UNDERSTANDING RE-REFERRALS TO CHILD WELFARE SERVICES IN WATERLOO REGION

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MASTER PROJECT
Submitted to the Faculty of Human and Social Development
in partial fulfillment of the requirements of

MASTER OF PUBLIC ADMINISTRATION

University of Victoria
2014

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Executive Summary

Introduction

Family and Children's Services of the Waterloo Region (FACSWR) provides child protection services to children and families in the Waterloo region of Ontario. Its services are mandated by the *Child and Family Services Act* and are primarily funded by the Ontario Ministry of Children and Youth Services. FACSWR is one of 46 child protection agencies providing service across Ontario. FACSWR is concerned about its rates of re-referrals for service as discussed below.

The Ontario Child Abuse and Neglect Data System (OCANDS) is a growing and dynamic database developed from the data of over half of Ontario's child welfare agencies. The University of Toronto maintains the database. OCANDS provides the opportunity for agencies to participate in the project by volunteering their administrative data for comparison with averages of all contributing agencies. OCANDS indicators show that FACSWR's rates of re-referral for service after closure of an investigation or ongoing case are consistently higher than the comparative average. A re-referral for service means that after the case was serviced and closed, the agency received another allegation of maltreatment against the same child or children, which most often led to a new investigation.

The objectives of this report are to develop an understanding of why re-referral rates are relatively high in Waterloo region and what could be done to improve the effectiveness of services so as to reduce them.

Methodology

This report provides a literature review on re-referral rates to child welfare services and an examination of FACSWR's re-referral data compared to OCANDS averages. The ecological systems framework guided the study: the framework seeks to understand individuals in the context of their environments.

The quantitative data in this report was obtained via the OCANDS online database. The information was accessed directly by the researcher via a personally assigned login, available because of her employment with FACSWR. The researcher also conducted three one-hour focus groups with staff and supervisors at FASCWR on November 26 and 27, 2013. All front line staff and supervisors (250 people) were invited to attend via two emails sent to them in advance of the groups. Four supervisors and three front line staff members attended. Two groups were held in the Kitchener office of FACSWR and one was held in the Cambridge office. The researcher also received three emails from staff providing their opinions on re-referrals in response to the focus group invitation.

Key Results

Key results from the quantitative data showed that FACSWR's re-referral rates are consistently higher than other agencies in Ontario but that verified re-referrals of child maltreatment are not as high as other agencies. Exposure to domestic violence and concerns about caregiver capacity

were particularly emphasized in the cases that were re-referred for service within 6 and 12 months of ongoing services case closure. Every year at FACSWR, over 30% of the cases closed at ongoing services are re-referred for investigation within 12 months. Children between 0 and 12 years old when their case is closed at ongoing services are more likely to be re-referred in every measured time frame following the closure (3, 6, 9, 12 and 18 months) than children over 12 years old.

With respect to the qualitative data on staff perceptions of re-referral rates, staff members felt that too many cases were screened in for investigation when they could have been screened out or serviced in alternate ways. They felt that the cases being opened for investigation did not always match the descriptions provided in the provincial Eligibility Spectrum that outlines child welfare service thresholds. Further, staff members felt that many families involved with FACSWR were facing multiple personal and systemic problems. Focus group participants stated their belief that it was not possible to "wipe out" child abuse and that many problems faced by families served by the agency were beyond the agency's control to ameliorate.

Staff at the focus groups also stated their belief that they had been ingrained with a "numbers mentality" by agency management in that more cases closed and/or transferred resulted in a higher regard for the worker, as compared to someone who completed fewer investigations but performed higher quality work. Case numbers have previously meant more funding for the agency and so staff had felt pressured to open and process cases quickly on this basis. Staff members also stated that re-referrals were not necessarily a negative thing and asked why our numbers were a "shame." They said that some individuals and community professionals would call FACSWR for service with the confidence that FACSWR would be able to help.

Recommendations

The recommendations for FACSWR are as follows:

1) Cases involving caregiver capacity concerns or exposure to domestic violence should receive ongoing services until the worker is satisfied that the issues have been resolved. Information from the literature review, statistical data on the higher incidence of re-referrals in these cases and worker accounts of these issues as chronic show a heightened need for ongoing services for these cases.

