do point out that having access to dental and medical exams, making sure these children do have — that their health is being cared for can certainly have a significant impact on their ability to function.

Chair: My next question is for the department. Do all children coming into the care of Family and Children's

Services receive dental and medical exams? The second part of that is: What are you doing to ensure that all children in the care — so the first part is coming into care. The next question is: What are you doing to ensure that all children in the care and custody Family and Children's Services receive regular annual dental and medical exams?

Ms. Warren: Yes, children who are admitted to the care of the director receive a medical examination. That's a requirement. For some children who may have a presenting health care issue or injury, they would be taken for examination, for example, to the emergency room at the hospital at the time they are admitted to care.

For all children in care, the policy requirement is noted in the Auditor General's report — to have an annual general medical examination and an annual dental check.

This is an area that is important, it's a requirement, and it has not been consistently met. We would note that children in care, however, did receive necessary medical and dental attention that they required throughout the year. This included appointments with various medical specialists and appointments with physicians, emergency and medical care that responded to specific issues. Nevertheless, the full medical checkups were not completed, and this is another area that we've identified for tracking, monitoring and compliance.

Additionally, there are some children in care who are of the age of consent — over the age of 12 — and they may decline to have an annual medical checkup. We've amended a format to indicate that the child has been counselled in that regard and now, with full knowledge and information, they have declined.

It should also be noted that children up to grade 8 in Whitehorse and grade 12 in the communities are seen through the Yukon children's dental program. We have been remiss in having communication between the children's dental program and our department and have taken measures to ensure that that information is communicated in writing when the child has been seen so that it's recorded on the child's case file.

Chair: Just to confirm — you say that all children coming into care receive a dental and medical exam?

Ms. Warren: The policy is that children coming into the care of the department would be seen within six weeks.

Chair: Ms. Warren, the question was not about the policy, but do all children coming into care receive a medical and dental exam?

Ms. Warren: I couldn't speak with certainty to that point, Madam Chair.

Chair: The auditor noted that the department met requirements for approving foster homes but conducted few annual reviews of the homes. In paragraph 43, the report says: "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."

In paragraph 44, the report said: "We found that the Department was not conducting annual reviews as required." Then it goes on to detail the extent to which this is not occurring in paragraph 45. That paragraph said: "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."

My first question is to the Auditor General. In paragraph 44, you report the low rate of annual reviews of foster homes. In paragraph 45, as I said, you point out the risks of not doing these reviews, but you said that you did not find any child safety issues in the foster home files that you reviewed. What is the bottom line here?

Mr. Ferguson: I think the first thing, as paragraph 44 explains, in the time period that we were looking at, which was April 2010 to June 2013, the department should have conducted 45 annual reviews for the 20 foster home files that we examined. They had conducted parts of annual reviews, but they had only completed seven of the 45 that should have been completed in that time frame.

The other thing that is important is — at the end of 45, we say that we did not find any issues identified with regard to the children's safety in the files that we reviewed. I think it's important to understand that we didn't go in and audit the foster homes themselves. This was looking at what was indicated on the files themselves.

But I think that, even if things are functioning well and even if there are no issues identified, it's very important to make sure that these reviews that need to be done annually are done as they're supposed to be done to make sure that the foster homes are functioning as they are supposed to function. It's sort of making sure that things are working the way they're supposed to and making sure that continues into the future.

Chair: My next questions will be for the department. The department said, in response to this, that they would be ensuring compliance with standards related to the above-noted areas — this issue with respect to the annual reviews of the foster homes. Are those standards the same as those recommended by the Auditor General?

Ms. Warren: I'm sorry, Madam Chair, is this with respect to the foster home reviews? Yes. The annual reviews of foster homes — I would note that our social workers are very regular and have frequent contact with foster parents in and out of the homes for child placements, child visits and counselling, but it is nevertheless required that a review is completed as per a prescribed format. We have set the internal date of June 30 for this standard as well, and an update of the foster home reviews is well underway.

Chair: My next question is — the Family and Children Services action plan indicates that the department has implemented, as you mentioned previously, a manual, tracking forms and quarterly reports. Would you please explain what is tracked, how it is reported, and would you provide the Committee with a copy of the forms and reports provided to the director to date?

Ms. Warren: My colleague is passing me a copy of the tracking form. We will certainly provide one to the Committee. The tracking form consists of the standards that would need to be met for that particular case type and it would

include the due date for the standards to be met, by case. It's a bit of a manual replication of what would typically be on a case management system — standard, due date, and then there is some checking and compliance, non-compliance and dates.

So it's very basic information, but it provides us with that ongoing record of what is completed and not in compliance, provides a tool for flagging with the front line staff and for monitoring by others responsible in the organization.

Chair: Again, with reference to the action plan, I am asking you to explain what is meant by "active monitoring of files at the supervisory and management levels".

Ms. Warren: Supervisors have multiple roles. Certainly one of the roles is ongoing clinical supervision, ad hoc, on-the-spot, if you will — consultation for staff and referral services involvement in case conferences with their staff. They also have a role to ensure that documentation is completed. Through placing a requirement for file reviews at supervisory sessions, we think that that will be a prompt and a reminder for supervisors to ensure that they are attentive to the documentation, as well as the practice aspect of the work.

Chair: Thank you. Could you explain who will do the monitoring and who specifically will be monitored?

Ms. Warren: The monitoring for the manual tracking system — the supervisors and the social workers will have a relationship, then the managers with the supervisors.

In terms of the action plan for the internal compliance review, we've prepared an action plan — I believe it was provided to the Committee — for the 2012-13 compliance review. Implementation of that action plan is monitored by the director of Family and Children's Services.

Chair: Thank you. Which persons or entities will receive or be able to have access to the compliance reviews that are referred to in the department's response to the Auditor General's recommendation in paragraph 46 of the report?

Ms. Warren: The reports on the annual compliance reviews are provided to the director of Family and Children's Services, to the assistant deputy minister and to the Deputy Minister of Health and Social Services. The three-year summary of the compliance reports this year was provided to our minister.

Chair: We'll move then to Mr. Hassard.

Mr. Hassard: Paragraph 52 of the report starts with: "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."

To that, the department's response was: "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 Public Accounts Committee acknowledges receipt of the action plan to implement recommendations of the Auditor General's report from February 2014.

As the *Child and Family Services Act* is an act of the Legislature, the Public Accounts Committee is required to be vigilant in ensuring the department complies with the legislated wishes of the Legislature. How does the department prioritize its legal obligations, and how does it track their implementation?

Ms. Warren: The action plan that was prepared for the internal compliance audit for 2012-13 has been implemented. There are some components of that plan that are ongoing, but specific files that were reviewed in conjunction with that compliance audit have been updated and that report has been submitted to the director of Family and Children's Services.

