

Data Justice for Youth in Care

Midterm Report for the
Children's Aid Society — Toronto

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Executive Summary

This report synthesizes the preliminary findings from a series of ethnographic interviews conducted with senior staff at the Children’s Aid Society — Toronto over the course of 2021 and 2022. The interviews are one component of the Research for Social Change Lab’s ongoing project on the data systems that govern and shape the delivery of child protection services in Ontario, as well as the legislative and policy contexts that these data systems operate in.

In this report, we first review our research design, including our guiding questions, methods and concepts, before sharing preliminary findings from our data collection to date.

Our research project is called “Data Justice for Youth.” We chose this title to affirm our commitment to recognizing young people and their families as rights holders and focusing our research on making child protection service delivery more equitable. During our interviews, we were struck by the way senior staff at CAS-T shared these commitments. Staff were keen to discuss the agency’s strategic priority to champion diversity, equity and inclusion across their work.

Specifically, interviewees conveyed several strategies for addressing systemic anti-Black racism in their decision-making processes, clinical practices, and recordings. However, it became clear that the data practices and data systems that are mandated by the province for use by Children’s Aid Societies do not meaningfully enable the pursuit of these goals, and sometimes even undermine them.

From annual audits that focus on timely completion of discrete tasks but ignore overall service quality and outcomes, to databases that do not allow for measuring the success of equity-focussed interventions, we encountered a provincial policy and data landscape at odds with the CAS-T’s own strategic priorities regarding client-centred services and equity, diversity and inclusion.

During our interviews, CAS-T staff expressed a desire to systematically engage with and use evidence as part of their work. They identified several key changes to their information management tools and practices that would make this easier and more effective.

First among these desires is for CPIN, the information management system that is mandated by the Ontario government for use in Children’s Aid Societies, to be made **more intuitive and easier to use**. People in manage-



ment positions at CAS-T have very simple expectations of a child welfare data system — they want to use it to run direct queries and monitor trends, and they want their frontline staff to see it as enabling, rather than constraining, their direct service work with children, youth and families. At present, those we spoke with do not generally feel that CPIN accomplishes this. There is a common perception that CPIN is “clunky” and hard to use, and that it does not easily integrate with the day-to-day activities of CAS-T employees.

Second, and relatedly, there is a desire for the information that is stored in CPIN to be more **easily accessible and useful to children, youth and families**. Staff dream of providing young people and their families with a simple interface that they could use to ask specific questions about their files. Is there any money available to me right now? Why was I taken from my family? What efforts are underway to reunite me with my family? Young people deserve to have answers to these kinds of questions at their fingertips, and CAS-T staff wish their data systems could provide them with such answers.

Third, senior-level staff at CAS-T wish their data systems did more to **support and enable their social service work**. This desire became especially acute in discussions about the agency’s strategic goals concerning diversity, equity and inclusion. Staff we spoke with did not feel that CPIN was a useful tool in advancing these goals, and described multiple parallel processes, often housed in Excel workbooks, that they have developed in place of CPIN.

Lastly, staff expressed frustration that CPIN’s monitoring capabilities are entirely oriented toward assessing compliance with the time-sensitive, task-by-task expectations laid out by provincial Child Protection Standards. Their dream data systems would do a better job of **monitoring service quality and outcomes**, not just the completion of discrete tasks.

These findings reflect the preoccupations and perspectives of one type of CAS-T employee: senior-level management. In future phases of our research, we will shift our focus to interviewing front-line workers and youth themselves. Please follow the Research for Social Change Lab for future project updates.



Introduction

The digitization of social services provides the public sector with new tools to monitor and meet managerial and legislative objectives. But these practices re-shape service provision and the experiences of those receiving social welfare interventions. This interim report conveys some preliminary findings from an institutional ethnographic research project on the socio-technical and policy relations that shape young people's experiences in Ontario's child welfare system. In this report, the term data is used inter-changeably with the term information because most of the data that we reference is administrative data – that is, data generated to enable the ongoing activities of a CAS. The information gathered in social services is not always conceived as data because it is largely qualitative in nature.

We chose to focus on the child welfare system because of prior research that documented the connections between child welfare involvement and youth homelessness (Nichols, 2014a; Nichols 2014b; Nichols et al., 2017; Nichols et al., forthcoming). We questioned whether the implementation of the Child Protection Information System (CPIN) was enabling better provision of services and tracking of outcomes among young people receiving

child welfare services, particularly regarding transitions from care. We also wondered whether tracking outcomes subsequently informs strategies to prevent youth from aging out of the care system and into homelessness. In Ontario, CASs have been the focus of several controversies, including allegations of abuse, negligence, overcrowding, corruption, and a lack of accountability (Lemay, 2011; Brade, 2007). A quarter of paediatric death investigations in 2017 were of CAS-involved youth (Government of Ontario, 2017). In response to one highly publicized death of a child in CAS care¹, the Ontario Ministry of Child and Youth Services launched a new, common case management system for all agencies across the province (Jones, 2015; Office of the Chief Coroner, 2014) known as the Child Protection Information Network (CPIN). CPIN replaced the individual legacy systems used by each CAS agency, thereby allowing frontline workers to share and access confidential child protection case files and other related information within and across agencies. The hope was that CPIN would improve the child welfare system's capacity to actualize the legislative mandate of the Child, Youth and Family Services Act: 'to promote the best interests,

1 In 2014, the Office of the Chief Coroner undertook an inquest into the death of Jeffrey Baldwin. The cause of death was pneumonia and septic shock, due to chronic starvation. The jury recommendations to the Government of Ontario include a call for the Ministry of Child and Youth Services to implement the Child Information Protection Network (CPIN) in all provincial children's aid societies within 24 months of the jury's verdict (retrieved August 2, 2022 from <https://www.cbc.ca/toronto/news/pdf/baldwin-verdict.pdf>).

protection and well being of children' (R.S.O. 1990, c. C.11, s. 1). Our research so far suggests more than a technological fix is required for this hope to be realized.

Phase One Research (2020 to 2022)

Phase One Objectives

In Phase One we² mapped the institutional data assets within the larger intersectoral youth-serving system that conditions young people's lives from the moment they enter care, voluntarily or involuntarily, to the upper age limit for young people (29 years of age). Our aim was to identify and map all the data assets that are produced and used to account for a young person's experiences in the child welfare system. Phase One of this project is done. This phase of the work was guided by the following questions:

1. What are the institutional domain areas that are relevant to youth in and leaving care?
2. What are key institutional bonds and organizations within each domain area?
3. What data do we currently know are generated by each domain area and what do we currently know (and want to know) about the type, format, accessibility, and interoperability of these data?

Phase One Study Design

To address our Phase One objectives, we produced lists of all the open data assets related to youth in Ontario. We then conducted key informant interviews and focus groups with practitioners working in quality assurance, research, data, and governance fields of the child protection system in Ontario. The research was approved by the McGill Univer-

sity Research Ethics Board. To identify key informants (n=12) we used a snowball sampling methodology by reaching out to key provincial coordinating bodies, including relevant government agencies. These interviews were co-conducted via telephone whereby one researcher asked questions while the other produced a detailed fieldnote that conveyed the content of each interview. These interviews were between thirty to sixty minutes in length. The information gathered about provincial data infrastructure was used to produce a map of all the institutional domain areas relevant to youth in and leaving care. The map also identified all data assets generated and/or used by child welfare (and some adjacent) systems. Using the map as a prompt, we then facilitated digital focus groups with key informants (n=25) to gather their feedback regarding the accuracy and utility of the map we produced. Focus groups were recorded and transcribed verbatim. We applied what we learned in these discussions to improve the accuracy of the map and produced new versions (including the two appended to this report).

Phase One Results

Publications summarizing the results include a peer reviewed article (Nichols et al., under review), two public blog articles, and a map of child welfare data. The peer reviewed article synthesizes key informants' concerns about how the provincial child welfare information management and policy landscape enables or disables their legislative duty to promote the best interest, protection, and wellbeing of youth. Results suggest that child welfare data are compromised by methodological and infrastructural issues that undermine the utility of CPIN for clinical practice and monitoring systemic trends. Results also indicate that there is a risk for data-driven service delivery and governance efforts to contribute to the over-surveillance of groups who have historically borne the brunt of state-driven monitoring efforts.

2 The Phase One team was comprised of the Principal Investigator and author of this report, Professor Nichols, and a McGill University MA-Research Assistant named Kody Crowell.

Why Phase One Matters

When implementing a data-driven service delivery and governance strategy for the child welfare system, it is essential to first understand what data exist, where data are stored and managed, in what format, for what purposes (e.g., individual surveillance vs. systems outcome monitoring), and of what quality. This is both a practical and ethical imperative. Information technologies have the potential to recalibrate relationships between the state and those who depend on public services (Dagiral & Singh, 2020). Data quality issues revealed during the roll-out of the Ontario CPIN management system (Vogl, 2020b) suggests a need for a data infrastructure audit before solidifying informational management strategies. Our research seeks to address this need. The baseline knowledge acquired during Phase One also prepared us to conduct Phase Two of this research.

Phase Two Research (May 2021 - May 2024)

Phase Two Objectives

In collaboration with two Children's Aid Societies,³ we have begun to document and explore the social, (workplace) cultural, technological and institutional-policy processes that shape issues of data integrity – that is, the degree to which the current data landscape is just, trust-worthy, reliable, and useable. Our plan is to address this objective from three perspectives:

1. Systems analysts, researchers, and directors;
2. Managers and social workers; and
3. Youth

In Phase One we engaged almost exclusively with systems analysts, government staff (lawyers, policy analysts, technologists), and directors. To date, in Phase Two we have engaged with child welfare directors, supervisors, and managers at two Children's Aid Society (CAS) agencies. The next period of data collection will focus on frontline workers and youth who are currently in care or have formerly been in society care.

Phase Two Research Questions

We have used an institutional ethnographic approach in this study to learn more about how child welfare data processes are socially, culturally, and institutionally organized. The work we've done to-date builds on professional relationships with members of the senior leadership team at the Children's Aid Society of Toronto (CAS-T) and a new relationship with CAS-Kawartha Haliburton (CAS-KH). Our research design was developed in consultation with both agencies and was refined with their input.

In order to achieve our over-arching research objectives, the research is guided by the following questions:

1. a) How, and in what formats, are data collected, stored, and managed in child welfare agencies?
1. b) How do different people in (and served by) the agency use data and for what purposes?
1. c) How do child welfare staff make decisions about data and data process?
2. What infrastructure and organizational texts, processes, policies, and procedures connect people's data work to one another and shape how people's work is organized?

³ There are 47 Children's Aid Societies (CASs) in Ontario (retrieved August 2, 2022 from <http://torontocas.ca/index.php/locate-childrens-aid-society>). We are working with CAS-Toronto (serving the following urban municipalities: Etobicoke, North York, Scarborough and Toronto) and the Kawartha-Haliburton CAS (serving the following rural regions and municipalities: Anson, Hindon and Minden, Asphodel-Norwood, Bexley, Bicroft, Bobcaygeon Verulam, Carden/Dalton, Cardiff, Cavan-Millbrook-North Monaghan, Douro-Dummer, Dysart et al, Eldon, Emily, Fenelon Falls, Fenelon, Galaway-Cavendish-Harvey, Glamorgan, Haliburton, Havelock-Bellmont-Methuen, Lakefield, Laxton, Digby and Longford, Lindsay, Lutterworth, Manvers, Mariposa, Monmouth, North Kawartha, Omeme, Ops, Otonabee-South Monaghan, Peterborough, Sherborne et al, Smith-Ennismore, Snowdon, Somerville, Stanhope, Sturgeon Point, Victoria, Woodville).