2) Data on re-referrals should be carefully reviewed and communicated to staff. As information from this report is shared with staff, consideration should be given to its meaning for staff and how it may be best presented. For example, focus group participants felt that their work was viewed negatively if re-referral rates were high. Such a feeling could lead to defensiveness and reduced openness to hearing and understanding the information. Rather, communicating the information with a continued view of working together, emphasizing the desire to understand the meaning of re-referrals, and valuing staff experience and feedback would be most helpful.

3) Only open cases that specifically meet the Eligibility Spectrum descriptors and provide clear rationale for the openings. Due to a belief within the focus groups that some cases have

been opened for service based on funding, participants stated that cases should be opened based on their actual eligibility for service. Front line staff and supervisors should feel able to discuss the decision to open or not open a case for service and supported in their decision-making if a change is needed. The mindset should be one of working together for the best outcomes for families, versus a mindset that is "fear-driven." This desired mindset should be modeled and communicated clearly and regularly to front line staff and supervisors by senior management.

4) Communicate clearly and regularly about service priorities and funding for re-referrals. Despite the current funding formula not attributing specific money to number of investigations opened, this mindset is still pervasive amongst the front line staff and supervisor teams. They are not clear on what the changes to the funding formula specifically are and/or how they are supposed to do their job differently. In the past, they have felt pressured to open cases based on funding given for this.

5) Review the OCANDS data regularly and share this information with staff. The nature of OCANDS as a growing database made some queries difficult to return for this report when data was being updated and validated. This pitfall should be addressed and understood and the database made more widely known and available. There are plans to publicize at least some of the OCANDS data. Continued discussions with staff about re-referrals to FACSWR after investigation and ongoing case closure will maintain a focus on these indicators.

6) Future research on re-referrals should compare cases, with an aim to understand the meaning and value of the information for FACSWR. Locally extracted data may provide more information on variables related to re-referrals than OCANDS. However, extracting parameters need to be carefully considered for analytical validity. Units of analysis need to be clearly defined and understood and data extracted in a way that preserves the comparability of data on these units over time.

Acknowledgements

I would like to thank Dr. Lynda Gagné for her support and guidance throughout the writing and completion of this report. I appreciate the time and attention given by Dr. Gagné, her clear direction, and her interest in public administration, child care policy, outcomes for children, and social programs.

I would also like to thank Jill Stoddart of Waterloo Family and Children's Services who started the conversation with me in Fall 2012 and got me excited and thinking about this topic of study. Jill Stoddart is committed to doing research that can actually make a difference in the lives of the children and families that we serve. This sort of dedication is inspiring and exciting. Family and Children's Services of the Waterloo Region is very lucky to have someone like Jill Stoddart as its Quality Assurance Senior Manager.

Thank you also to Dr. Kim Speers who reviewed my initial project proposal and steered me through the ethics review process.

Most importantly, thank you to God for giving me the strength and ability to write this report. He continues to support me in so many ways for which I am eternally grateful.

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Chapter I - Introduction

The Waterloo Region of Ontario is located in the southwest part of the province and is home to over half a million people. It was established as a Region on January 1, 1973 and contains the three cities of Kitchener, Waterloo, and Cambridge and the townships of North Dumfries, Wilmot, Wellesley, and Woolwich (Region of Waterloo, 2011). Family and Children's Services of the Waterloo Region (FACSWR) is the child welfare authority that serves this area. This agency is one of 46 agencies that report to the Ontario Ministry of Children and Youth Services (MCYS) and is charged with ensuring the safety and protection of the Region's children.

Child welfare services in Ontario are legislated through the *Child and Family Services Act* and funding and direction is given to the agencies by MCYS. Beginning in 2011 and ongoing, a provincial initiative called the Ontario Child Abuse and Neglect Data System (OCANDS), managed through the University of Toronto, has collected administrative data from over half of Ontario's child welfare agencies. These agencies participate voluntarily in the initiative. OCANDS provides information that can be used to compare agency outcomes. OCANDS data is made available to child welfare staff through an assigned login to an online database. Appendix E provides a list of OCANDS participating agencies. As other agencies agree to join OCANDS, their data will also be added.