Mr. Hassard: But how does the department track the implementation of this plan?

Ms. Warren: Through periodic reporting between the managers and the director of Family and Children's Services.

Mr. Hassard: Still on that question, how does the department prioritize its legal obligations?

Ms. Warren: Matters under the *Child and Family Services Act* that deal with child safety are prioritized in terms of practice. Certainly in any matter that involves an investigation of a report that a child has been subjected to physical harm, sexual harm or abandonment, the circumstances defined in the legislation would be prioritized.

Am I understanding your question, sir?

Mr. Hassard: I think that covers it, yes.

Which persons or entities will receive or be able to have access to the audit plan and reports of progress on compliance with the plan?

Ms. Warren: The audit plan as per our compliance tests — our internal compliance reviews — is available from the director to the assistant deputy and the Deputy Minister of Health and Social Services.

Mr. Hassard: Is the audit referred to in the department's response to paragraph 52 of the Auditor General's report the same as, or is it different from, the report on compliance to core child welfare standards? If it is different, may we have a copy of that too please?

Ms. Warren: It's the same as.

Mr. Hassard: What specific measures have been taken to address the issues identified in the report of compliance to core child welfare standards from May 2010 to April 2013?

Ms. Warren: I have mentioned some of the tools that have been designed. Certainly we've taken measures to track and monitor through a manual paper system where standards and policies have fallen short of compliance.

We have taken key standards — some of which are in our internal compliance report and some are in the Auditor

General's report — and we will be tracking those on an ongoing basis.

Once again, it is an annual compliance review or compliance test that we apply internally — and we will be going into that process again in the late summer and fall of this year.

Mr. Hassard: Will reports of progress on compliance with the plan be made available to the Public Accounts Committee? If so, when will we see that?

Ms. Warren: The Public Accounts Committee would certainly be welcome to see progress reports on our action plans and compliance reports. You have received the three-year report that provided the status of compliance and we would be pleased to provide you with subsequent reports as you wish.

Mr. Hassard: Has the report of compliance to core child welfare standards been shared with Yukon First Nations, the Foster Parents Association, Yukon social workers association, and/or other stakeholders?

Ms. Warren: No, it has not. There is no particular reason why. It's an internal accountability document prepared for our internal use. I don't believe it has been a conscious decision. It was not prepared for wide distribution and it has not been widely distributed.

Chair: Just if I may, you are aware that they are public now? As the Public Accounts Committee, this is public, so — maybe as a goodwill thing, it might be worthwhile.

Mr. Hassard: Moving on then, the department faces challenges with staffing in communities. In paragraph 55, the report deals with this when it says, "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."

The report of compliance to core child welfare standards, May 2012 to April 2013, notes that more than one-half of children in care have seen a change of worker during the review period — for example, 58 percent, up from 32 percent of previous years.

My question for the department would be — the Chair kind of touched on this earlier. What impact does the turnover of social workers have on children and families serviced by the CFS?

Ms. Warren: The impact of turnover in social work staff is significant. For some children and families, it is huge. The value of continuity of relationship in this helping profession, as in many others, is core.

Mr. Hassard: I think that probably answers the next question as well, but I will ask it just in case you would like to

elaborate. How does continuity play a role in relationship building, development of local knowledge, et cetera, that might contribute to more effective professional interaction?

Ms. Warren: The role of continuity is very valuable in the rural communities. Our regional service staff are residents in some of the communities and become a part of that community. They develop close collaborative working relationships with other service providers and take on responsibilities that would be outside the specific mandate of the *Child and Family Services Act* as helpers in that community and more general as social workers.

We strongly, strongly accept the value of having a full complement of staff, of having staff retained in their positions for as long as reasonably possible. We've taken steps to recruit and to retain. We're certainly open to learning from the experience and the insights of others — other professionals in other jurisdictions — so that we can have a full complement of staff and retain them for as long as possible.

Mr. Hassard: So somewhere along those lines — I know with organizations like the RCMP, they tend not to keep members in a community for more than three or four years, and I believe it has something to do with building relationships, or too close relationships maybe. Do you feel that there is that possibility with social workers?

Ms. Warren: That has not been a view that the social work profession has subscribed to. Our view has been more in the context of the time it takes to build relationships with people and with community and the value of a deep relationship.

Mr. Hassard: Is there a reason why regional supervisors need to be based in Whitehorse and has there been any consideration to having them reside in rural parts of the Yukon?

Ms. Warren: We have two regional supervisors: one who serves the more northern locations, if you will, and one who serves the more southern locations. There is a requirement, or standard, for the supervisors that they spend considerable time in each of the offices. It is a bit of a split agenda over the course of a month, but at least 50 percent of the time would be spent in the regional offices and, most typically, more than 50 percent.

Shall I say, there has been no conscious decision to have them stationed in Whitehorse, rather than a regional centre, but the responsibility is to serve each of the regional communities.

Chair: I just want to come back quickly, if I may, to the issue of departmental incentives for people working in the regions.

One of the issues has to do with adequacy of office accommodation for staff and I would like you to comment, if you would, on Health and Social Services, Family and Children's Services in particular, in rural Yukon — accommodation for social workers. Do all communities currently have access to functioning offices, where social workers can work in an occupationally healthy and safe environment?

Ms. Warren: We have staff in all of our Social Services office. Social Services staff do not always share offices with Health Services staff. In some locations, it is a shared accommodation, and in some it's not. The office space accommodation varies, in terms of what it provides, what it offers staff. There are some locations in the rural areas where we are and we will be seeking to access alternate space. We do accept — we do understand — that working conditions are important in retaining and having a satisfied social work staff.

Chair: All workers have basic standards with respect to occupational health and safety. My question is: Are all offices where social workers are operating meeting those standards?

Ms. Hunter: We work with the Department of Highways and Public Works for all of our lease space, and we have standard agreements for core conditions within the working environments that we have for all our offices — not just in Whitehorse, but in the regions as well. We do face challenges in regions, not just for social workers, but for all of our programs. I don't think that is specific to just our department — not having a lot of capacity in communities to provide space. We're looking in long-term planning of doing more collaborative integration in some of our program areas, which will allow us to do better space planning, but it's a long-term plan. In the meantime, we work very closely with the Department of Highways and Public Works. They are the holders of all the leases in communities.

We work very closely with the Department of Highways and Public Works. They are the holders of all the leases in communities. As well, we apply regular standards of office space that would be for any other office environment, as far as having adequate space and core services.

I don't think there's anything unique to regional services that wouldn't be similar to other community government office environments.

Chair: Thank you. We'll move on to Mr. Kent please.