3. What other information do people engage with as an ordinary part of their work and how does this information inform their everyday activities (and to what end)?
4. What do people want to be able to do with data that they are currently unable to do?

Phase Two Participants

To date, we have interviewed 10 CAS-T managers and 11 CAS-T directors. All participants have been assigned pseudonyms and we do not provide people's organizational titles to protect people's confidential participation in this study. We have also interviewed seven CAS-KH directors and eight CAS-KH managers, but the CAS-KH interviews are not the focus of this report as this report details the results from CAS-T staff. The next phase of data collection will involve frontline workers and youth from both agencies.

Phase Two Methods

Thus far, we have relied on in-depth semi-structured interviews conducted using video-conference software as well as document analysis to address our research questions. Document analysis was conducted during Phase One, prior to the onset of Phase Two and has continued throughout data collection. For example, when references to particular organizational or policy texts were made during interviews, we looked them up online or asked for copies to review. To date, we have reviewed legislation (e.g., Ontario Child, Youth and Family Services Act), the Child Protection Standards, CPIN training documents, workflow diagrams, service standards, organizational charts, tools, and instruments (e.g., the Eligibility Spectrum and the Ontario Looking After Children-OnLAC data collection instruments), and program-based texts (e.g., Signs of Safety; Journey to Zero). Our intention is

to understand how people's work is shaped by (and often shapes) legislation, procedural manuals, workflow diagrams, Ministry memos, reports and so forth.

Interviews were audio-recorded and transcribed verbatim. We employed a co-interviewing protocol to enable extensive notetaking during interviews. This approach served four purposes: (1) provided experiential learning and mentorship for research assistants, (2) prioritized the emotional safety of research assistants with prior involvement in CAS, (3) regularized internal preparation and debrief processes within our team, and (4) safeguarded the interview process by ensuring the participation of a back-up interviewer in case the primary interviewer could not continue the interview (e.g. due to loss of internet connection, trauma responses to interview topics, caregiver responsibilities etc.). In terms of data collection, the production and regular review of fieldnotes allowed us to keep track of emerging insights, topics, and questions. We could then build knowledge iteratively over the twenty-one interviews. Interviews allowed us to learn about the informational and evidentiary processes people participate in and/or undertake as an ordinary part of their jobs (e.g., gathering information as part of intake and investigation; monitoring worker compliance with Child Protection Standards). The combined use of textual and interview analysis allows us to identify some of the underlying structural (i.e., policy, technological, procedural, discursive) determinants of people's work.

Analytically, in this report we offer a simple summary of key themes in relation to our stated research questions. Findings are based on seventy-eight pages of single-spaced text which represents a sample filtered using the following codes: Purposes and Aims of Data Work; Data Use Practices; and Data Desires.



Important Concepts: Data Work and Data Justice

We employ a generous (or open-ended) notion of work in this study (Smith, 2005). By focusing one's ethnographic attention on people's work, we remember to pay attention to all the things that people do that take time and energy. This is important in a study like this one, when we want to pay attention to the perspectives of youth – many of whom will not be engaged in the formal economy but who never-the-less do the work in the ways we conceive of in this study. Nichols' previous research (2014) effectively utilized a notion of “youth work” to draw attention to the complexes of institutional activity that

connect young people's efforts to those of the professionals who are paid to work with them across institutional sites. A similar orientation also informs the design and implementation of this study. Additionally, we rely heavily on the concept of “data work” given our interest in the things people do that take time and energy and which happen in relation to – or are implicitly shaped by – information, data, data infrastructure, and/or data processes. We also employ the concept of “data justice” to remind us that information is never neutral and to prompt us to pay attention to social justice issues (e.g., evidence of biased decision-making or determinants of disproportionality) throughout the study.



Preliminary Findings

The findings in this report are largely descriptive – that is, syntheses of what we heard and learned in the first year of Phase Two data collection. Explanatory analyses of particular socio-technical relations illuminated during data collection will be the focus of article-writing. The research team is happy to share these as they are produced. Our aim for this report is to simply keep stakeholders at the CAS-T abreast of emerging insights as the study continues.

KEY TAKEAWAY:

Most of CAS-T’s information management infrastructure, data practices and data themselves exist or are undertaken with the explicit aim of ensuring compliance with Ontario’s 2017 CYFSA.

A key take-away from the first stage of this research is that most of the information management infrastructure, data practices, and the data themselves exist or are undertaken with the explicit aim of ensuring compliance with Ontario’s 2017 Child, Youth and Family Services Act (CYFSA), the legislation that governs the delivery of child welfare services in the province of Ontario. As per section 35, the CYFSA, CASs are legally mandated to do the following:

a. investigate allegations or evidence that

- children may be in need of protection;
- b. protect children where necessary;
- c. provide guidance, counselling, and other services to families for protecting children or for the prevention of circumstances requiring the protection of children;
- d. provide care for children assigned or committed to its care under this Act;
- e. supervise children assigned to its supervision under this Act;
- f. place children for adoption under Part VIII; and,
- g. perform any other duties given to it by this Act or the regulations or any other Act.

Clinical practice and strategic agency priorities are bound by this legislative mandate. They are further constrained by the Child Protection Standards – a set of practice guidelines and associated tools that ensure a tight fit between the activities of Children’s Aid Societies and the CYFSA.

Despite the significance of the CYFSA and the Child Protection Standards to the institutional organization of people’s everyday work and the governance of child welfare more broadly, in our interviews these institutional texts were generally only mentioned in rela-



tion to compliance monitoring activities, if at all. More often, people spoke to us about being responsive to the lives of children, youth, and families receiving services as well as to their clinical knowledge and values. They did not present these values and clinical practices as linked to the provincial Child Protection Standards nor as enabled by Ministry-mandated data collection and oversight practices.

For example, people talked at length about the importance of preventing young people and families from entering the care system when the problems they faced were a function of poverty. They spoke about the importance of culturally relevant planning and care, family safety and wellbeing, and intersectional understandings of identity. But they indicated that it remains challenging to advance these clinical priorities and values using the existing

information management system and provincially mandated resources and tools. Initially, we viewed this disconnect between clinical practice values and the laws, tools, and technological infrastructures designed to enable it as our central finding but, upon carefully reviewing the Child Protection Standards, it is evident that these clinical values and goals as well as mandated data collection practices do align with and reflect the provincial Child Protection Standards. This begs the question: why do people interpret their mandated data collection, monitoring, and reporting practices as misaligned with their clinical, supervisory, and agency priorities? In what follows, we explore the socio-technical and socio-legal organization of people's work in order to substantiate the following propositions.

PROPOSITION ONE: In part, the misalignment is shaped by the annual Ministry audit which assesses compliance with the Child Protection Standards and thus the CYFSA. As many people observed, auditing activities focus on simple assessments of compliance with the Child Protection Standards: Were the timing and steps of the investigation aligned with Eligibility Spectrum results and the Child Protection Standards (yes/no)? Were visits completed as per Child Protection Standards (yes/no)? Is identity data recorded during intake (yes/no)? Were the safety and risk assessments complete (yes/no)? But compliance auditing does not attend to interviewees' expressed concerns about and interests in clinical outcomes, service quality, and service fit (e.g., in relation to a youth's expressed socio-cultural needs and desires).

PROPOSITION TWO: A second partial explanation for this misalignment is linked to the Child Protection Standards themselves. Despite an over-arching commitment to anti-oppressive practices and holistic notions of family safety, the practice standards – particularly as they shape investigation and intake – fundamentally pivot around proving or disproving allegations of abuse. The clinical values of the CAS-T (in terms of anti-oppressive practices or equity, diversity and inclusion, for example) thus align with the aspects of the Child Protection Standards that are not encoded in the practice standards and not the focus of the annual Ministry audit. We put these propositions forward as an outcome of the analysis that follows.



CAS-T Data Assets and Data Infrastructure

Internal CAS-Toronto data primarily exists as records that are stored in the Child Protection Information Network (CPIN) – an information management system managed by the province of Ontario and used by individual CASs. Records are linked to individual children, youth, and families. The single provincial information management system allows case information to remain connected to a child or family should they move within the province. Common case management records include referrals; investigation notes, eligibility assessments, person-level demographic and narrative records; family records; (service) provider records; financial records (e.g., related to a youth's RESP); home study reports; contact logs; safety plans; assessment and screening results; Ontario Looking After Children Study (OnLAC) survey results; planning documents; Anti-Black Racism consultation results; conferencing notes; and excel spreadsheets. Other institutional documents are also collected and managed within CPIN as part of a person-level record, such as, birth certificates; Social Insurance Numbers; school records (e.g., Individual Education Plan or IEP results, report cards); court documentation; and medical records (e.g., diagnostics, vaccinations). CPIN also contains agency-level financial information.

Case records are linked to individual person-records which in turn contain person-level information. One person we interviewed described the networked organization of records like this, indicating how the various components of the case-management system work together from a director's perspective:

So, if you have a young person in care, you would have ... Adam P's person record. And then you click a little button, and it has all the related cases.

So, Adam is fourteen years old. So, you see Adam, we're working with Adam's family. So, there's an ongoing case.

We have an investigation case. I guess we're investigating something. And we have his in-care case. And potentially if he's, you know, if he stays longer in care, the family case could close. He can move on to CCSY [Continued Care and Support for Youth]. So, the Child in Care case closes and it's just, it's like a tree with different branches. Okay, so, some information (is) supposed to stay with the person record. So, the person record ... there is... information about the person's background, their identity characteristics, medical, and there's one here... around their finances.

In the interview Abe, a director, opened a person record in CPIN and explained to the interviewers the records he sees and how they are organized to allow other child welfare staff to assess, at a glance, the current nature of a child's involvement with the Society, demographic information, and information about the child's finances (e.g., for extra-curricular activities or Registered Education Savings Plan – RESP – amounts). From a clinical perspective, CPIN is primarily used as a case record system. It contains information about a young person's history, identity, service plans, services received, educational participation, medical records, and so forth.

But other records that people generate and use in service delivery and financial management contexts are not in CPIN. For example, clinical programs and models such as Signs of Safety, which are central to the coordination of assessment, planning, and service delivery activities at CAS-T (but not all CASs in Ontario), are not integrated in CPIN. It is also true that records are not linked, searchable, nor useable in ways that allow people in leadership positions to independently create re-



ports, monitor agency trends, assess progress toward strategic goals, nor easily undertake other supervisory tasks. As such, people have developed and continued to use other systems and tools for storing, tracking, and communicating information within the agency. For example, people use spreadsheets to facilitate easy access and effective engagement with the information they need to use on a regular basis. One person explained that, in addition to CPIN, departmental colleagues continue to use their legacy systems, manually recording data in excel spreadsheets. They undertake these additional record-keeping practices because of continued discrepancies between the information in CPIN and the information in their spreadsheets. Interviewees also shared that they find the spreadsheets easier to use. For example, Stan notes that a colleague:

assigns all our home assessments and then records them on an excel spreadsheet. It has CPIN number, the worker it's going to, the family name, and where we are in the process of that home study. We do that manually as we assign new cases, as families get approved, as we match families to children, and then close the files. That's a system that was used long before CPIN came in.