OCANDS data reveals that child protection case re-referral rates for FACSWR are consistently higher than the OCANDS group average. More specifically, cases that have been serviced and closed by the agency are more often re-referred for future service as compared to other agencies. However, the OCANDS data shows that FACSWR's re-referral verification rate of maltreatment is lower than other agencies in Ontario. Verification of a re-referral means that, upon investigation, the agency confirmed that maltreatment occurred.

High re-referral rates could be interpreted negatively, implying that (a) issues when the file was closed remained unaddressed; (b) workers failed to complete a full assessment; (c) services were insufficient to address the issue(s) on a long term basis; and/or (d) the problems faced by Waterloo Region families in the community are more persistent than in other parts of Ontario. Alternatively, high re-referral rates could be interpreted positively if clients refer themselves again after receiving service or people in the community call the agency to mobilize services for families, demonstrating that the client and/or community values, desires, and understands the support of the agency.

The purpose of this report is to review re-referral rates at FACSWR as compared to OCANDS averages and explore what these rates mean to front line staff and supervisors at FACSWR. The primary client for this report is Jill Stoddart, who is the Quality Assurance (QA) Senior Manager at FACSWR. The secondary client is the QA Committee that she chairs and through which the project information will be discussed on an ongoing basis. The Executive Director of FACSWR is Allison Scott, who is also a member of the QA Committee.

Jill Stoddart requested that this research report be completed to provide some baseline analysis and data as the agency moves forward in its implementation of a family-centred approach that she hopes will reduce re-referrals. The research will identify which type of child protection cases tend to be re-referred, how quickly they are re-referred after ongoing services case closure, the age of children most likely to be re-referred, the percentage of re-referrals verified versus unverified, and what front line staff and supervisor perceptions are of re-referral rates. Jill Stoddart, the agency's QA committee, and the Senior Leadership group will use the research findings to support or challenge decisions regarding strategic direction and service approaches. No previous research has been done to examine why FACSWR's re-referral rate is higher than the provincial average rate.

Research objectives include:

1) Develop an understanding of why re-referral rates are relatively high in Waterloo Region.

2) Make recommendations for FACSWR about what could be done to improve the effectiveness of services so as to reduce the incidence of re-referrals.

Research activities include:

1) Review available literature to identify known contributing factors to re-referrals for child welfare services.

2) Compare re-referral data for child welfare services in the Waterloo Region to OCANDS averages.

3) Examine FACSWR's and OCANDS quantitative data more specifically, with breakdowns by re-referral code, verified versus unverified re-referral rates, and child age at re-referral.

4) Conduct focus groups with front line staff and protection supervisors to gather their perceptions and feedback on re-referrals to the agency.

The remainder of this report is organized as follows. Chapter II provides an overview of the knowledge available regarding re-referrals to child welfare services, including specific reviews of literature regarding family makeup, poverty, caregivers with abuse or child welfare history, issues around substance misuse/abuse, initial reports of neglect, and maltreatment substantiation. Chapter III provides the conceptual framework underpinning this report. Chapter IV outlines the methodology for the project and how the information was gathered. Chapter V presents the report's quantitative and qualitative findings, followed by a discussion of these findings in Chapter VI. Chapter VII presents recommendations for FACSWR based on the report findings. Chapter VIII concludes the report with an overview of the material presented.

Chapter II – Literature Review

The literature review examines key risk factors that have been identified for child welfare re-referrals. Although there is sufficient literature on risk factors, the literature on interventions to reduce the incidence of re-referrals is more limited. The review is used to inform the interpretation of the statistical data on re-referrals, understand the staff feedback in the context of service delivery, and determine what factors (agency, community, and/or personal) affect re-referral rates.