Hon. Mr. Kent: Thank you very much, Madam Chair. I just have a quick question for the Auditor General with respect to paragraph 54 of the report, outlining the number of extended vacancies in communities outside of Whitehorse. I'm just wondering if you would be able to offer a comparison to the Committee on what you found in Nunavut and the Northwest Territories. If not, if you need to get back to the Committee with that, I would just be interested in how the Yukon compares to N.W.T. and Nunavut with respect to vacancies outside of the major centres.

Mr. Ferguson: That's not information that I have currently with me, so I would have to take it under advisement to see if we have that information and, if so, I could provide it.

Hon. Mr. Kent: Thank you very much and I look forward to getting those comparisons. The first question I have for the department, just to finish off the line of questioning on recruitment and retention that my colleague started, is that the department has said it has developed strategies to support existing social workers and to attract new ones. Is the department able to address the relative success of the different strategies and, if so, a brief explanation to the Committee?

Ms. Warren: We have, as I mentioned earlier, a fully staffed regional services complement. We have not evaluated any of the particular strategies that we've put in place. We have certainly emphasized recruitment over the last year. In addition to the strategies that are listed in the report, it's important that our staff, particularly in rural and more remote locations, have a strong support system — that they're connected with other helpers and other helping professions in the community; that they feel a strong community connection; that they have regular supervisory support and that they're able to connect through teleconferences on a regular basis and periodic meetings with their peers. The latter that I mentioned is anecdotal. It is information that has been provided by the social workers, but in terms of a formal evaluation of strategies, that is not taking place.

Hon. Mr. Kent: In addition to those strategies that you have developed and employed, are there any others that you would like to employ but you haven't been able to, due to a lack of resources or authority or the need to coordinate with other departments?

Ms. Warren: Madam Chair, none come to mind. Certainly we're open to exploration and research and taking good advice from colleagues in other departments or in other jurisdictions, but there is none on the agenda that we have not been able to put into play or limitations or restrictions of any kind.

Hon. Mr. Kent: Do you have any of your social workers outside of Whitehorse in the communities where staff housing is normally provided — are there any social workers on the staff housing waitlist outside of Whitehorse?

Ms. Warren: I believe that we have sufficient accommodation at this point in time.

Hon. Mr. Kent: Just for colleagues on the Public Accounts Committee, the next question — I would like to come back to that, if I could, after lunch. I just want to confirm. I believe there is a typo in the question. If we could just get together on that over the lunch break and then we could come back to that question.

So the next line of questioning I have, leading into the break, is with respect to the performance measures of the Healthy Families program and the Child Development Centre. In paragraph 66 of the report it says that: "The Healthy Families Yukon Policies and Procedures Manual, issued in 1999, includes a set of evaluation outcomes for the Healthy Families 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."

Further, in paragraph 67, the report says: "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."

Further, in paragraph 68, the report says, “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.”

So the recommendation under 69 is that, “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 is they 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.”

My first question is for the Office of the Auditor General with respect to paragraph 68. You say the department does not know how the Healthy Families program and Child Development Centre are performing. Based on your audit, did you get any sense as to how these programs were performing, or how they are performing?

Mr. Ferguson: Essentially what we are saying is that because the department does not have in place a process for measuring the performance, the department does not know how the Healthy Families program in the Child Development Centre is performing.

We do say, in paragraph 56, for example, that understanding the performance is important to make evidence-based decisions that could improve the effectiveness of the program. It is important to measure the performance of the program to understand if it is working and if there are places where the program needs to be improved, but because there isn’t that type of measurement going on, it is difficult to say how well the programs are performing.

We did indicate in paragraph 65 that the department’s own data does show that there is a low retention rate within the Healthy Families program and that some families are not meeting the program goals. I think there are some indicators there that show why it is important to have a good way to measure whether the programs are actually functioning as intended.

Chair: Seeing the hour, we will break now for lunch and resume at 1:30 p.m.

If members of the Committee could spend a couple of minutes just before you break, I think there was a typo in one question.

Thank you and we will resume at 1:30 p.m. and thank you all who are here. See you back at 1:30 p.m.

Recess

Chair: It’s officially 1:30 p.m., according to Mr. Hassard, so we will commence with the afternoon’s proceedings. We left off with Mr. Kent. Do you want to pick up there, Mr. Kent?

Hon. Mr. Kent: Thank you, Madam Chair. I’m actually going to step back to the question that I had skipped just before lunch. It is with respect to the recommendation at paragraph 52. The department notes that an action plan for 2012–13 is in place and a system of follow up and review has been developed to ensure that action plan items are completed and implemented.

I’m just wondering if department officials would be able to inform the Committee as to how many action plan items there are contained in that plan.

Ms. Warren: A copy of the action plan that was produced in response to the compliance report of 2012–13 has been provided to you. I could count — but I can’t say, top of mind, the number that includes, but it does contain focus on the key standards that were referenced in the Auditor General’s report also.

Hon. Mr. Kent: The reason I asked “was that the question part of this” was that we were going to ask you to go through the action plan and provide us with an update on where each item is at with respect to being implemented, partially implemented or no progress. I know this wasn’t discussed with the Committee, but if that would be a fairly lengthy answer, perhaps you could provide that in written form at a later time if that would work better for you.

Ms. Warren: We could provide a written response with the other materials. Some of the action plan items are completed and some are ongoing. Some will just roll over because there are four-month intervals for this and whatever interval for the other, but we have achieved the goal in complying with those standards by the end of March.

Hon. Mr. Kent: Even if you are just able to provide us with a written update on which ones have been completed and which ones are ongoing, that would be helpful, I think, for the Committee when we’re doing the final report.

I am going to jump ahead to the questions with respect to the Child Development Centre and the Healthy Families program. I am familiar with the Child Development Centre and the structure that it has with a board — I believe it functions somewhat like an NGO — but would you be able to give us a brief overview of the relationship between Health and Social Services and the Healthy Families program and the Child Development Centre board? I know you provide financial and human resources to both, but not necessarily human and financial resources to the CDC. Is that correct?

Ms. Warren: That is correct. We fund the CDC organization, but it is a non-profit organization that is governed by a board of directors, whereas Healthy Families is a program that is directly delivered by the department and under the Family and Children's Services portfolio.

Hon. Mr. Kent: For paragraph 69, you mention three performance measures that will be used to inform program decisions on Health Families. One is child health; the second is child development; and then child-centred family functioning. It is also noted that child health can be determined using existing data, but the other two measures will require the development of new data-gathering tools. When is the development expected to be completed, and when will measures be reported?

Ms. Warren: I am advised by my colleague, the director of Family and Children's Services, that we have since completed the development of the data-collection tools.

Hon. Mr. Kent: Will there be an opportunity for you to report on those measures at some time in the near future?

Ms. Warren: We can provide you information on the detail of those performance measures.

Hon. Mr. Kent: The second part of that question is: How do these measures assess the prevention of child abuse, which, from what I understand, is the program's objective?