We heard about a range of strategies that individuals in the agency have developed for improving the useability of CPIN or for ensuring data exists outside CPIN to improve accessibility and useability in service delivery contexts. From unique naming conventions that increase a service provider or director's capacity to efficiently and effectively conduct searches to mechanisms for capturing and monitoring key clinical outcomes around

permanency planning, people are innovating ways to engage in data-driven practices, despite structural challenges. Workarounds are developed because child protection professionals are seeking to use data to monitor and improve service delivery, client outcomes, and strategic goals.

The Social Organization of CAS-T Data Practices

Several common uses of child welfare and other relevant data emerged in people's explanations of their work. These activities can be organized into two types:

1. Investigation, intake, planning, and service delivery; and
2. Monitoring and supervision.

Given that our interviews to-date have been with directors, supervisors, and managers, the predominant focus on monitoring and supervision is to be expected. It is also clear that people's child protection work, and the ways that people generate and/or engage with data as part of this work, is profoundly influenced by the provincial Child Protection Standards, which serve to operationalize the Child, Youth and Family Services Act (CYFSA) in people's practices. Indeed, the organization of this section in relation to people's data practices reflects the general service flow for Standards one through eight – that is, from referral to case closure: referral; initial assessment of information and Eligibility Spectrum (ES)¹ rating; investigation, including safety assessment and plan and risk assessment; transfer to ongoing services; safety plan monitoring; family and child strengths and needs assessment; service plan creation; ongoing case

1 <https://www.oacas.org/programs-and-resources/professional-resources/eligibility-spectrum/>



management including re-assessment and adjustments to the service plan. As we move through the service flow in this section, we point to specific socio-technical and socio-legal structures that complicate people's data work and account for the experienced disconnect between mandated data practices and the clinical values and practices that people view as central to their professional efficacy.

Intake: Screening and Investigation

Referrals from another institutional system (e.g., education or policing) occur in the form of calls or emails. Information contained in the email or call is documented and assessed to come up with an initial Eligibility Spectrum (ES) rating, which determines whether a full investigation is opened or not. From the moment a referral is received the collection of information drives the entire first phase of the service flow. When processing a referral about a child or youth who may require protection, for example, a child protection worker must:

- Obtain a full and detailed report of the incident or condition that caused the person reporting to be concerned that a child may be in need of protection;
- Obtain information about the identities of all adults living in the home who may have access to or charge of the child, all children believed to be in need of protection, and the person alleged to have caused the need for protection;
- Obtain information about the functioning of the family and its individual members, particularly the child who is the subject of the concern;
- Obtain information about the child and family's support network including relatives, extended family, or community members who may be potential supports for the child and the family;

- Inquire about whether there may be any worker safety issues;
- Inquire about the family's ethnic origin, first language, religion and whether the child may have or be eligible for Indian status (unless this status is already known because the child is currently receiving services);
- Inquire about the current location of the child and the parent/caregiver and the accessibility of the alleged perpetrator to the alleged victim;
- Inquire about names and contact information for any other witnesses;
- Provide information about the reporter's ongoing duty to report; and/or
- Provide information about how the CAS may respond to the referral. (Child Protection Standards, 2016, p. 21).

All referrals are also screened for potential of intimate partner violence. The information gathered from the referral thus comprises essential sources of data, which shape how and whether child welfare staff interact with a case moving forward. The information gathered during the referral is added to a person-record and a case-record constituting a baseline of knowledge about children and families. Given the importance of this initial profile to subsequent decision-making, Ontario child welfare workers are mandated to use a screening tool called the Eligibility Spectrum. The Eligibility Spectrum is first used to interpret the results of an initial investigation and then during subsequent aspects of the investigation as further information is gathered. In order to determine an eligibility rating (and subsequent course of action) using the Eligibility Spectrum, the following sources of information must also be consulted (in addition to the referral information):



- The prior case records of the family about whom the society is receiving the child abuse allegation
- The provincial database (Fast Track/CPIN)
- The Ontario Child Abuse Register (if the allegation is about abuse) (Eligibility Spectrum, 2019, p. 10).

Depending on the source of the referral, other institutional information may also be gathered at this stage. For example, when the referral comes from the police the responding officers may share information recorded as part of their own professional recording practices. The information gathered and/or consulted at referral and the resulting Eligibility Spectrum score determines whether an urgent intervention is required, a more fulsome investigation is needed, a community referral is made, or whether there are no reasonable grounds to investigate further. The Eligibility Spectrum shapes the foci of the investigation, the types of questions asked, and (where required) the people deemed pertinent to producing a more fulsome investigation later.

The Eligibility Spectrum is designed to help staff make “consistent and accurate decisions about eligibility for service at the time of referral” (Eligibility Spectrum, 2019, p. 2). It also operationalizes the CYFSA. The Eligibility Spectrum is organized around specific types of abuse outlined in the CYFSA, such as physical/sexual harm by commission or harm by omission. Within each type of abuse there are specific parental actions (e.g., threat of harm or neglect of child’s basic physical needs), called “scales,” which must be assessed. Assessments are based on four levels of severity, ranging from “not severe” to “extremely severe.” Each scale item references the CYFSA,

indicating relevant clauses and subsections of the legislation that specify when a child is deemed to be in need of protection. Further, each scale includes an interpretive statement which provides contextual examples to assist during the assessment phase. Some scale items are also prefaced by a description that is explicitly linked to the severity ratings.

If the Eligibility Spectrum rating determines that a more fulsome investigation is required, other sources of information must be generated and used by child welfare workers assigned to investigate the case. The first step is to create an investigation plan, which is developed based on the information gathered during the original assessment and the results of the screening. If investigating a child protection concern might also lead to an arrest (e.g., of a care-giver), then a “traditional” investigation is conducted jointly with police (Child Protection Standards, p. 37), and a dual focus on child protection and criminal culpability guides the process by each institutional organization, respectively. Interviews suggest this occurs where scale items are ranked “extremely severe,” and Eligibility Spectrum results indicate that a child is in urgent need of protection:

It’s anything that fits within the extremely severe category, generally speaking. So that would be physical abuse, sexual abuse, it can also be harmed by omission like lack of supervision that results in an injury, lack of medical care that results in severe neglect or failure to provide the necessities of life, something like that. All of those ones that fit pretty much into this extremely severe category could be a joint investigation. (Denise)



Although the Child Protection Standards differentiate between a “customized”² and “traditional” investigation, standard two makes it clear that both “approaches utilize a family-centred, strengths-based orientation and require that: family members are interviewed individually; and forensic interviewing techniques are used” (Child Protection Standards, p. 37). Indeed, the Child Protection Standards outline eleven investigative steps for a family-based investigation (see Appendix One). Steps one to five are mandatory in all circumstances and steps six to eleven, including the use of the Eligibility Spectrum (step eight), are required for traditional investigations only. Except for Step 11 (consideration about the need to seek a warrant), each of the steps in the investigation process involves data collection (e.g., step seven involves interviews with witnesses in person or by phone). The investigative steps outlined in the Child Protection Standards reflect discursive and practical synergy between policing and child welfare (e.g., step five: interview of the alleged maltreater), but the professional knowledge and values guiding social work differ in important ways from policing (e.g., one of the Canadian Association of Social Worker’s core social work values and principles is the pursuit of social justice – a value not explicitly endorsed by the police). The Eligibility Spectrum thus coordinates conversations between the police and child welfare workers, providing a transparent and standardized means through which the results of an initial assessment are interpreted, and appropriate actions are determined.

As part of a full investigation, child welfare workers must also conduct a safety assessment and use the results of this assessment to produce a safety plan, where any concerns about safety are identified. They must also

undertake a risk assessment. In addition to the Eligibility Spectrum, and in alignment with the Child Protection Standards, all Ontario child welfare workers are required to use the following Child Protection Tools:

1. Ontario Safety Assessment
2. Ontario Family Risk Assessment
3. Ontario Family and Child Strengths and Needs Assessment
4. Reassessment Tools: Ontario Family Risk Reassessment or Ontario Reunification Package (Child Protection Tools Manual, 2016, p. 5).

CPIN supports people’s use of these data collection instruments and the information they generate. The use of these tools and the actualization of provincial Child Protection Standards is also the focus of Ministry audits.

But locally, Children’s Aid Societies also develop and/or implement their own clinical practices that they see as professionally valuable for gathering necessary information and using it to inform decision-making and planning. For example, CAS-T has adopted a clinical approach called Signs of Safety, which orients responding workers toward strengths-based data collection and assessments of existing resources that currently enable child, youth, and family safety. As a clinical strategy, Signs of Safety is aligned with the province’s Differential Response model, which is embedded in the Standards. For example, standard two: Planning and Conducting a Child Protection Investigation allows investigations to be: “customized depending on the severity, chronicity, risk, and complexity of the situation. The investigation ensures the safety of the child while being as family-centred and strengths-based as possible to facilitate a sat-

² “Customized” (i.e., flexible and individualized) approaches can be used where the Eligibility Spectrum rating indicates it’s a less severe case.



isfactory worker–client relationship” (Child Protection Standards, p. 36). The Signs of Safety approach also supports the third standard: Conducting a Safety Assessment and Developing a Safety Plan (Child Protection Standards, p. 47) and can be used throughout ongoing service provision to centre young people’s voices in planning and assessment. However, the information resulting from the implementation of a Signs of Safety approach is not currently useable within CPIN, nor is it included as evidence of service quality in the annual Ministry audit. CPIN was not designed

The information resulting from a Signs of Safety approach is not useable within CPIN, nor is it included as evidence of service quality in the annual Ministry audit. This creates a two-lane approach, where the processes deemed most valuable by CAS-T (Signs of Safety) run parallel to provincially-mandated processes.

nor offers the functionality to categorize and house SoS clinical information with the documentation fields. As such, people must also use the provincially mandated Child Protection Tools. Here, we point to a two-lane approach, whereby the clinical tools and practices, deemed most valuable by most of the Directors, Supervisors, and Managers we interviewed (i.e., Signs of Safety), run parallel to the provincially-mandated risk assessment, safety assessment, and planning processes – about which people spoke very little, if at all.

The use of Signs and Safety was seen as especially important when an investigation is related to specific types of emotional harm under the CYFSA, pertaining to “child exposure to adult conflict” or “child exposure to partner violence.” Amani, for instance, describes the Signs of Safety assessment process as a mechanism for identifying potential resources in a family’s network that could be leveraged to increase the safety of the mother and the children. She notes that the assessment could go in several directions:

You might be speaking to school. If there’s a therapist involved, you might be reaching out to them. If there’s a child with a diagnosis, you might be looking at how can we support the family around these pieces. Safety planning is the one I keep coming back to with my folks. What is the safety plan? What is keeping them safe now?

In addition to consulting the information gathered during the referral, an assessment worker also seeks to identify existing social, familial, and community resources that could be mobilized to keep a mother and her children safe from intimate partner violence. This expansive focus thus also shapes ongoing safety planning once a file has been opened, enabling culturally-relevant planning efforts.