Repeated reports to child welfare services about the same child are of significant concern, particularly since the services aim to address abuse and neglect and prevent recurrence (Helie and Bouchard, 2010; Wolock & Magura, 1996). Key family demographic and other risk factors for re-referrals include the presence of young children, single motherhood, poverty/low income, the presence of caregivers with abuse or child welfare history (Connell, Bergeron, Katz, Saunders, & Tebes, 2007; Dakil, Sakai, Lin, & Flores, 2011; Bae, Solomon, & Gelles, 2009), substance use and inadequate parenting capacity (Forrester, 2007; Wolock & Magura, 1996), and mental health issues (Jonson-Reid, Chung, Way, & Jolley, 2010).

Families that are less likely to be re-referred include those with caregivers who have at least a high school education (Drake, Jonson-Reid, & Sapokite, 2006), are being assisted by the child welfare agency (DePanfilis & Zuravin, 2002), and received appropriate service referrals (Campbell, Thomas, Cook, & Keenan, 2012).

The remainder of this chapter addresses the key risk factors in turn. However, risk factors can interact with each other, and the presence of multiple risk factors elevates re-referral risk. The discussion is organized under the following themes: family makeup, poverty, caregivers with abuse or child welfare history, caregiver substance abuse or misuse, initial reports of neglect, maltreatment substantiation, and risk of re-referral.

Family Makeup

Studies have indicated that younger children are more likely to be re-referred to child welfare services than older children (Hélie & Bouchard, 2010; Connell et al., 2007). Most researchers point to the vulnerability of children at a younger age and their dependence on their caregivers. However, Hélie and Bouchard (2010) point out that most studies include children that “can no longer be reported under the law” (p. 419), which of course means that the risk of re-reporting for these children falls to zero, thereby biasing the estimate of re-referral by age, or more importantly, the risk of reoccurring maltreatment by age.

Wolock, Sherman, Feldman and Metzger (2001) identified families with a higher number of children as being more likely to have re-referrals to child welfare services. More children could lead to higher family stress levels and greater financial responsibility, which could impact on family functioning. Further, the authors noted that single parent families are more likely to be referred to child welfare services than homes with two or more caregivers.

Poverty

Poverty is a stressor for many families involved with the child welfare system. Connell et al. (2007) noted that family poverty, including "receiving public assistance or having financial problems," was the strongest predictor of re-referral in their study and that these families were 325% more likely to be re-referred than other families (p. 584). Poverty can lead to neglect of children's basic needs such as adequate food, clothing, and shelter, and can also lead to increased stress and family conflict. Because of the higher risk of re-referral for neglect concerns, Wolock et al. (2001) highlighted the need for child welfare services to pay more attention and provide more resources to address and prevent neglect. Families do not only need case efforts, but also systemic solutions that address underlying causes.

Caregivers with Abuse or Child Welfare History

Many caregivers that become involved with the child welfare system have had a history of maltreatment themselves as children. An important step in investigating reports of maltreatment is determining if there has been prior child welfare involvement for a family and what the nature of this involvement was.

A study of 238 New Jersey families showed the average referral rate to be four reports per family over a five-year period (1991-1996), with a predictor of subsequent reports being poor family functioning. The authors define family functioning as:

> a composite measure based on the following six component scales: a) a parent's affective state; b) social isolation; c) family conflict; d) behavioural problems of children; e) parental difficulties in child-rearing; and f) financial difficulties. The six component measures were adapted from scales widely used in related research. (Wolock, Sherman, Feldman & Metzger, 2001, p. 28)

However, given that poor family functioning includes a 'family conflict' element measured by such behaviour as family fights and throwing things, behaviours that trigger referrals in the first place, this variable's relationship with re-referrals is unlike that of other predictors: it is a direct reason for re-referral rather than a demographic characteristic associated with it. Wolock et al. (2001) showed that families with multiple reports tended to be referred for the same problem repeatedly and those more serious initial reports were more likely to be re-referred and the maltreatment confirmed. A different study found however that cases not initially referred for reasons of neglect tended to return as such (Jonson-Reid, Drake, Chung, and Way, 2003).