Ms. Warren: It is fair to say that a program objective is the prevention of child abuse. It's a curriculum-based program affiliated with Healthy Families America — Prevent Child Abuse America being the broader umbrella organization. The curriculum highlights the importance of attachment, bonding and caring for children prenatally up until the age of five years. It provides education; it provides information and reinforcement on what developmentally appropriate milestones would be for children at each of the ages and stages, as it is often referred to. It promotes parent/child interaction and reinforces the value of eye contact and of holding of different parenting patterns and techniques that support early childhood development, and overall family functioning and role clarity.

So that relationship between parent and child certainly supports healthy, on par, early childhood development and that, in turn, is preventive of developmental delays, breakdowns in family functioning and child abuse and neglect more broadly. I think, Madam Chair, what is being referenced is that there is a very close connection between early childhood development and the ongoing development of children and child welfare matters.

Hon. Mr. Kent: When reviewing paragraph 65 in the Auditor General's report, at the very bottom it says that there are low retention rates and few families that are meeting program goals. Given that, is the department contemplating an analysis of who has dropped out of the program and their reasons for doing so, perhaps through exit interviews or those types of follow up?

Ms. Warren: Yes, exactly so. We are undertaking that analysis. Both the accreditation process as well as the Auditor General staff highlighted the area of retention and the procedure and process that we were using for data collection.

We had defined completion of the program — full, successful completion of the program is five years participation. Many families declined to participate for a full five years. The goals that they and the social workers have set may have been met, they may move or they may choose to drop out of the program.

In order to have intelligence and insight into the reasons why families don't continue to participate, be they positive or not, for the full five-year period, we've designed datum — data collection — and are doing an analysis.

We've also completed a client satisfaction survey, which will inform that analysis.

Hon. Mr. Kent: You spoke about it a couple of answers ago, but this question is with respect to the accreditation given by Healthy Families America. I'm just wondering what the purpose or the value of that is. Are they the only ones that do such accreditation?

Ms. Warren: There are different organizations that do accreditation for different disciplines or fields. The Healthy Families program, as I noted, is affiliated through Healthy Families America and the Prevent Child Abuse America organization. This is an accreditation body.

Accreditation is broadly, generally considered as a sign of quality; a sign that programs or services have met a certain standard. It provides assurance to clients, the service providers, to the community at large, and to funders that the program is operating in accordance with the standards that have been set.

Healthy Families Yukon is part of the Healthy Families program. As I noted, it is curriculum-based, so it takes families through certain learning modules, if you will, only far more interactive than what would be in a teaching setting.

I could speak to the accreditation process and the steps that Healthy Families has been through if that's a response to the question.

Hon. Mr. Kent: It was really just to the purpose or value of the accreditation, so I thank you for your response.

The next couple of questions I have are with respect to paragraph 66 in the report and the Healthy Families Yukon policies and procedures manual. The department did inform the OAG that it has not used these measures because its priorities have been to implement the program and meet accreditation standards.

Is there another manual that staff can use or that staff refer to when they are conducting their work with respect to Healthy Families?

Ms. Warren: Staff do use the manual that was developed in 1999. It is under revision and updating, but they do use that manual. The section related to the evaluation outcomes, they were not using, but certainly the balance of the manual and procedures contained therein are being followed.

Hon. Mr. Kent: Is it possible for the department to provide us with a copy of the procedures manual?

Ms. Warren: Yes.

Hon. Mr. Kent: This is my final question for the department and then I just have one follow-up question for the Auditor General.

This is with respect to paragraph 67 — that the centre is currently preparing to start its accreditation process by the fall of this year. Does the department know how long this accreditation process will take or have you been in contact with the board of directors of CDC about how long they are expecting it to take?

Ms. Warren: We are in contact with the executive director and staff at the CDC. We are not aware of how long the accreditation process might take. It is not typical for a time frame to be set. We know that the CDC has completed the surveys for staff and stakeholders and community partners and families. In fact, a mail-out has been completed for families that was completed by the end of March. The survey for other participants from whom they are soliciting information is on-line. There will be a site visit, self-questionnaires as part of the process, information will be sent from the accreditation body back to CDC for response. It is a bit of an iterative process in the early stages, so I cannot speak to a final date.

Hon. Mr. Kent: I have just one quick follow-up question for the Office of the Auditor General.

I believe in a previous audit on the hospital capital projects, there was some engagement with interested third parties. I'm wondering if there were any interviews with clients of either Healthy Families or the Child Development Centre with respect to this audit.

Mr. Ferguson: I will ask Mr. Hellsten to answer that.

Mr. Hellsten: To answer the question, we did interview staff at the Child Development Centre but we did not talk to any clients at either the CDC or the Healthy Families program.

Hon. Mr. Kent: I have no follow up.

Ms. Stick: I had one question with regard to the accreditation report. I don't believe we saw a copy of it. You did mention that it was available. Maybe I did get a copy — I don't think so. I don't have one in my binder here. I'm wondering when we could have a copy of it.

You mentioned that it would be available for other groups to look at. You mentioned a number of people to whom it would be available — I can't remember who.

My question would be: Did the accreditation report go to anyone else, or did it remain internal to the department?

Ms. Warren: I understand that it has been retained as an internal document. We're pleased to provide you with a copy of it. Again, it's not a document where there has been a conscious decision to keep information from other interested parties and it certainly could be shared with stakeholders.

One of the partners in the Healthy Families program is the public health nurses who are very involved in screening for those families selected for participation. The content of the report would be shared as appropriate with stakeholders and others. We will provide the Committee with a copy of the report.

Ms. Stick: That's fine. Thank you.

Chair: Just for the record, I would note that there was some confusion about what information was provided to the Public Accounts Committee. Not all members of the Public Accounts Committee got everything at once. I will say that

there is a copy of the Healthy Families America accreditation report, which looks very long. I did look through it, so it is part of the public record, as of now.

I just had one follow-on question myself, just before we move off — because we're on the Child Development Centre — the Healthy Families program. Ms. Warren, you mentioned that you are undertaking analysis of this report. I would be interested in knowing when that started and when it is intended to be completed — the analysis you referred to earlier in your testimony.

Ms. Warren: We are undertaking an analysis of the families that have not maintained involvement for the full five years. The data collection for that has begun. We have some guidance from the accreditation body in collecting that information and we would expect to have a complete report by the end of the fiscal year.

Chair: So this program has been in place for over 15 years so we're just doing the last five years of Healthy Families?

Ms. Warren: We can speak to the last number of years of the program operation that it will cover. Again, I can get that information for you. The group of families that it will focus on is those families that have not remained in the program for five years. Some families have remained in for a full five years. It is those families that have not remained in the program that we'll be focusing on. I can't speak to the years that it will cover but, again, I can get you that information.