Indeed, most reports to CAS-T are investigated and deemed not to require ongoing service relationships with a youth or family. Casimeer explains:

Let’s say we get a phone call from a community around some allegations of child protection abuse or neglect. We do have an assessment worker who meets with the family and also with collateral to determine how severe the issue is. In most cases, we learn that the issue doesn’t need to be addressed through ongoing services. (Casimeer)

The Differential Response model is the Ministry-mandated approach to child welfare service delivery in Ontario (Child Protection Standards, 2016, p. 7). Differential Response is enabled by the Child Protection Tools and the Eligibility Spectrum and has the stated aim to support “case-sensitive ... referrals of non-severe situations” (p. 7) as indicated



by the Eligibility Spectrum screening tool. In addition, CAS-T employs agency-specific resources (e.g., an Anti-Black Racism – ABR consultation process) that shape worker judgement and how people operationalize the Differential Response model, as well as interpret and enact the Child Protection Standards in their work.

For example, Janet’s account illuminates how a focus on prevention and diversion from care, coupled with a desire to address systemic anti-Black racism, also shapes workers’ collection of, and engagement with, evidence and their use of professional judgement in the field:

We really just look at doing a lot of community link servicing versus them having to have a full open file at the Society, right. One of our co-workers says if it doesn’t open at screening it can’t end up at Children and Youth Services so we really, we’ve been working on those [links] ... Each worker is currently carrying about thirty referrals that they have to kind of sort through to see can this just be sent to one of the projects or does it need to go back into like the system for an investigation. So, we sit with that. We look at, we do some reviewing of documents. We have a joint protocol that has just been reviewed. We reviewed it in terms of an equity, ABR [anti-Black racism] type of a lens on it.

Shared professional knowledge and local institutional texts – joint protocols, program manuals, consultation forms, in-service training, and referral processes – influence how people gather and interpret information during an investigation as well as how people implement a Differential Response and enact the Child Protection Standards. For example, Journey to Zero, an agency-level initiative designed to prevent young people from

growing up in care, coupled with a focus on addressing systemic anti-Black racism within and beyond child welfare shape how CAS-T staff generate and use information in their efforts to meet the Child Protection Standards and enact their legislative duties under the CYFSA. These local organizational resources, designed to create synergy between clinical practice and the agency’s strategic goals, serve as shared epistemic and practical resources anchoring how and why people engage with data in their work.

Despite a general agency focus on prevention, however, the Eligibility Spectrum specifies clear thresholds for opening a child protection file, which must also be acknowledged during screening. If concerns are raised during screening, the file moves to an investigation and then, potentially, to intake. During intake, person-level records are created. A person’s race, sexuality, gender, ethnicity, and other identity data are recorded. The results of the investigation, including the identity data and Eligibility Spectrum results, inform safety planning and service delivery as the file moves from intake to ongoing service delivery. As Casimeer explains,

if the issues are more persistent, for example, caregivers may have issues with drug use, parenting, mental health, use of inappropriate physical discipline and so many other different things. Then it gets to the Family Service level ... The investigation worker would have met with the family. Done their assessment and determined these are the issues that we need to work on. Then we are going to transfer to Family Service, and they will carry on the same plan.

In this way, the information generated during the investigation and intake process sets the stage for what happens next in terms of service delivery. Indeed, the information



gathered during investigation, screening, and intake is used to establish a service-delivery baseline for a child, youth, and/or family. From this vantage, it becomes clear that potential bias at the beginning of the process (as embedded in the referral or the workers interpretive practices) has the potential to negatively impact the entire service trajectory. The flipside, of course, is that an explicit systematic effort to call out and address the potential for bias at this juncture may have compounding positive effects.

Janet explains that CAS-T has been actively seeking to divert Black and Black-biracial families from the care system – that is, preventing investigations and/or referring families to community resources, closing files and

Potential bias during intake and investigation has the potential to negatively impact the entire service trajectory. On the flipside, calling out and addressing potential bias at this juncture may have compounding positive effects.

tracking the service outcomes for these families (e.g., length of open files; number of file openings and closures). This is a potentially impactful adaptation of the Differential Response model to address the over-representation of Black and Black-biracial children and youth in the care system. Unfortunately, it has been challenging to assess the impacts of this concerted effort because the only data CAS-T leadership can extract from CPIN is where “the primary parent” is recorded as Black during intake:

Therefore, if mom is white and dad is Black, we’re not getting those [results] ... That’s where all of this can be really tricky because we know that numbers speak to data which speaks to power which speaks to change and movement, but we then still don’t have the absolute right data because of these other components. So, if we were able to track

where primary caregiver is not Black but secondary parent or other parent is Black, whether they are or are not in the picture, that would then give us a truer sense of who we’re serving and where we’re serving and what we’re doing with them.

NN: Why can’t you?

J: That’s a CPIN questions. I’ve no clue.

Here, Janet explains that, although CAS-T has sought to systematically address the over-representation of Black and Black-biracial children, youth, and families in the care system, they are unable to comprehensively monitor the effects of their interventions using existing provincial resources that have not been designed with this strategic goal in mind. A lack of infrastructural and data resources prevents her team from assessing the full scope of their efforts. Thus, even where individual agencies develop epistemic and practical resources to attend to agency priorities (around equity, diversity, and inclusion for example), the provincial tools and infrastructure constructed to ensure compliance with the CYFSA, retain their supremacy.

This subsection shows that the entire investigation and intake process thus generates and depends on data - the email/phone reports of a potential child protection issue; the assessment workers’ notes from engaging with children, care-provider(s), and other relevant people in the family’s network; the resulting Eligibility Spectrum codes; and service planning - all exist in or as records coordinating this work and subsequent interactions between children, caregivers, and the child welfare system. Addressing biased recordings during this phase of the service flow is thus of the utmost importance. This subsection



also illuminates key points of misalignment between agency-level priorities and the provincially mandated tools and infrastructure – particularly in relation to the agency’s efforts to address systemic anti-Black racism in their practices. The next sub-section shows how the information also organizes the ongoing work of service delivery after the investigation is closed and if a case is opened.

Planning and Ongoing Service Delivery

Once a case is opened, administrative data (e.g., contact log notes) are continuously generated and used as part of an ongoing planning and recording effort that is central to service delivery. The process is dynamic, with ongoing data-collection used to adjust a service plan and shape service delivery. Casimeer explains that the information about a child’s identity gathered during the investigation is “bare-bones.” So, information gathering is built into the service delivery process,

not only at the ongoing level but also assessment level as well, we are supposed to discuss all these elements with the family. Also, at our end we meet with families every six months roughly to complete service plans. Service plans are really focused on mitigating safety factors, but we always have this in the context of discussions to include family’s preferences and family culture ... It’s really important for us to understand, how does that look for the family, based on their values, based on their beliefs, what does safety look like? How is it done within their own community? Because many times we may need to learn.

Information-gathering and documentation are essential to social work planning and practice – particularly when an organization is explicitly seeking to centre the voic-

es and experiences of children and families in the service delivery process. As Casimeer observed above – and aligned with the Signs of Safety program and the Child Protection Standards – service plans are designed to enable safety as families understand and seek to enact it. Thus, service providers need to learn from families, record what they learn, and use this information to anchor ongoing planning and service delivery.

In this context, CPIN is the primary infrastructure people use for managing information that “really, in a nutshell, gives us a good description and an understanding of family. Everything that starts with culture, of values, what’s important, strengths, needs, support network” (Casimeer). An essential function of the person- and case- records in CPIN is to store all the information about a child, youth, and/or family that is pertinent to the delivery of appropriate services. CPIN also contains information gathered during the investigation phase, including presenting child protection concerns, and the planning and activity cycles through which the protection concerns are being addressed. This progress is documented and tracked via service plans, which are informed by the “service file ... where we document all this information [about the child and/or family]” (Casimeer). People use CPIN to keep track of client goals and activities as part of their efforts to monitor progress and focus planning and service delivery. A front-line practitioner works with many families at once, so having a repository of information for each child and/or family helps keep track of progress. These monitoring activities are thus built into social work practice:

CPIN also helps us track by activities and the goals and objectives that we’re setting with families. That’s to be monitored on a regular basis ... in CPIN, as you’re doing your recordings and talking through kind of how the family’s



doing, and reporting on how families are doing, which is every six months at the ongoing stage. (Gladys)

CPIN is also used to monitor children or youth's care experiences in terms of placements, visits, or school relationships, as well as individuated needs: "CPIN can help us understand and track data in regards to the different moves that a young person would have had. Different placements, different school placements, different needs in terms of – is this young person getting individual support" (Gladys)?

In addition to its utility for frontline work, directors and supervisors have also developed strategies for using the information managed in CPIN, as well as other data, during supervisory meetings and conferences. CAS-T leadership describe monitoring trends in CPIN and referencing other data (e.g., neighbourhood socio-economic data) to prompt frontline staff to consider the larger contexts of their work and strive to address agency priorities, around for example, equity, diversity, and inclusion, for example. For instance, Purab drew on a combination of socio-economic data about the region served by his branch coupled with a review of historical data in CPIN to illuminate a legacy of multi-generational poverty and CAS-involvement in his Branch's catchment area to his staff team: "We see that there are areas where we have multi-generational involvement. Right. So, that is the data. I brought it back to my branch management and to my staff. I didn't say much. I gave them the data and I said, 'see this. How are you going to support these areas?'" This was not a case of a director monitoring for compliance with Child Protection Standards, nor was it narrowly focused on service planning; rather, Purab invited his team to look at the evidence of disparity with him to inspire staff to think differently about the families they are working with. Using data as a resource to promote

the development of a shared consciousness among staff was a practice that was common across the directors and managers we interviewed. Given that child protection workers are themselves responsible for field-based data collection, how they view and make sense of a family context is of utmost importance.

To influence the reciprocal relationship between field-based clinical practice and clinical documentary practices, directors spoke of continuously reviewing CPIN casefiles and bringing what they saw into supervisory conversations with their teams. Given the dynamic relationship between documentation and planning, frontline staff need to understand why information is being sought and how it is used in planning and service delivery so that they become skilled in what Veronica describes as "the art of documentation:"

Frontline staff need to understand why information is being sought and how it is used in planning and service delivery.

Because some people write a whole process. Like 'I went to the door and I knock on the door.' You can't do that. You'd be writing forever. So, part of it is what to document and how to document it, because sometimes workers do ask these questions [about an emerging sexual identity, for example], but it's not documented properly. So, where the oversight comes from me too is pushing my supervisors, at least, to ask those questions in the clinical supervision and make sure that's where it's documented at a minimum. The key is documenting things, but in order to document it, you need to understand, and it should be some intentionality around it, or you need to be conscious and intentional of what you're doing or as a clinician.



Accurate documentary practices from screening onwards are viewed as key to actualizing the agency's equity, diversity, and inclusion aims and the Child Protection Standards with

Notably absent in the Child Protection Standards is an explicit focus on race. Addressing anti-Blackness is not the focus of the annual audit, nor is race-based data effectively managed and utilized in CPIN.

respect to “cultural, religious and regional differences” (p. 13). Notably absent in the Child Protection Standards is an explicit focus on race, which is why CAS-T's strategic focus and organizational commitment to addressing anti-Black racism is so important – even though addressing anti-Blackness is not the focus of the annual audit nor is race-based information effectively managed and utilized in CPIN as Janet noted earlier in this report. This poses a potential problem for CAS-T, given that one of the ways the agency is pursuing its strategic equity, diversity and inclusion goals is by enabling racially and/or culturally-matched placements, as well as racially aware and culturally-relevant service delivery.