According to Hélie and Bouchard (2010), some studies have shown the risk of recurrence of maltreatment to be higher for families who receive ongoing services following the initial report, even after controlling for simultaneity, while other studies have not shown this result and/or have shown that the risk is higher the shorter the service following the investigation (p. 419). Hélie and Bouchard suggest that families who receive ongoing services may become subject to a "surveillance bias", in that agency worker observations could increase the incidence of reports. This type of recurrence would apply to subsequent reports on files already open to a child welfare agency. However, the opposite could be true, that there would be less risk of recurrence with the

surveillance. It is also possible that potential reporters may not refer a family if they know protective services are already involved, and especially if their concerns are about the caseworker specifically (Hélie & Bouchard, 2010).

Families and children with chronic child welfare involvement tend to face multiple life stressors and problems (Dakil, Sakai, Lin, & Flores, 2011; Devaney, 2009). Approximately 16-42% of children who are reported to child welfare authorities in the United States are re-referred to the system (Dakil, Sakai, Lin, & Flores, 2011). The greatest risk period of re-referral is within 6 months and subsequently 12 months from the date of case closure, with approximately 13% of the cases having a re-referral within 6 months from the date of case closure and an additional 14% having a re-referral over the next 12 months in a study completed by Connell, Bergeron, Katz, Saunders & Tebes (2007).

The strongest predictor of child welfare service involvement with a family is if they have had previous involvement. Consequently, Campbell, Thomas, Cook and Keenan (2012) suggest that the initial opening "may be a critical window of opportunity to shift the negative trajectory for these families" (p. 345). Wolock et al. (2001) propose to help these families not by "screening them out or not investigating their case because a reportable case has been redefined in more behavioural and stringent terms… [but rather by providing] appropriate services to these families and children" (p. 44). This could mean that responses to referrals and re-referrals may look different depending on the nature of the allegations and the individual needs of the family and/or children and that service decisions are based on what the family needs rather than pre-defined structure or guidelines.

Parents involved with child welfare authorities have cited macro issues such as poverty, financial strain, and the stresses of single parenthood, as precipitating factors to their involvement with child welfare. Twenty-four parents interviewed in a study by Bolen, McWey, and Schlee (2008, p. 341) indicated that they had wanted help with parenting practices but did not feel the service received was appropriate to address the problems that they were facing because the programs did not address the multiple problems they were coping with.

Caregiver Substance Misuse/Abuse

Families can be referred to child welfare authorities when there are issues of parental substance abuse that have an impact on the child or on the caregiver's ability to effectively and safely parent the child. Parental substance abuse can adversely impact family functioning and lead to initial and subsequent reports of child maltreatment (Wolock & Magura, 1996, p. 1183). Although it is possible for individuals to refer themselves for services, alcohol or illicit drug use can also lead to behaviours that are more public and could increase community reporter concern and likelihood to report (Wolock & Magura, 1996, p. 1191). New and innovative ways are needed to address substance abuse issues in families, both on a voluntary and mandatory basis, to ensure child safety (Wolock et al., 2001, p. 44).

Initial Reports of Neglect

Neglect means that the caregiver is not meeting the child's needs. This includes basic physical needs as well as medical, educational, and emotional needs. Neglect cases are often persistent, chronic, and intertwined with other problems, such as mental health issues and financial strain:

> Cross-type recidivism is common among re-reported cases of maltreatment. Non-neglect cases that re-reported to child welfare agencies are likely to return for neglect. Child welfare risk assessment, service provision, and research on children and families with a recidivism event should be focused [on] neglect and on broad areas of need and risk rather than rely on typologies based on the index event. (Jonson-Reid et al., 2003, p. 899)

The lingering nature of neglect indicates another area that requires innovative systemic approaches and new ways of thinking.

Maltreatment Substantiation and Risk of Re-referral

Wolock et al. (2001, p. 43) note that verification of maltreatment is not a good decision criterion for providing services and that lack of service for unverified maltreatment reports can leave vulnerable children at risk. Way et al., 2001 (p. 1105) provide an example of this. In their study, they found that sexual abuse perpetrators who did not have an investigation resulting in verification of the abuse were more likely to be re-referred than those whose investigation was verified. The authors write that a possible reason for this is that more intrusive services are provided to perpetrators where sexual abuse is verified.