Chair: Thank you. We will now turn to Mr. Silver.

Mr. Silver: Thank you Madam Chair and, again, thank you to the department staff for their time in the Legislature today and to the Auditor General and his team. Thank you for being here today.

I'm going to continue with questions for the department on paragraph 67, which states that the Child Development Centre "is currently preparing to start its accreditation process by the fall of 2014." A follow-up to that would be what was the role of the department in this accreditation process?

Ms. Warren: Our role would certainly be as stakeholder. We work very closely with the Child Development Centre and a number of children who receive services for programs across the department participate with CDC.

We would have a role as funder to provide information to the accreditation, so in two capacities — as a partner and stakeholder and as a funder.

Mr. Silver: Part of the Auditor General's recommendation is that 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. In its response to the recommendation, the department says, "The Healthy Families accreditation process and the development of program performance measures are part of a sequential plan."

Is the sequential plan mentioned in the department's response the same as the action plan mentioned in the Auditor General's recommendations?

Ms. Warren: Yes, it is the same.

Mr. Silver: Continuing on that: Does the department have a timeline for the completion of its sequential plan?

Ms. Warren: The first step was undertaken by the department when we responded to the observations that were made by the accreditation body. When they completed their site visit for the purposes of accreditation, they identified matters that were outstanding. Information was provided back to the accreditation body, dialogue occurred and at the end of January 2013, we received confirmation that we were accredited until December of 2016. So that was the first step to deal with the issues that were identified by the accreditation body.

As a second step, the department proceeded to develop evaluation outcomes for families that were involved in the program. Three evaluation outcomes with performance measures have been identified and data collection is underway. The three outcome measures that have been developed for these evaluation purposes have been: increase in percentage of children for whom immunization is up to date; increase in percentage of children involved where identified developmental concerns have been referred to an appropriate agency and follow-up with an initial appointment has occurred; and, the third area is increase in the percentage of families that have child-centred goals. Some examples of those child-centred goals that are being examined are: teaching children colours and shapes at an age-appropriate time; establishing structured nighttime or bedtime routines — again, age appropriate; and ensuring that dental care is provided on a regular basis. That was step two, if you will, in the plan.

Then, of course, we are involved, as we mentioned, in an analysis of those families that have declined to continue participation for the full five years.

Mr. Silver: You may have already answered this question but, just to give you an opportunity, can the department give further details about the content of the sequential plan?

Ms. Warren: To summarize, it has three components: to respond to the issues that were raised and the questions that arose in the accreditation report; to develop the evaluation through development of performance measures; and to examine the retention rates of families.

Mr. Silver: Can the Committee get a copy of the sequential plan?

Ms. Warren: Yes.

Mr. Silver: When is it expected that measures will be developed and reported for the Child Development Centre?

Ms. Warren: As I understand it, the Child Development Centre is in the process of finalizing and may in fact by now have finalized their performance measures. They will be required for the first site visit for their accreditation process.

Mr. Silver: I'm going to move on to the report. It said that the client index system is inadequate. In paragraph 72 of the report, it does say that department officials told us that there are a number of problems with the system. These

problems include the fact that it is an old DOS-based system that most staff members are not familiar with. This leads to errors entering, and retrieving data is cumbersome and staff members don't use the system because it's too slow.

In paragraph 74, the report says, "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...The discrepancies point to the Department's difficulties in managing and reporting basic information on its programs." The emphasis is on "basic".

In paragraph 75, the report says, "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."

I'll read recommendation 77 from the report: "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 was in the positive. It 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."

My first question will be to the Auditor General's staff. In paragraph 73, it was mentioned that the files were misclassified. What did you mean by this?

Mr. Ferguson: Essentially, as you've said, we've identified that, with the client index system, it is very easy to make errors, so at a basic data level, the system isn't reliable. In terms of misclassification, there were things like: the system had indicated certain files to be open files, active files, but when in fact you looked at the physical file, it was clear that the files had been closed. There were basic misclassifications of the status of files.

Mr. Silver: This is a question for the department. How long has the department known about the current client index system being inadequate?

Ms. Hunter: The current client index system was meant to be a temporary solution for a Y2K issue that was of possible non-compliance. We've known all along that it was not a case management system, per se. We have looked at different systems over the years, most recently mid-2000s, of tagging into another client system that we could work with to have the functionality of both data collection and case management.

The current system, as we know, is more of a data tracking system and it has issues with it relating to some of the

slowness that has been identified previously, mostly in remote communities where we have network connection issues. We are currently working on developing and defining new systems that will meet the needs of the program and the data collection in the future.

It's going to be a timely process. Right now we're doing business analysis, which determines what the requirements really are for all the functionality, and we'll be going out for requests for proposals in the fall looking at contractors who will be able to do the functionality requirements for us, and from there we'll go into a long-term planning process to replace it.

Mr. Silver: How does the department manage information when it does know that the information management system is inadequate?

Ms. Hunter: First of all, staff members have been directed and are currently entering information to the client index system until there is a replacement in place. There is also regular monitoring and reviewing of the information that goes into the system as far as accuracy and data, and that's also reviewing based on caseloads, so there is some monitoring going on currently.

Mr. Silver: For the first recommendation, paragraph 46, you mentioned that the department has implemented manual tracking forms and quarterly reports. Would you please explain what is tracked, how it is reported, and provide the Committee with a copy of the forms and reports provided to the director to date? Have you noted any improvements in compliance?

Ms. Warren: The tracking reports have fairly recently been developed and introduced. I believe in January of this year they were instituted.

They will track and monitor the standards that have been identified in the Auditor General's report, as well as some of the standards that have been identified in our own internal compliance report and we have committed to providing that format. It is a manual tracking format and we will do so.

Mr. Silver: I believe this next question was partially answered, but I will ask it for an entire answer.

What measures have been taken so far to identify a new system or identify the kind of system that is required?

Ms. Hunter: We are currently doing the functional business process that I explained previously, which is basically looking at the requirements to operate the program so that all our functionality is within the system.

We were, in the past, previously looking at a Nova Scotia system. We were working with the Department of Education. There was a system that we thought would fit our needs and, after looking at it quite a bit, Education — they had some federal money — moved ahead of us in the implementation process. As we went further on, there were some changes in the vendors that supplied this system and later on, in further review, it was deemed to be very expensive to implement and for ongoing maintenance.

That is why we have gone back and started looking again at a different way of doing the system. Essentially, instead of looking at a package or a system coming to us, we are going

to be looking at our business needs and going out to market to see if we can purchase a system that we can monitor, maintain and work with that meets the functionality, or if we have to custom-build. It is unlikely we will custom-build — they are very expensive and time-consuming, so we're in that process right now.