Brittany highlights the importance of accurate information regarding a child or youth's racial and ethnic identity in terms of her efforts to support her team to undertake culturally-relevant service provision:

We explore the family's identity. So I mentioned the ABR [anti-Black racism] lead but if we're working with a family who is a part of the FNIM (the First Nation, Inuit or Métis community), we also try to see if they are comfortable, you know, having their child's file transferred to Native Family Services. If not, if they would be interested in accessing the services just because historically Child Welfare has done a horrible job with our Indigenous youth and children. Even though we're Toronto

CAS, they're going to be times where we're going to have children or families that identify [as Indigenous], and it just never came out [earlier], and so when that's highlighted, we try to make sure that we're providing them or at least giving them the option, of having services that would be culturally relevant. Sometimes it even goes a little bit further with our cases. We have families [that] will request a specific worker from their racial identity or from their cultural backgrounds and so sometimes it'll come up in our involvement, and so that'll be the discussion that I'll have with the worker.

Fulsome and accurate demographic profiles for children and youth, an accurate profile of all outside resources, and the recruitment of potential adoptive or foster families are viewed as essential to planning and service delivery. Directors and supervisors use this information to assess the fit between demographic data and placements, planning, service delivery and the inclusion of people in young lives who can support their social and cultural development.

Planning for and ongoing assessments of fit are viewed as particularly important when seeking to secure a temporary or more-permanent residential placement for a youth. As such, people actively monitor the prevalence of racially-matched placements, particularly for Black and Black-biracial children and youth:

There's been, you know, kind of a redoubled focus on trying to match children in the right homes, which we didn't always do a great job of in the past. But certainly, we have a better and more, I guess, richer, understanding of demographics of the type of resources



that we have, whether that's, you know, the hundreds of different homes that we have access to across the GTA – what those families look like. We try to keep a profile of, you know, their racial identity, cultural identity, skill levels, number of years of experience, you know, status of that family, how many kids are in the family. So, really try to have a fairly rich profile of those data points. We do track our children that come into the care and how. So, one of the areas that we do focus on certainly are Black and biracial youth. Around making sure not just them but particularly them around making sure that they are going into homes that are racially matched and hopefully culturally matched. So, it's like at this point I think where we're at as far as matching. I would say that we match probably what 94% of the time, a Black child that's coming into care to go into a Black home.

For directors, tracking and monitoring (e.g., placement fit, length, location, and type) is described as essential to their supervisory work with frontline staff and thus to staff's ongoing planning and service delivery. The person-level records in CPIN are thus especially useful for those working on the frontlines and seeking to devise and implement a Plan of Care that reflects a young person's intersectional identity and attends to their various needs. Shauna explains:

All of that is very important in trying to determine how we're going to provide an alternate temporary caregiving arrangement that can meet all of those needs. To some extent, hopefully mirrors some of those needs as well. When I talk about mirroring, I talk about matching by race ... linguistics is important to, I forgot to mention that there's a long list,

and I'm just trying to highlight some of them. If we were presented with a child, a youth, who was 15 who identifies as Black. As well has a tremendously strong connection to their high school, and some particular educators there who are a support to him, then that would sort of profile our matching so we'd be looking for a foster parent, or foster parents, who would have the same race, and if possible, cultural experiences. We would look to see how we could maintain their school program, even if that was the child was needing to be transported a, you know, a lengthy distance or was going to use transport in a different way ... Usually placement needs are within that day. So, workers are working very hard to seek out appropriate [placements]. It would not be unheard of for them to be looking at 10 different options for that child on that day to see what's the best possible match.

NN: And given the speed and the urgency, are they largely going to CPIN and the person level record for that information of race and culture and language and school stuff?

Shauna: So, yes,

This subsection illuminates the dynamic relationship between assessment, field-based documentary practices, planning and service provision. It demonstrates the importance of accurate, accessible, and fulsome information in CPIN, given its ongoing role in shaping service delivery. As such, we learned that much supervisory energy is directed towards monitoring the information contained in CPIN and elsewhere as a mechanism for scrutinizing, informing, and improving service delivery. Indeed, monitoring and conferencing practices that affirm the importance of fulsome



and accurate identity data collection practices may be of particular importance to the agency's diversity, equity and inclusion goals.

Compliance Monitoring

People's information-monitoring and supervisory activities reflect agency-level clinical practices and strategic goals as well as compliance with Child Protection Standards and participation in Ministry audits. In this sub-section, we begin by synthesizing people's compliance-driven data practices.

As a digital case-file, CPIN was most often discussed as a tool for monitoring compliance with Child Protection Standards (e.g., 7-day; 30-day; or 6-month visits). For example, leadership working in Investigation and Intake explained that they get

weekly reports, compliance reports, that tell us an overall compliance with the response time and safety assessments and investigation completion. We get a breakdown, and it has like you can drill down and look at teams and workers and you get the individual compliance ... and then the managers, I know, send it to the [frontline] staff and have the staff look at their own compliance and get back to them ... I would say an overwhelming amount of [the compliance problems] are for documentation. So just not documenting or checking off the right box in CPIN (Marissa)

CPIN both enables worker compliance with the Child Protection Standards and allows directors and supervisors to investigate and monitor compliance trends directly. Others described using the QIP dashboard to incorporate compliance monitoring, supervision, and technical training:

I'll also look at their home visits. They're

supposed to be visiting their families every 30 days. If they're not meeting that standard, they need to put in a departure as to why. So, I'll check in to see what the ones that are coming up. And then the last thing we do is we check on the 6-week supervision ... I'm a visual person, so I end up doing it myself [laughter] presenting it on screen and being like, "Let's look at it together" ... I've also realized that for some of my workers, the reason why they weren't checking their QIP was because they actually didn't know how. (Brittany)

Although some of the information in CPIN (e.g., around visits; updated medical information) is the focus of an annual Ministry audit of agency compliance with Child Protection Standards, the people we spoke with suggest the audit does not actually assess service quality, nor is it useful in attending to and monitoring service outcomes. As one respondent blithely observed: "Yeah, so we have, we have QIPs [Quality Improvement Plans] about a lot of things. Outcomes for kids in care much less so" (Abe).

Tatia confirms that the compliance audit is focused on: "You know, were you on time doing things? But it isn't about quality." She goes on to explain further,

We run quarterly reports on how people are compliant around their work and the standard of work. That really speaks to documentation, but also speaks to visitation [compliance]. I don't know if that talks about quality of care, so that's also something that supervisors need to pay attention to. And the outcomes.

The people we spoke with suggest the audit does not actually assess service quality, nor is it useful in attending to and monitoring service outcomes.



You know, like one thing is to make sure that you have documented everything and, you know, you have checked off everything on a list, but what's the outcome of our environment? Just looking more at outcomes versus just compliance. Because the audit can look amazing. We have completed everything that we need to do in terms of documentation, but our outcomes could be still poor. So just making sure that we are really aware of that.

People explained that the annual Ministry audit focuses on financial, documentary (e.g., current medical; report cards), and service compliance vis-à-vis the Child Protection Standards. Successfully navigating the annual compliance audit is a requirement of licensing for a Children's Aid Society in Ontario. When people observe that the audits are not focused on service quality, it is because the primary focus is policy compliance, meaning that the auditor is simply recording whether there is evidence that people's work complies with the service standards. Veronica explains it like this: "When we look at the annual reviews, what we're looking for the ministry, and some of the things that we're looking at, is one of the domains is permanency and identity. So even though the ministry might be looking at 'is there a permanency plan? Yes or no?' Or 'did we incorporate a young person's identity into the plan of care? Yes or no?'"

Furthermore, not all case-files are audited. Licensing requires a CAS to participate in two audits:

There's a Foster Care Licensing [audit] because we have internal foster homes through the Children's Aid Society ... in order to get your license from

the Ministry, you have to make sure that those homes are doing what they're supposed to be doing ... Then there's also the Extended Society Care compliance [audit] which again is done by the Ministry. It's very similar but it's for different reasons. The Extended Society Care audit is more, you know, do we have good records on these kids who are, you know, they are in our care? So, are we doing a good job as parents? Identifying who they are? Are we meeting their identity needs? Are we, you know, are they getting their annual medicals? Do we have all the report cards? (Juniper)

While compliance monitoring is built into the fabric of supervision, only some child welfare services undergo a full-scale audit and thus become the focus of additional documentary practices.

For instance, only Extended Society Care (ESC) youth participate in a mandated outcomes-assessment – the production of an Assessment and Action Record (AAR) associated with the Ontario Looking After Children (OnLAC) project. The results of the AAR are meant to be used at the individual level (i.e., to develop and refine a care plan for a youth), but some people we interviewed expressed skepticism that the desired relationship between the AAR and practice was consistently realized.³ Others explain that their monitoring work includes a focus on whether the AAR domains are reflected in a young person's Plan of Care.

Only some child welfare services undergo a full scale audit and thus become the focus of additional documentary practices.

³ Given that the survey results are based on care-giver, youth, and worker self-reports and linked to individual youth as part of their person record in CPIN, the veracity of some self-reported results is questionable (e.g., around substance use for example).



Veronica explains the relationship she hopes to see between the results of a youth's AAR and the young person's Plan of Care, adding that an intersectional understanding of identity and youth-voice are equally important to planning:

Basically the OnLAC domains are the social determinants of health those, I guess, well-being factors that we target. Right. So I would be looking at that to make sure that [the Plan of Care targets includes these]. For example, one of the things that we're looking at is a lot is identity. Making sure that this service team would have considered the intersection of race, class, and gender in the service planning? Is the young person's voice centered into service? Where did they participate in their Plans of Care?

For ESC youth, the OnLAC survey is audited for completion, and aggregate provincial results are analyzed and published each year. The OnLAC is only delivered to ESC youth -- that is, youth who are permanent wards of the state. As people noted during interviews, however, most children do not become wards of the state. Thus, there is no outcomes-monitoring for the majority of children and youth

There is no outcomes monitoring for the majority of children and youth who receive services temporarily from a CAS.

As such, directors and supervisors need to find other ways to attend to service quality in their work, such as manually reviewing case files, particularly where potential quality issues have been flagged. People in leadership

roles thus talk about continuously "reading recordings. We're reading supervisory contact logs to make sure that it's captured the way in which we would hope it's captured. We're reading data of, you know, kids in care, what their racial identities are" (Juniper). Supervisors' and directors' engagement with CPIN is typically case-level related, as they engage in the type of regular reviewing that Juniper described above. Engaging in document and record reviews for open case-files in CPIN is an essential part of people's work to monitor for compliance with specific Child Protection Standards as well as to support workers in actualizing the broader provincial goals around permanency, for example. Brittany explains that as a new supervisor, she and her staff "inherited" files from predecessors whose clinical practices had not been sufficiently informed by the Differential Response approach and whose clinical outcomes thus did not reflect the province's focus on permanency. As such, one of her first jobs was to do an internal review of these files and close any open file where there is insufficient evidence to support a protective role for CAS-T:

My workers have inherited files that have been open for like 5 or 6 years. [laughter] We look at them and we go: what are we doing? What are we really doing? Are we serving a purpose? If they've been involved with us for this long, are they involved because we're really helping them or are we involved because we have power over them and we know that they're not going to fight back? So just really trying to hone in on why we're involved, and if there isn't a purpose for us, like some files that have been open for over 2 years where it's like: you know what, even though we're involved with them, they're actually functioning. It's not the greatest situation, but it's poverty so are we going



to keep ourselves involved with them just because they're poor? Like that doesn't make sense.