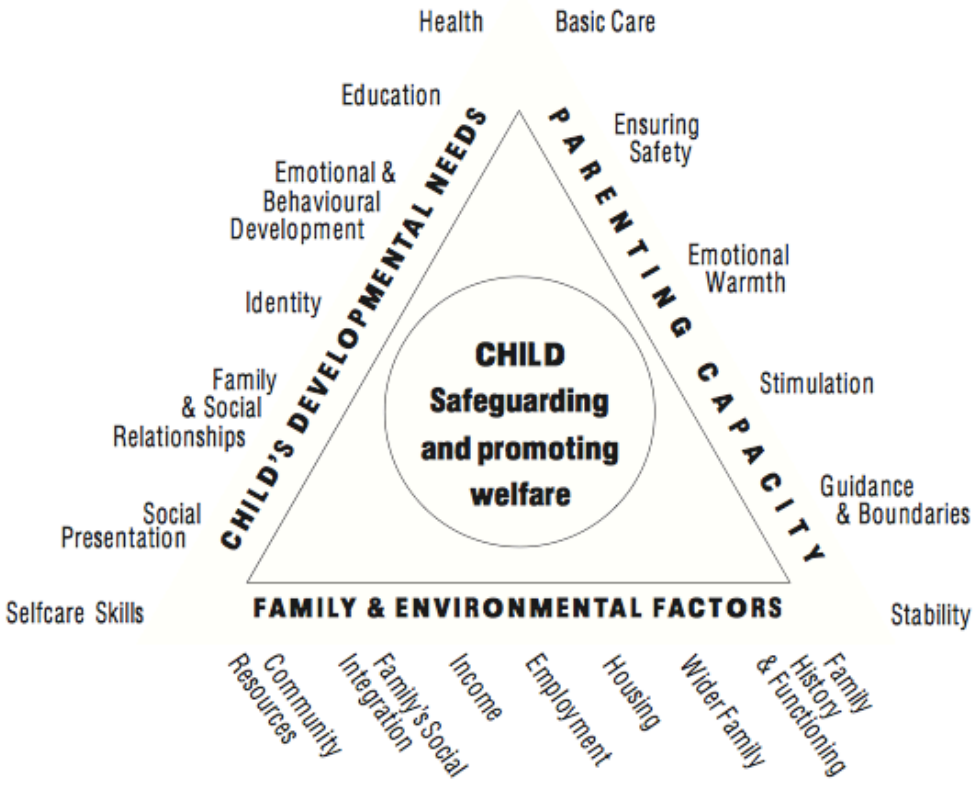
Summary

An understanding of key predictors of re-referrals can help practitioners recognize which of these elements are in the control of the child welfare system. Key predictors of re-referrals identified in this review included family makeup, poverty, caregivers with abuse or child welfare history, caregiver substance abuse or misuse, initial reports of neglect, maltreatment substantiation, and risk of re-referral. Child welfare interventions need to focus on more than just the indicated maltreatment, especially with families who have had re-referrals and/or chronically maltreat (Jonson-Reid et al., 2003). A broader approach should provide a comprehensive assessment to identify and address smaller issues before they become larger ones.

Chapter III - Conceptual Framework

The conceptual framework guiding this report is an ecological systems approach that understands the child as part of a larger context that includes their family, culture and community. While concentration on the parent and child relationship is often the focus of child welfare intervention, there are other factors that impact on a caregiver's ability to meet his or her child's needs: a child's development can be affected by his or her environment. There are documented associations between a child's peer group and their behaviour and between economic disadvantage and failure to thrive (Department of Health, 2000). In order to best assess need, three domains should be taken into account: "the child's developmental needs; the parents' or caregivers' capacity to respond appropriately; [and] the wider family and environmental factors" (Department of Health, 2000, p.11). The London, United Kingdom, Department of Health presented this model to illustrate the concept:

Figure 1: Ecological Systems Model



Source: Department of Health, 2000

As indicated above, what happens in one family situation, such as the information detailed in a child protection referral, may be in part a result of the family's ecological system situation. While this does not discount individual culpability in child maltreatment, it helps to understand the situation in the context of a child and family's ecological systems. And while it may be easy to discover themes in a two-person relationship (such as the breakdown in relationship between a

parent and their teenager, leading to a slap on the face), it is more difficult to identify these themes and issues within a larger family and environmental context (Nichols & Schwartz, 2005).