Mr. Silver: In paragraph 75, it is noted that officials are "...not satisfied that the Client Index System meets all legal requirements, such as the protection of personal information."

What measures are in place to ensure that privacy of personal information is respected and protected?

Ms. Hunter: We recognize that the current client index system doesn't have all of the necessary security trackings that a modern system would incorporate. However, it's important to note that all staff that use the system or access the system needs a password to get into the system. There are restrictions within the system that can be used that can restrict, based on community and case type. But because cases can move from one type of case or community, at one point it was deemed not practical to have those in place, so that's where it seemed to be more open. We have password-protection as I mentioned. There are exceptions in the system itself. For example, the family supports program for children with disabilities is restricted access so that program cannot move into information from the child welfare program.

As I noted before, it's not a case management system so the data collection there is very limited to data and types of data as opposed to detailed natures of the interactions with the clients. There are situations where, if we have highly sensitive information, there is a code that can be applied to the community field that limits access to the director and specified case workers. That would be used in unusual situations, but it is there where it needs to be.

Chair: Do members have any follow-on questions?

Ms. Stick: This is with regard to the client index system. You talked about how there are manual tracking forms now and reports that are done. You commented on the difficulties in the communities sometimes with access to reliable Internet. Are they using the same manual tracking forms and reports that the workers in Whitehorse are — so the ones in the communities? Then, how is this information shared, or is it shared, with the office in Whitehorse?

Ms. Warren: All staff doing Family and Children's Services programs that are subject to the system will be using the same system. All child welfare staff will be using the same manual tracking and reporting system. It's manual. It's not an automated system. Information would be shared with the office in Whitehorse. It's one child welfare, one Family and Children's Services caseload in the Yukon, some delivered through the regional system and some delivered through the Whitehorse office. Our interest is in viewing the results for achieving compliance across the board.

Ms. Stick: I just have one last question. With regard to the protection of privacy and personal information, has the department consulted with the information and privacy officer who's available about the protection of pretty vital and important private information.

Ms. Hunter: I don't believe we have in this particular case, although we do have privacy breach protocols that we work on and we have, as I mentioned earlier — for example, I can't access the information in the system. I don't have password protection. It's really people working in direct contact with those program areas who would have access to those files, similar to paper files.

Chair: Before we move on, I just have a couple of follow-on questions. When we were speaking about the Healthy Families program, Ms. Warren, you mentioned that there were certain initiatives that were being undertaken so that you could measure change. One of the phrases you used was that you were looking for an increase, essentially, in certain behaviours. My question to you is: How will you measure that? Is that a qualitative or quantitative measurement? One is an increase — or what do you mean by increase?

Ms. Warren: It's a mix of qualitative and quantitative measures. One of the measures that can be assigned a numerical value is: Has the child had a dental check? Some of the other measures and indicators lend themselves to a more qualitative data gathering. It's a close relationship between the social workers in the program and the families in the program, and together they are recording and tracking information. It's very interactive with parents and the social workers.

Chair: I have additional follow-on questions with respect to the replacement of the client index system. It was noted in the audit and in the comments made this afternoon that, when it was implemented, it was implemented with the knowledge that it was an interim system around the year 1999. We are looking at a system that is 15 years old now.

What is the timeline to have a new system in place? We are not talking about another 15 years.

Could you set out for the Committee what the timeline and the anticipated budget are to implement a replacement for the client index system?

Ms. Hunter: What we are going to be doing is looking at a solution that best meets the requirements for the long term. Depending on funding approvals — because all of our systems development projects go through the Information Resource Management Committee process of approvals — we have support from the ICT area. This is a system that is on the mainframe, so we're looking to it taking off as soon as possible from that perspective as well.

We're looking to go to tender by late this fiscal year and finding the functional requirements, with implementation phase starting in 2015-16. We think, in all likelihood, that it will probably take close to five years to full implementation. Until we find the package or the program that we're going to deliver, it's very difficult to give exact timelines. There may be portions that roll out at certain times before others. We're also looking at this system possibly being able to fit some of our other case management systems in the department, so we're doing a lot of upfront work on it. As far as budgets, that really will depend on the customization that is required on the package and where we get it from.

In the example I used earlier — about the Nova Scotia system — it was a system we could have purchased for \$1, but the implementation costs and the ongoing maintenance were excessive. We have to take all that into account. It is not just the upfront costs and the timing. It is also training costs, both local and contractor expertise and capacity that we have to deal with. In all likelihood, it will be close to five years.

Chair: Mr. Elias, I apologize for moving ahead on some questions and I will turn it over to you now.

Mr. Elias: Thank you, Madam Chair, and thank you everybody for being here.

Many of the questions that I have — there are nine of them, with seven for the Department of Health and Social Services and two for the Office of the Auditor General. Over the course of the day, they have been touched upon and it is a good opportunity to expand on them. They centre on the replacement of the client index system and the reporting requirements that are described in the *Child and Family Services Act*.

I'll begin with the department. The department says — and I quote: "...will initiate a project for the replacement of the Client Index System into the Government of Yukon's information system/information technology development cycle." Would the department please provide the Committee with an update? For example, has funding for the project been secured and when is the request for proposals expected to be completed and issued?

Ms. Hunter: We have had some funding in our budget last year as well as this year. There is limited funding this year for ongoing planning until we decide what the next steps are. We go through the IRMC process, so we are part of the budget allocation for all ICT projects.

But, as I mentioned, because this is a mainframe system, there is motivation government-wide to have this system replaced, as well as for our own program requirements.

I'm sorry — what was the last part of the question?

Mr. Elias: The request for proposals — when is that going to be issued?

Ms. Hunter: The request for proposals will likely go out later this fall, this fiscal year, and we will be working with ICT on the budget itself. We're just going into a new capital budget cycle, so we'll be requesting money for next fiscal year as well as the years going forward once we have a better idea of what we're looking at for a system.

Mr. Elias: Can the department estimate how long it will take to implement the new client index system? Can the department give a total cost of the full implementation of the program?

Ms. Hunter: First of all, I don't think it will be a client index system. What we're looking for is a case management system. It will be more robust than the system we have currently. Really, until we find out what packaging or customization is required, as well as training and implementation, it's really difficult to put a price tag on it.

Mr. Elias: What is the plan for a case management system, or client index system, that will mesh with other systems in Social Services, like the one used by the Adult

Services unit? Many of those children in care will be part of a transitional plan that involves Adult Services.

Ms. Hunter: That's our initial planning. We're looking at business requirements in all our areas where we have case management. We have adult services, we have the drug and alcohol program, we have community nursing.