These types of manual case-file reviews were seen as pivotal to the change-management or local transformation efforts that supervisors and directors were pursuing. Case-file reviews were also identified as essential quality-control mechanisms, particularly when potential issues had been brought to the attention of senior leadership. Bettie describes how she approaches this type of quality-assurance work here:

So, for example, we had a case situation last week that led to me having a number of concerns about how it was managed. While I have, like my manager in Client Services, who reviews cases and I have, you know, Directors, who review it, there are some things I also want to review because I know it comes with a bias. It comes with, you know, people worried about being in trouble or, and you know, accountable right. I'm a [former] child welfare worker, so I know patterns and I know how documentation is done, and I can pick up nuances that, you know. And I can ask questions.

In this example, Bettie is talking about reviewing specific cases where questions about service quality have been raised – in this case, about potential bias in service delivery and/or documentation. This is work that she must do manually and in such a way that she employs her professional experience and judgement, rather than a yes/no audit approach, to ascertain whether there is evidence of a management issue or bias in the documentation of services provided. Veronica described a very similar process, undertaken when she has concerns about a case and/or is preparing to lead a branch conference. She also uses CPIN

to monitor case-loads and ensure her branch has the operational capacity to adequately meet local needs:

The way that I would probably have reason to go in to CPIN is, obviously, if I'm dealing with a contentious issue. Or, if I'm chairing a branch conference, I would actually go into CPIN to source the data in terms of preparation for the branch conference. I would also go into CPIN to kind of help determine operational needs like staffing needs ... Like just looking at the numbers of extended society care or continued support for youth or CCSY.

For people like Veronica and Bettie, CPIN is a means of finding out what has been happening in service-delivery contexts that they do not participate in and cannot observe directly. CPIN is the primary record through which an investigative or service delivery context can be known and assessed by anyone outside of the direct client-provider relationship. As such, all the directors and supervisors similarly described regularly reading through people's contact logs and other narrative documentary practices as an ongoing approach to quality assurance. The work to assess and improve service quality is also related to the agency's strategic goals.

Strategic Goal Monitoring

Officially, the 2019-2022 strategic priorities at CAS-T are as follows:

1. Strengthen Client-Centered Services and Supports;
2. Work Collaboratively; and
3. Champion Diversity, Equity and Inclusion - DEI (<https://www.torontocas.ca/strategic-directions>).

Practically, these strategic goals are pursued



through program-models, clinical practices, and monitoring efforts meant to promote permanency; enable prevention; focus on safety; support diversity, equity and inclusion; and address anti-Black racism. Gladys describes how she endeavours to advance these goals through her leadership practices:

because my position is an administration role, how I monitor, a lot of those things is through kind of strategically planning with other service directors to really drill down and see how we are working towards some of those key areas. Which will, which would include the over-representation of Black and Black biracial children in care, and children in care in general, we always want to bring that number down.

Collectively directors work together to assess the agency's progress regarding a specific DEI goal to address the over-representation Black and Black-biracial children in CAS-T's care. This strategic focus among the senior leadership on monitoring racial and other types of disparity in service types and outcomes influences the data work of supervisors, managers, and frontline staff, who must ensure their own field-based documentary practices enable effective and accurate monitoring of progress towards the agency's DEI goals. Evidence of this inter-dependence is apparent in directors' and supervisors' efforts to monitor frontline worker's documentary practices for evidence of alignment with (or divergences from) the organization's stated aims around DEI, for instance. One supervisor described the work in this way,

The supervisors in my department got together looking at their goals. What are the measurable goals in our department? So, we said some goals are like identity-based data will be done 100% by

December 30th, right. That every 6 months that supervisor is going to review permanency plan. Those are the kinds of goals that we put in to ensure that we're trying to meet the data that and the goals that the higher-ups kind of did [created]. (Linda)

In Linda's description of her work, she talks about establishing measurable goals (e.g., the achievement of time-specified documentary practices) that reflect and/or advance the senior leadership's (or the "higher-ups") pre-determined strategic goals – goals, which we have already indicated align with and advance the province's general aims and objectives. Linda's articulation of measurable, time-specific documentary goals suggests synergy with a well-established corporate management framework, which has been widely adopted in non-profit and public sector organizations: SMART (Specific, Measurable, Attainable, Realistic, and Time-specific) goals. The utility of the SMART approach is that it allows people to quickly measure progress toward stated goals. The problem with the SMART approach is that it orients people toward indications of compliance with time-specific documentation practices (much like the audit does), instead of enabling the assessment of substantive indicators of progress vis-à-vis the agency's strategic goals (e.g., that children and youth view themselves at the centre of the plan of care). This is the very issue raised by the people we interviewed who questioned whether any of the Ministry-mandated data work attends to service quality.

Indeed, while the provincial information management system, CPIN, is useful to super-

The problem with the SMART approach is that it orients people toward indications of compliance with time-specific documentation practices (much like the audit does).



visors and directors seeking to monitor individual worker activities or scrutinize potential management issues, as Bettie described in the previous sub-section, they are not able to use CPIN to monitor trends more broadly within the organization or branch. Bettie explains that she utilizes: “a variety of things [to monitor trends and set targets]. I would not use CPIN to pull data. So, I rely on, like, Omar and his team, like for reporting, compliance reports, and so on.” In the interview, Bettie went on to affirm that she would go to Omar and his team for requests that are more complicated than a simple count, which she could generate herself (e.g., the number of Continued Care and Support Youth – CCSY – agreements). In other words, only one member of the senior leadership team (Omar) has sufficient information-technology expertise to generate the reports that the other members of the leadership team require to monitor the agency’s substantive progress towards its goals. While supervisors and directors can monitor for documentary compliance in terms of time-sensitive collection of race-based data, for example, they cannot personally use CPIN to generate reports and monitor branch- or agency-level trends with respect to the racial-ethnic characteristics of the youth receiving different agency services or race-based breakdowns of educational outcomes among ESC and CCSY, for instance. Furthermore, the current orientation to data-driven practices within CAS-T – particularly as it pertains to the agency’s strategic goals – has yet to adopt mechanisms for monitoring and accounting for external factors that also influence patterns of over-representation of Black and Black-biracial children, youth, and families in care. For instance, these data-driven practices do not currently account for systemic anti-Black racism in referring institutions

Supervisors and directors can monitor for compliance in terms of time-sensitive collection of race-based data. But they cannot use CPIN to monitor trends with respect to the racial-ethnic characteristics of youth receiving services.

and/or neighbourhood-based factors, such as disproportionate exposure to criminalizing

interventions or a lack of access to safe and adequate housing. Casimeer sums up this gap in the following interview excerpt:

Toronto CAS struggles with overrepresentation when it comes to Black and biracial families ... I think, while the population of Black and Black biracial families in the population of Toronto it’s somewhere around 9%, with many of our families, half, if not even more up to 60% of the families are from the Black and Black biracial community. So, there’s definitely a disparity that the agency has been studying for years and there’s been so many different methods and processes put in place to address the disparity. There are some changes here and there, but of course we are dealing with a larger issue which has to do with institutionalized racism. The fact that we get most of our referrals from other systems where we know that racism exists, like such school, medical, police and so on ... [But] we don’t really have any specific [data], or we don’t really talk frequently about any of these other determinants.

A child welfare organization does not operate in a vacuum. The lives of children, youth and families are influenced by a range of factors that are outside the control of frontline workers or organizational leaders seeking to ensure the safety of children and youth. CAS-T’s strategic goal to improve local collaborations may provide an avenue for the pursuit of



data practices and policy infrastructure that transcend the child welfare sector, linking it with other relevant public sectors (e.g., education or health) and non-profit environments (e.g., those hosting Youth in Transition [YITs] or Youth Outreach Workers [YOWs]). Indeed, a desire to engage more autonomously and strategically with child welfare data was expressed by everyone we spoke with.

This subsection illuminates the numerous ways that people’s compliance-oriented data work is distinct from, and even at-odds with, data practices designed to advance agency-level strategic priorities. People told us that efforts to engage in quality-monitoring were limited and that it was challenging to use the existing infrastructure and tools to monitor their progress towards strategic priorities. Furthermore, the compliance work takes considerable time and energy, making it difficult to develop and implement additional data processes that directors, supervisors and managers can utilize to advance specific supervisory or agency aims.

Things People Want to do With Child Welfare Data

During interviews, people shared several things they would like to be able to do with data that they are not currently able to do. Indeed, no-one in leadership positions at CAS-T (who agreed to participate in an interview) expressed any scepticism about the importance of information to their work nor a generalized resistance to or hesitation about data-driven practices. In this section, we synthesize the most common (or commonly shared) answers to the following question: In your dream world, what would a child welfare data system allow you to do? The most common responses were that people wanted:

1. Improved useability and functionality

for management and front-line workers

2. Improved accessibility and utility for children and families
3. Improved utility for service delivery and supervision; and
4. An increased capacity to assess and monitor service quality and client outcomes.

Improved Useability for Management and Front-line Workers

Across all our interviews, people expressed an interest in information management infrastructure that was more intuitive and easier to use. Staff indicated that the information management system should be “as intuitive as my phone.” In many cases, and indicative of a generalized degree of professional frustration with CPIN, they would go on to qualify their response by saying things like, “Listen, I don’t hate CPIN and maybe, like, I’m tired of people bitching about CPIN ... So, I’m not, I’m not throwing it all out. It is what it is. I truly believe in accountability ... I just think it is not intuitive” (Bettie). Most others shared a similar sentiment, articulating a disappointment in CPIN’s functionality and ease of use, particularly after considerable excitement about its development. Marissa elaborated on what Bettie indicates above:

it’s not just because we didn’t want change. We were very excited about CPIN ... We wanted a provincial system. It just was mind-boggling to me that they created something so clunky. So, like I kept using it. I used to say that it’s like comparing a pull up, a ministry came in and did this thing. I said it’s like comparing a BlackBerry to an iPhone. I said I can pick an iPhone up and I can figure it out, even if I don’t really know what I’m doing. It’s all intuitive to figure out. Blackberry I have to get a manual



out, I have to, I can't figure out what to do. And I said you've created a really bad Blackberry that isn't, that doesn't follow the service, isn't intuitive, and is in fact not going to enhance our service in fact it bogs it down.

When people indicate that the system is not intuitive or user-friendly or critique a lack of functionality, they are expressing concerns about ease of use for social work, and specifically, child welfare practice. Indeed, CPIN – like other information management systems – has considerable functionality if you know code and have expertise in information and communications technology (ICT); but for social workers and managers whose expertise and primary professional responsibility is social work, CPIN is not viewed as user-friendly. In fact, because it is so “clunky” and “doesn't follow the service” flow, it is commonly viewed as taking time away from direct social work practice. Indeed, a surprising number of people indicated that they currently record information in CPIN and an additional internal system, pointing to one way that the introduction of CPIN has “bogged down” people's practice, as Marissa indicates above. During interviews, people like Denise explained that they still depend on internal systems, to ensure they have immediate access to useable and reliable information:

we still need to use our own internal system. We have the dashboard, but even with the dashboard, like, I know many times I want to know, you know, the information on let's say referral sources. How did that change compared to last year? Who's calling more? and when? and how? I still have to reach out to, you know, [someone in IT], and ask because even in the dashboard I can't find it on my own

In this case, someone in Information Management had to figure out a creative way to pull the information that Denise wanted – it was not, as she noted in the interview, as straight-forward as showing her how to answer her own questions using the technological infrastructure that is available to her. The result is that Denise is still unable to run a query on her own, even when she has been charged with a task like reviewing all the open files for Black and Black-biracial children and youth, as part of her department's ongoing institutional diversity, equity, and inclusion efforts.