This report looks at referrals and re-referrals to child welfare services at FACSWR and staff perceptions of these rates. This focused look at re-referrals to child welfare services (and the individual incidents found within the re-referrals) represents segments of the overall ecological system framework. It is important to be mindful of how the larger system can also impact on referral and re-referral rates for families in Waterloo Region.

Chapter IV - Methodology

The methodology for this report consists of 1) conducting a literature review, 2) analyzing FACSWR and OCANDS administrative data on re-referrals, and 3) consulting front line staff and supervisors at FACSWR in three focus groups about re-referrals. These activities are described in greater detail in the sections below.

Literature Review

Literature on re-referrals was researched and obtained electronically via the University of Victoria library database. All articles were from peer-reviewed journals and selected based on their relevancy to the topic and how recently they were published. Key search terms included child welfare, child protection, re-referrals, and recurrence of maltreatment. Certain causes of child welfare re-referrals were consistent in the literature and these were sorted and combined to create the themes presented in this report. These themes came from the literature directly and the studied cases or families were often associated with more than one identified factor leading to re-referral (e.g. poverty, family history of maltreatment, previous child welfare involvement). Relevant and available literature on child welfare recidivism is then applied to FACSWR's case in the context of the quantitative and qualitative data gathered and presented in this report.

Data

Data was extracted from the OCANDS website located at http://www.ocands.org. This site is available to child welfare professionals in the province of Ontario and to the public, to some degree. OCANDS contains statistical data collected with permission from over half of Ontario's child welfare agencies. Twelve key performance indicators have been identified by OCANDS and are compared between agencies. These 12 indicators were chosen with an emphasis on relevance to outcomes for children involved with child welfare services and in consultation with field professionals and evaluators. Two of the performance indicators are relevant to this study and pertain to re-referrals of child maltreatment following closure of an investigation or ongoing services case.

The OCANDS project description page outlines its purpose.

> OCANDS is designed to be a provincial level database composed of the various child welfare agencies' administrative data from across the province that also allows linkages to other databases...OCANDS will enable Ontario's child welfare agencies to generate timely and relevant evidence that can be used to more effectively manage and deliver services for the multiple and complex challenges faced by our most vulnerable children. OCANDS database is a child-specific, event-level, longitudinal database that has the capacity to follow children and families from initial report straight through to termination of services…In short, the OCANDS database includes the entire set of possible events that can occur (and recur) throughout the life of a case at an agency. This includes: initial allegations, investigations, dispositions, corresponding decision-making tools (e.g., safety, risk, family strengths and needs, etc.), as well as child placement information (e.g., type and duration of each placement, etc.). OCANDS has a web-based, dynamic

> reporting tool that will provide each participating agency with information about its performance on available measures, along with a comparison to the provincial norm.
>
> OCANDS, 2014, January 14

OCANDS provides child welfare information for the province of Ontario and its child welfare agencies. Calculations taken from the database at this point are a "snapshot in time." The site currently provides "best estimates" on service trends and performance indicators. As well, variables in individual agency practice and reporting can impact statistical data and the subsequent calculations from this data. For example, some agencies track or manage cases differently than others, such as a low-level supervision case – some agencies may close the case with one document before completing all of the investigation documents if the concerns do not appear to warrant a full investigation. Other agencies may have policies to complete the full investigation regardless of initial findings. For the performance indicators, a decision was made by OCANDS on September 5, 2013, that completed investigations for re-referrals would only count where a safety assessment was completed. In this way, only the latter example would be counted as a completed investigation, even though both had closure documents attached to the cases.

The data presented in this project reflects what was current as of the date noted on the bottom of each figure. The site will continue to be searchable for child welfare professionals, and it will be finalized and made public to some extent in the future. Current provincial emphasis on public accountability and publication of statistical results on performance indicators will aim to push the child welfare sector to improve services and show, on an evidentiary basis, how they are truly helping Ontario's children and families.