Many of our program services have a case management component to them. We also currently have a case management system in our Continuing Care program — the gold care program. We are going to be looking at where we can best utilize the maximum amount of utility in this particular system. That's why we're not just talking with this particular program, the family and children — we're also talking with our insured health program — we're talking with the Social Services program area as well to see if we can get maximum utility. That too will allow in some part for cases to move from area to area. For example, if drug and alcohol treatment and Adult Services, case management — these systems would be able to talk or be able to move clients without having to change from one IT system to another. That's part of the overall packaging. Again, it will just have to depend on what the requirements are in each program to see how fluid we can make the system work.

Mr. Elias: How does the department plan to improve its information management prior to the implementation of this new system?

Ms. Hunter: Lots of testing — really hands on — on both the program area and our IT area as well as our central IT and developing local contractor content is also important. I think the upfront work is critical to a successful system.

Mr. Elias: What is being done to ensure that a new system does not become overly time-consuming and takes away from the support to foster families and the children in their care?

Ms. Hunter: Good question. Again, that's the upfront work. It's really having dedicated staff and resources that can test and determine the utility that's required in the system. It will require program expertise, it will require system expertise and a real combination of resources.

Mr. Elias: With regard to the department needing to improve its reporting topic, in paragraph 78, the report says: "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." In paragraph 79, the report says: "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."

In paragraph 80, the recommendation says that: "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 was that you agree with this recommendation and that: "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."

This question is directed to the Office of the Auditor General. In paragraph 78, you state that annual reporting is important. Why does the Office of the Auditor General believe this is so important?

Mr. Ferguson: First of all, as paragraph 78 states, it is a requirement of the act, so I think that's one aspect. We also state in paragraph 78 that annual reporting is important because it provides information on essentially the department's implementation of the act. Further than that, when you have this type of reporting and when it's made public, it makes the work and the performance of the department transparent. People know about the progress and the fact that that type of information is being made public can also serve to give the department a little bit more motivation to make sure that it's meeting the requirements of the act.

Mr. Elias: This question is also directed to the Office of the Auditor General. If the Department of Health and Social Services was to fix just one thing, what would it be?

Mr. Ferguson: Probably when you take into account both what we have in the audit and what has been discussed today, and the answers from the department, we've identified that there are a number of areas where the department needs to improve to make sure that certain procedures and certain activities are followed: follow-up on case plans; follow-up on plans of care; follow-up on making sure children are getting the medical attention that they need; getting to annual dental checkups; and making sure that youth who are transitioning into adulthood are getting the services that they need and the attention that they need.

So there are a number of places where there are already requirements designed to help the children or the youth or the families. I think it is very important that all of these activities are done.

We have heard today that, to make sure that is happening, the department has implemented this interim manual tracking approach. I think that is important, but fundamentally what the department needs to make sure is that they are not doing that just to fill out more forms or just to have more documentation. The reason for tracking and the reason to make sure that all of these things are being done has to be part of good management of the program to make sure that the services are actually being delivered, they understand whether the services are being successful and that that can help them identify where improvements need to be made to the services. Right? So making sure and tracking all of the things we have identified — you know, when you look at the exhibits in the report, it indicates places where the department is doing a good job of meeting its requirements and other places where it

needs to improve on that — putting in place a manual tracking process to make sure that those processes improve I think is the number one thing that they need to do. It needs to be part of the management program, not just part of forms for the sake of forms.

Mr. Elias: Thank you, Mr. Ferguson for that answer and thank you, Madam Chair.

My final two questions are directed to the department and I do recognize Ms. Hunter, that you did — in your opening comments — touch on these two topics with regard to reporting requirements, capacity issues and priority development within the department.

I recognize that. The departmental response says — and I quote: “The annual reports will be provided to the Minister of Health and Social Services as required under the *Child and Family Services Act*.”

Help me understand how the department can make this commitment when it has been unable to meet this requirement since the *Child and Family Services Act* came into effect in 2010?

Ms. Warren: There are two types of reports that are provided to the minister. Just as a bit of a point of clarification, the one that the question has been asked about is the annual report. The legislation requires that the director prepare and submit an annual report to the minister relating to the provision of services by the director under this act. We have submitted to the minister reports up to the 2013-14 year, so he has in the last months received reports from 2010 to 2013.

In response to the portion of the question, how can you do it in the future when you haven’t done it in the past? We’ve made a commitment to prioritize this work. I would note — not by way of excuse — but I would note that, when the act was proclaimed at the end of April 2010, it signalled a dramatic shift in the expectations for our staff in terms of quality of practice and outcomes — real outcomes — for children and families in the way that they were served and the quality of life that they had.

In addition to that, there was a dramatic change in the standards for documentation — document and planning — those accountability provisions. I would suggest that it has taken some time to pick up the pace and be able to produce these materials in a way that one would expect to achieve the requirements in the act.

The second requirement in the act — because there are two reports required; we spoke to the annual report. The second report we spoke to earlier in the session this morning, and that is the three-year summary report on compliance. That’s the report that informs our minister on compliance with service standards. The annual report — although ideally it would include more quantitative data and has included some summary data in that regard in the last reports submitted — would also include more client outcomes. How has the change in legislation and the change in practice affected the safety, health and well-being of children in care and families that are served?

Mr. Elias: Thank you, Ms. Warren, for your points of clarification and expressing on the public record the realities that the department has had to deal with. I appreciate that. Thank you very much.

You did touch on my final question but again, just like the rest of my colleagues here, it’s an opportunity to expand on it. It is noted that the department intends to provide the annual reports to the minister in October.

Will this be the case for all four annual reports, as the Auditor General was describing? The draft for the 2010-11 and the 2011-12 years, and two more years, the 2012-13 and 2013-14, that have been concluded since?

Ms. Warren: The reports have been provided up to the 2013-14 year. In October, that report will be due and will be provided to the minister — the others have been provided.

Chair: Are there any other questions from other members? We’ve come to the end of our formal set of questions that the Committee as a whole prepared. Are there any other follow-on questions that anybody wants to raise?

Ms. Stick: I just wondered if we could have copies of those annual reports that went to the minister and that we were just discussing.

Ms. Warren: Indeed, Madam Chair, if they haven’t been provided in your package, we would be pleased to provide them to you.

Ms. Stick: I wanted to go back — in the beginning, we were talking about involvement with First Nations with regard to the children who are their citizens. I know that currently we have a memorandum of understanding with the Kwanlin Dun First Nation. I’m wondering if there are similar agreements, or written agreements, with the other First Nations in the Yukon with regard to planning around their children who come under Family and Children’s Services.

Ms. Warren: There is only a memorandum of agreement of this nature with Kwanlin Dun. This memorandum of agreement was the product of a liaison committee that was struck with membership from Kwanlin Dun and from the department.

That committee was struck in January of 2011. The memorandum of agreement has content that is particular to Kwanlin Dun in the early sections — statements of values and principles. The procedural portion of the memorandum of agreement reflects the content of the legislation and of the policy and some of the program standards that we have discussed today. It frames the legislative and policy requirements particular to Kwanlin Dun, but they would be the same requirements that would apply to our work with any First Nation.