Furthermore, even though the impetus for CPIN was to improve transparency and file-sharing both intra-agency and provincially, Denise discovered that she and another director within her branch do not have access to the same information: “I reached out and [my contact in IT] said, ‘oh no, because you all have different clearance. So, you can only see your side, and then Marissa can [only] see her side.’ So, I'm like ‘yeah but we're one branch.’” The people we interviewed want an information management system that they can use, autonomously, to advance clinical and strategic organizational aims: “I would be able to pull data myself so I can look at it on a regular basis by myself so I don't have to rely on anyone” (Stan). They want a system that is “more user friendly. So that workers can easily navigate different cases. And also, less cumbersome in terms of documentation” (Tatia). This view of CPIN – that it is cumbersome and un-intuitive and disconnected from the realities of people's work is shared provincially, as indicated by articles on CPIN produced by the Ontario Public Service Employees Union (OPSEU) in 2017 (<https://opseu.org/news/cpin-fund-it-and-fix-it/15680/> and <https://opseu.org/news/cpin-cuts-back-on-direct-service-hours-to-vulnerable-children/16930/>). People's central desire for a child welfare data system is quite simple –



people in management positions want to be able to use it directly to run queries and monitor trends, and they want their frontline staff to see it as enabling, rather than constraining, their direct service work with children, youth and families. As Juniper expresses: “if I could wave my magic wand, it would be that a system that we could find what we need, easily.” In part, this push for a more user-friendly and intuitive system reflects people’s roles as managers and directors and thus the data practices associated with monitoring and supervision, described in the preceding sections of this report. The other driving factor is people’s desire for some information in CPIN to be directly accessible and useful to families.

Useful and Accessible to Youth/Families

As Abe notes, under Part X of the CYFSA, an Ontario CAS must accommodate information requests from a young person or their family within 30 days of the request:

If Sally, mom, she was involved with the agency or is currently involved, says I want my file, right. [The] request gets processed, and Sally gets like a pound of paper, and it’s, you know, down to the weeds of, you know the worker called the doctor, all case activity. It would include also information in the person record.

However, in Abe’s dream child welfare data system, young people and their families would not be saddled with “a pound of paper,” but rather would have access to the information that they want and need when they want and need it:

If I’m a 15-year-old kid, what would I like to see in terms of something that’s helpful? I probably want to see: do I have any money available to me? Right? A system set up where I can probably

read in a paragraph why I was taken, why I’m still in care, what efforts were made for me to be reunified with my family ... my dream about would be from the service user’s perspective to have access to that information.

Rather than having access to an over-whelming amount of bureaucratic and legal information, the people we interviewed mused about an interface whereby service recipients always had access to age-appropriate information about their social and institutional histories. People recognized and spoke to the limits imposed by commitments to confidentiality and legal processes, coordinated through the courts, and spoke about a need for a

system where a client would be able to log into their file and at least see some aspects that would not be frightening ... Of course, [a client] can get

a disclosure which is a complicated process. You get everything in a package. Thousands of pages and then you get rather frightened about what’s in the disclosure because that’s Part X [of the CYFSA]. We need to have a way for clients can log into CPIN and see their own end. They would be able to click and say that I’ve done my visit with, you know, click and it’s completed. Something like that. (Casimeer)

Others share this rights-based view of information management, going on to suggest that children, youth, and families should be able to add to the information in their files:

In Abe’s dream data system, young people and their families would not be saddled with a “pound of paper,” but would have access to the information they want and need when they want and need it.



“it should be a system that it allows recipients of service to be able to add some of their own data. That might seem weird but if we look at them as partners and collaborators ... it’s their data. I’m just keeping it” (Veronica). This view of child welfare data as “owned” by children, youth, and families with CASs serving as custodians is aspirational. The data are currently stored and managed by the MCCSS in an off-site secured server-based data warehouse. A shift towards a rights-based understanding of child welfare data would require changes to data collection, management, and use practices as well as shifts in how services are delivered.

Enable Service Delivery and Supervision

Indeed, the next most commonly expressed child welfare data desire was for processes and infrastructure that enable service delivery and supervision. Specifically, people expressed a desire for information management and communications technology that better aligns with and supports the agency’s clinical frameworks and strategic priorities. For example, Mary observes:

We are a Signs of Safety organization. We should be able to open up any file and see the risk assessment map in there in a way that makes sense with Signs of Safety. We should see naming conventions for important things relating to Signs of Safety. Whether it’s any of the tools; whether it’s the safety planning process; whether it is building a support network process. All of those are important. You should be seeing naming conventions for them, and they should be mandatory. If Signs of Safety is saying that it is a participatory, collaborative approach where people are at the center of service, moving away from paternalism to more partnership and collaboration, there should be cues

within the system that we use to sort of hold you accountable to demonstrating that.

Mary’s vision for an information management system that better aligns with and enables people’s engagement with the Signs of Safety clinical practice framework speaks to the interplay between child welfare data practices, infrastructure, and service provision. If the voices of children and parents are to be centred in clinical practice, then the data practices cannot be at odds with this aim. Other people expressed a

People expressed a desire for information communications technology that better aligns with the agency’s clinical frameworks and strategic priorities.

desire for better alignment with the Journey to Zero initiative, while still others wanted a system that more effectively helped CAS-T leadership track the service outcomes and experiences of Black and Black-biracial children, youth, and families. As Linda observes, currently, when one of her staff is pulling “information about referrals or pulling information about the number of anti-Black racism consults that we do, she has to go to excel sheets. Like we can’t just pull it off [CPIN]. So, it would ideally be a place where all the things that we require for Journey to Zero, we could pull off the data easily without having to do kind of manual work.” Matt, similarly, explained that his team uses excel workbooks and relationships between individual workers and agencies to enable cultural-, ethnic-, and racial-matching when organizing placements for youth. His dream data system would enable his team to systematically match children with suitable placement options: “If I have a Black child from Grenada who has autism, I can’t go into the system and say this is kind of the profile of the kid. Can you give me all the homes within the GTA that may meet those



demographic areas?... There isn't anything that exists really like that." People's dream data systems would make it easier for child welfare workers to meet practice standards and ensure those in supervisory roles are kept abreast of service trends and issues.

Furthermore, people want data collection processes and data management infrastructure that enables the focus on anti-oppressive and client-centred practices that is named in the Child Protection Standards, but which is not currently the explicit focus of people's work. For instance, Amani noted that, at present, CPIN lacks a "fulsome integration of like equity, ABR [anti-Black racism] principles." She goes on to explain that with the current data collection and management processes, the ABR principles and the focus on trauma-informed care (particularly in cases of suspected Intimate Partner Violence) come across as an after-thought, observing that people just "lean on the eligibility [spectrum]" making investigations more intrusive than they should be. To realize CPIN's promise as a transparent and integrated provincial information management system, people need to be able to effectively and efficiently use it during all phases of the child welfare service flow. For instance, a failure to consistently integrate all legacy data in CPIN continues to make it challenging to view and assess people's social and institutional histories. As Freya observes, frontline workers need a way to view both historical and current service provision records – functionality that requires legacy data be entered into CPIN, as well as inter-agency standardization, and case-file linkages: "integrating all those different systems that have evolved over time to collect information about families. Some is on Fiche and some is on a hard drive somewhere, and some is on a legacy system. It's all got to be pulled together every time you want to look at a history concerning a particular family."

People want information management

strategies that enable accountability and information-sharing across agencies, as well as flexibility and clinical responsiveness within agencies. In addition to better alignment with specific clinical models and the strategic priorities of CAS-T, people expressed a common desire for CPIN to better align with service flow and Child Protection Standards in general. This was particularly important to directors and managers who are supervising frontline work. People responsible for supervision, like Annette, spoke of wanting automatic reports for frontline staff (e.g., number of new Supervision Orders in the last month), where she (as Branch Director) and the management team who reports to her would be copied. Others wanted alerts or indicators for frontline workers that signal upcoming due-dates, unmet service or financial obligations for youth in their care. These automatic alerts and reports would serve as cues to frontline staff, enabling their compliance with Child Protection Standards and aiding with supervision. From a supervisory perspective, compliance monitoring comprises their primary data practices; but, as illuminated in previous sections, people also want better and more efficient ways to monitor service quality. The last commonly expressed data desire among interviewees was the capacity to monitor service outcomes and assess service quality.

Capacity to Monitor Service Quality and Outcomes

As Marissa candidly expresses, "Honest to God, you can tell me my compliance is 87% in response time. I mean, that's great but I don't know whether the service is absolute shit or not. I've got no idea." The compliance report indicates that her supervisees went out and met with a family within the 12-hour window, indicated by the original Eligibility Spectrum assessment, and completed a contact log note. But, directors like Marissa have no way of knowing what actually happened during the



meeting unless they debrief with each front-line worker or read through endless contact log notes. Marissa explains that current information management practices focus on “compliance of meeting the standards. But goes on to note that our ability to evaluate qualitative service has always been poor.” Marissa goes on to describe a strengths-based approach to evaluation that aligns with a well-known appreciative inquiry approach to organizational learning and change, but which is presently not the way MCCSS orients to data and evaluation in the context of child welfare. Rather than reacting to known problems (e.g., child deaths), Marissa advocates paying attention to where CASs are documenting successes in order to:

dig in and find out what exactly happened that made it a success. And then spread that so people get excited and say wow, what did you do? What questions did you ask? How did you do that? How did you engage with a family? And then you learn that way rather than ‘oh this kid died’ ... [A problem-focused approach] doesn’t help people learn and grow it creates fear, creates reactivity. And that’s not going to be good for child welfare, right.

As Marissa outlines here, an appreciative inquiry approach engages people in a process of identifying what is working for children, youth, and families, and then designing programs and services to systematize this outcome. But to identify what’s working, child welfare organizations need to be collecting and analysing data that can be used to assess success. The people we interviewed suggests that this is not currently the case. People expressed a concern that the indicators used to assess agency or departmental performance are narrowly focused on time-based (and thus measurable) targets, which offer little insight

into issues of service quality or holistic assessments of safety and wellbeing:

Even when you think about the performance indicators that the ministry is asking us to report, you know like, I think one of them is, you know, the safety outcome. But what they’re looking at is like the recurrence – the opening or reopening of investigations or ongoing files. So, they still narrow it down instead of the quality of work, they narrow it down to, you know, did this case come back? Was this reopened? Well that tells you something, but it doesn’t tell you much. Is that how you actually look at, you know, the safety outcome on a family?