Ms. Stick: So the second part to that question would be, do you not see a value of doing that with all the other First Nations that are in the Yukon, especially when we look at the statistics with regard to the number of First Nation children that Family and Children’s Services is involved with?

Ms. Warren: I think there would be value in sitting with First Nation representatives from each First Nation and doing a similar memorandum of agreement and I believe the

model that has been created with Kwanlin Dun would serve for future reference in this regard.

Ms. Stick: Are there plans to do that? Is that somewhere in a workplan or on someone's desk to do?

Ms. Warren: No. It's not at this time.

Madam Chair, I might just add that we do have a standing place on the agenda for the regular meetings of the health and social directors, when the health commission gathers — the CYFN-hosted directors. We are at each meeting and at those meetings we review policy issues and we speak to implementation of the act. I am aware that Kwanlin Dun has spoken to the content of the memorandum of agreement there, as have we.

So it is a forum that provides us with the opportunity to speak on broader policy and system changes. We do, in addition to that, have our local staff. Our regional staff and Whitehorse staff have regular sessions with First Nations on case matters as well as other matters that might pertain to that particular community.

Ms. Stick: This is my last question, around the same topic again.

Who would the case managers from your department be working with in the First Nations when discussing or working around the care of a child?

Ms. Warren: There is a designate by each First Nation. The First Nation designates who the contact would be. It is most typically the director of the health and social area — the justice program.

It is the director or the family support worker or a combination of the two that would be our contact. Meetings are arranged through the directors, for the most part.

Chair: I have one, maybe two, follow-on questions, depending. When we were talking about the information system, the client index system or the soon-to-be-developed case management system, there was mention made that, currently, the information system that's used is password-protected. I have a question that comes back to the issue of access to the system, because we've heard and read in the report that it's slow and, particularly in rural locations, it's very difficult to use, because it takes not just a click, but it's a very slow process.

What is the situation? It goes back to my earlier question with respect to some of the issues with occupational health and safety, where we've seen where some offices, like Carmacks, have been closed and social workers — I don't know where they're operating from, but we've heard various things in this Legislative Assembly and elsewhere. If a social worker — do they have access to this system if they're not in an office — if they don't have access to an office to work from?

Ms. Hunter: They would have their laptops or their computers. In cases where they aren't working from their home, they would use the resources there. It's a software package, so I wouldn't see any reason why they wouldn't be able to access it when they're off-site. I would have to just defer this question.

Ms. Warren: Madam Chair, I'm advised that they do not have access to the client index system when they are working out of office.

Chair: So I guess my follow-on question is: When we have had situations in the last year where Ross River, Faro, Pelly and Carmacks have not had safe working offices for social workers, what is the alternative? What means are being used to ensure that you're getting any information, other than talking to the social worker?

Ms. Warren: I think it's challenging for the staff, when staff are not at their home office location for a period of time. We make arrangements for them to use other office locations periodically. They also come into the Whitehorse office periodically and access records, update the demographics, the client index information, when they're in other offices, but this situation is clearly less than ideal and less than convenient for staff.

Chair: My last question has to do with the link of these kinds of circumstances to the identified issues by both officials here and the audit with respect to retention, and the identification and the compliance audit with respect to the great work at the outset — engaging with clients — and then fall off because you don't have continuity of social worker contact.

How much of that do you think is due to turnover, due to unsafe working conditions or lack of a place, if you're having to deal with a social worker — if I may, I was a social worker. I understand in small communities you don't want your clients coming to your home. What effect do you see and what is the department doing to ensure that social workers are not, in rural communities, facing those circumstances?

Ms. Warren: It's a mix of factors that cause us to have a stable staff and be able to retain the staff. Certainly, the quality of the office and the working conditions is one of those factors. Our rural staff do spend much time on the road, so to speak, and are as flexible as we can reasonably expect them to be in working around exceptional circumstances where their offices just simply aren't able to accommodate them. As we mentioned earlier this morning, it is mixed factors that create job satisfaction and support our retention efforts — working condition is one of those factors; housing is another of the factors; the quality of supervision; the support that they receive from peers and communities and collateral agencies. How much each of these variables play into retention, I have no answer for. How much each of these variables play into our ability to achieve compliance, I don't have a clear answer for.

We do believe that when staff are covering vacancies, they are doing more than what their prescribed workload would be, and it would definitely be a factor in their ability to meet all of the standards — casework as well as documentation.

Chair: My last comment or question would be that you and I both work in offices and we know that it's important to have a safe working place.

As management for the department, with respect to Family and Children's Services, what concrete steps are being

taken to ensure that all rural social workers have a safe place to work?

Ms. Hunter: We certainly don't want any different standards for anybody in Whitehorse as opposed to the regions. That has never been the intent. Like I said earlier, sometimes we're in delicate situations in some communities. They just don't have the availability or capacity. We go through — in most cases, we tender our lease space, if we don't own the buildings ourselves. We follow the Highways and Public Works guidelines about what are standard office procedures and, when there are issues, it is expected that landlords — if it's not our own building — fix the buildings to the extent that they are reliable and there are good working conditions. If it continues, then we have to take alternative measures. We've done that as much as possible, but through timelines — and I think you are referring to Carmacks in particular in this situation — we have an RFP out right now and we are waiting for the results on the outcome of that.

Chair: Before I adjourn this hearing, I would like to make a few remarks on behalf of the Standing Committee on Public Accounts.

First of all, I would like to thank all the witnesses who appeared before the Public Accounts Committee today. I know it is difficult and a lot of work goes into it in advance to prepare for it.

I would also like to thank the officials from the Office of the Auditor General of Canada and the Committee Clerk for their help.

The purpose of the Public Accounts Committee is to help ensure accountability for the use of public funds and I do believe that the Committee has made progress today in accomplishing that task.

The Committee's report on these hearings will be tabled in the Legislative Assembly and we invite those who appeared before the Committee and other Yukoners to read the report and communicate to the Committee the reactions to it.

I would also like to add that today's hearing does not necessarily signal the end of the Committee's consideration of the issues raised in the Auditor General's report. The Committee may follow up with the department on the implementation of the commitments made in response to the recommendations of the Auditor General and of the Committee itself. This could include a follow-up public hearing at some point in the future.

With that, again, I would like to thank all who participated and helped organize this hearing. Before I adjourn it, I would also like to say thank you to Eric Hellsten, who is leaving the Office of the Auditor General and pursuing — we understand — retirement — and he says that his retirement is actually one that will stick. We wish him luck and thank him for his work on behalf of Canada in serving the Auditor General.

I now declare the hearing adjourned.

The Committee adjourned at 2:44 p.m.