But, as Purab speculates, there should be some way to assess what is working to enable safety in a family by linking and using the vast amounts of information that has been collected over years (and in some cases over generations) in CASs across the province of Ontario:

We have hundreds of years of data in the system, fragmented sitting all over the place. But we have no clue what worked well for this family. Right. So, you know, domestic violence issues, right, which has a tremendous, it’s a negative impact on children. We know that. So what have we done? We told to the entire sector that okay screen every case for domestic violence. Okay, we started screening every case for domestic violence. Did we change anything come to the outcome of it? Right, I’m in the field working as a child protection worker prior to that mandatory screening. I’m here right now to working in the system. After so many years of this being mandatory screen. What is meaningful difference that we



were able to do in interventions? So that's where I think the next level of data needs to go.

The child welfare system in Ontario needs to improve its capacity to monitor the effects of its interventions on the lives and wellbeing of children, youth, and families. As Purab observes here,

Ontario's child welfare system needs to improve its capacity to monitor the effects of its interventions on the lives and wellbeing of children, youth, and families.

and Denise observed above, there is presently no-one using the vast amounts of existing information to assess whether new programs, practices, and tools (like the screening tool described by Purab) work to improve child, youth, and family safety. Where indicators of safety are assessed (e.g., rates of recurring child protection concerns), no-one is using this information to identify particular child welfare practices or intervention strategies linked to diminishing rates of file re-openings. According to everyone we interviewed, this is because “[The Ministry of Child, Community, and Social Services] don't measure quality right [laughter]. Oh, I don't know

what to tell you. The ministry doesn't measure quality” (Bettie). Indeed, when I spoke to then head of Business Intelligence in 2019, he confirmed that neither service outcomes nor service quality were the focus of his department's intelligence work.

While service quality remains out-of-scope for the business intelligence activities of the MCCSS, it is a priority for the directors and managers we interviewed. As Shauna aptly observes: “we should be paying attention, right. Obviously, we need to pay great

While service quality remains out-of-scope for the business intelligence activities of the MCCSS, it is a priority for the directors and managers we interviewed.

attention to the children who are in care. In order to make sure our care delivers the kind of service that doesn't end up with them growing up in care and then being discharged from our system into no system at all.” Here, Shauna is referencing the disproportionate numbers of ESC youth who experience poor educational outcomes, high levels of criminal-legal system involvement, and/or who end up experiencing housing and food insecurity as they transition into adulthood.



Conclusion

In this report, we synthesize what we learned during interviews with people in senior and middle leadership roles at CAS-T. While findings are based primarily on the interviews we conducted, we had to trace from people's experiential accounts into an analysis of the organizational texts, data collection and screening tools, policies and legislation in order to understand the institutional relations that shape the data practices people described to us during interviews.

In sum, it is evident that the CYFSA exerts considerable force on child welfare work, particularly as it is operationalized through the Child Protection Standards, the Child Protection Tools, the Eligibility Spectrum, and CPIN itself, and then audited by the MCCSS. Indeed, it seems clear that people's everyday data collection (or information-gathering), planning, data management, and data monitoring practices reflect the generalized service flow that is conditioned by, and designed to enable compliance with, the Child Protection Standards. In the generalized service flow, the information gathered during the referral and investigation process is particularly consequential as it sets the stage for everything that happens next in terms of planning and ongoing service delivery. Ongoing information gathering vis-à-vis service delivery and planning continues to occur until file is closed, but the information gathered during the referral, investigation and intake pro-

cesses comprises the baseline data for service delivery. As such, much compliance-based monitoring occurs during these early phases prior to service delivery, with stringent time-based compliance requirements. This is also where the mandated Child Protection Tools are used most-often. As a case moves into the ongoing service delivery phase, supervisors, managers, and directors continue to engage in compliance-monitoring, but with lengthened timelines for contact with children and youth. Across our interviews, people in leadership positions spoke of gaps between their compliance-oriented monitoring tasks and the monitoring practices that enabled them to actualize CAS-T's strategic priorities and their roles as intellectual and clinical leaders.

While CAS-T's strategic organizational priorities are not at-odds with the Child Protection Standards, the agency's internal priorities specify tangible areas for improvement related to the more general Child Protection Standards (such as the general requirement that agencies engage in anti-oppressive social work). By establishing specific priorities and targets (i.e., advancing equity, diversity and inclusion goals; strengthening client-centred services; and increasing collaboration within the agency), CAS-T seeks to enable measurable progress towards specific strategic goals that are aligned with and advance the province's general practice standards. A shared set of intellectual and discursive resources (e.g.,



intersectionality; an attentiveness to manifestations of anti-Blackness; and youth voice) is key to this agency-level work. Directors and managers play important roles in ensuring these intellectual resources are brought to bear in service delivery. People's DEI leadership activities intersect with their data practices, as evidenced by leaders' ongoing and intermittent efforts to review case-files, monitor service trends, support the implementation of an anti-Black racism consultation process, and ensure shared intellectual resources guide field-based data collection via conferencing.

People's data work (from information gathering to oversight) also actively informs, and is informed by ongoing planning activities, creating a dynamic feedback loop throughout the course of service delivery. Given the role of social worker discretion during information-gathering throughout each phase of service-flow, the utilization of shared conceptual frameworks (e.g., around the importance of DEI, intersectionality, and systemic anti-Black racism) and tools is noteworthy. In the absence of a shared set of principles and ideas that guide people's data practices, individual workers and leaders rely on their own values, socio-cultural norms, personal ideals, and professional judgements during data collection, planning, and oversight activities. Indeed, the people we spoke with suggest some staff continue to opt out of these shared principles and ideals, fail to accurately and consistently collect identity-based data, and do not embody anti-racism in their practices, suggesting the need for continued work to advance DEI in and in relation to people's

data and clinical practices.

Finally, the first part of this study revealed a number of changes people would like to see in the way the province and CAS-T collects and manages data. People in leadership positions want to be able to autonomously generate queries and reports on branch or agency trends. They want better search functionality and wish that the data in CPIN was more reliable, accessible, and easy to use throughout the phases of service-flow and as a means of monitoring and assessing the efficacy of particular interventions and the experiences of children, youth, and families engaged with the care system. People also specified that aspects of CPIN should be accessible and useful to children, youth, and families – indicating a desire for a rights-based approach to data collection and use that aligns with and would operationalize Part X of the CYFSA. There was also a resounding call for data-collection and monitoring practices that enable insights vis-à-vis service quality, service experiences, and service outcomes for children, youth, and families. Compliance monitoring was viewed as relevant but insufficient if the goal was to engage in targeted data-driven service delivery, policy-making and reform.

The findings offered here are preliminary. Indeed, one purpose of providing this report is to enable fact-checking with key members of the organization. Our knowledge of specific technological components is still partial – based on interview data, field notes, and organizational texts (e.g., descriptions of CPIN workflows or work-arounds). This report is an opportunity to verify and deepen this emerging understanding.



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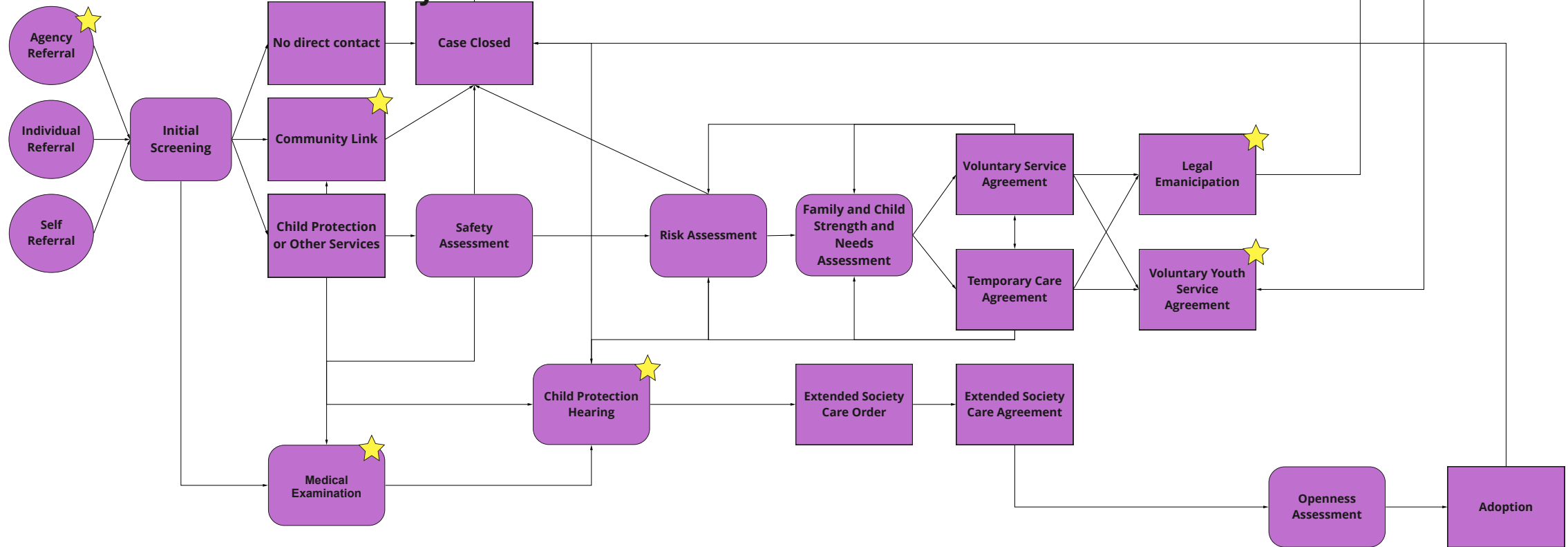
Appendix One:

Steps for a Family-Based Investigation (Ontario Child Protection Standards)

1. Face-to-face contact with the child alleged to be the victim and an interview using methods consistent with the child's developmental stage and ability to communicate;
2. Interviews of other children being cared for in the home, except if the child cannot be interviewed based on their developmental level or ability to communicate, in which case direct observation is required;
3. Interview of the child's non-abusing caregiver;
4. Direct observation of the child's living situation. If information is obtained that the child's living conditions are hazardous and/or that is suggestive of neglect, the entire home is seen and in particular the child's sleeping area;
5. Interview of the alleged perpetrator of the maltreatment by the CAS and/or the police as appropriate;
6. Direct observation of the interaction between the referred child and his/her parent/caregiver;
7. Interviews with witnesses in person or by phone;
8. Use of the Eligibility Spectrum to assist in determining who else may be at risk if prior interviews indicated that there may be other potential victims of maltreatment such as siblings or children in other families;
9. Interviews of all other adults living in the home;
10. Gathering evidence from other professionals involved with the child and/or family (e.g. medical, law enforcement, legal, educational); and
11. Consideration about the need to seek a warrant/telewarrant for access to records.

(Source: <https://files.ontario.ca/mccss-child-protection-standards-2016-en-2022-02-04.pdf>)

Appendix Two: Child Protection Service Pathway



Legend

- System Entry Point
- ▭ Assessment
- ▭ Service Outcome
- ★ System Juncture

Appendix Three: Youth Data Lifecycle

LEGEND

- Discrete life events
- Continuous life events
- System can intervene
- Identifier
- Identifying record
- Local records
- Dataset
- Local databases
- Provincial/consortium databases
- Aggregated/secondary-use data
- Reports/outputs

● Healthcare
● Education
● Child Welfare
● Criminal Justice
● Mental Health System
● Labour and Welfare
● Academia

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