Data for FACSWR and the OCANDS average is presented for rates of verified recurrence of maltreatment within 12 months of intake and ongoing services case closure from 2009-2011. The data is further broken down by case issue, length of time between ongoing services case closure and re-referrals, age of child at time of ongoing case closure and likelihood of re-referral, and the rates of verified versus unverified re-referrals following ongoing services case closure.

Focus Groups

Research on focus groups as a qualitative data collection method describes the benefits and drawbacks of this approach. Groups can yield rich information relatively quickly from research participants in a group interview-style setting. Groups can encourage participation from people who may be reluctant to be interviewed alone or who initially feel they have nothing to contribute (Babbie & Benaquisto, 2010; Kitzinger, 1995). Focus groups were conducted as part of this study and provided an opportunity for front line staff and supervisors to discuss their perceptions of re-referral rates at FACSWR. The focus groups also provided complementary qualitative data to the quantitative information from OCANDS.

A focus group is ideally 5-12 people discussing researcher-posed questions on a single topic. It is an "organized but flexible conversation" that lasts about one to two hours (Wilson, 2012, p.129).

The purpose is “to collect in-depth qualitative information about the group’s ideas, perceptions, attitudes, or experiences on the defined topic” (Marreli, 2008, p.39; also Wibeck, Abrandt Dahlgren, & Oberg, 2007; Wilson, 2012). There can be both benefits and drawbacks for homogenous and heterogeneous groups. While the former can provide stronger views and a greater willingness to talk about shared positions, the latter can provide various viewpoints and feedback on the same issue (Wibeck, Abrandt Dahlgren, & Oberg, 2007).

Participants for the three focus groups conducted for this project were invited to attend via an email sent to all protection front line staff and supervisors (250 people). The invitation email can be seen in Appendix A. These were the target participants since they are directly involved in providing child protection services at FACSWR and would likely have more intimate knowledge of contributing factors to re-referrals than would other staff employed at FACSWR. Six responses were received, four to confirm they would attend the group and two to say that they would like to attend but were unable to come on the date set. Seven people attended the groups in total (some had not earlier confirmed that they would attend) – two people, four people, and one person attended each group, respectively. A cross-section of intake and ongoing services and various departments were represented.

Two people also emailed the researcher with their thoughts and perceptions on re-referrals in response to the focus group invitation. One of these people also attended a focus group. Information received in these emails was included in the report where relevant.

A misconception about focus groups is that anyone can conduct a focus group. Correctly, the skill of the facilitator is important in ensuring the value and productivity of the group (Marreli, 2008). Marreli (2008) also notes that participants will significantly limit the comments that they make if video or audio recordings are done of the focus group. However, Babbie & Benaquisto (2010), Wilson (2012) and Wibeck, Abrandt Dahlgren & Oberg (2007) note audio and/or video recordings of the conversation regularly occur for later review, transcription and analysis. By taking detailed notes during the group, more statements can be captured in the synthesizing of discussion points. In discussion with the participants, and in light of this information, it was agreed that the sessions would not be videotaped but that the researcher would take detailed notes of the discussion.

Focus groups should be set up in “a comfortable setting…and sitting round in a circle [to help] establish the right atmosphere” (Kitzinger, 1995, p.301). A preliminary introduction to the topic and goals of the study is important to orient participants. Guidelines for the discussion should be identified and some initial rapport can be developed between participants and with the researcher (Babbie & Benaquisto, 2010). The sessions occurred in main offices of FACSWR in ample sized rooms around tables so that participants were comfortable. While participants were arriving, the researcher spoke with them and developed rapport. As well, all participants knew the researcher in advance and so there was some level of comfort already established.

Participants at the focus group all signed consent forms that they had had opportunity to review in advance of the session. The consent form also introduced and detailed the goals of the study. The

researcher was available in advance and at the session to answer any questions about the form or focus group process. The consent form can be reviewed at Appendix B. Once each participant had signed the form, the researcher scanned and emailed them a copy of the signed form for their records.

Six questions about re-referrals were discussed at each of the focus groups. These questions can be found at Appendix C. To analyze the focus group data, the researcher reviewed the discussion for similar themes with consideration of how these themes related to the variables within the group membership. A grounded theory approach guided the coding of data and subsequent analysis. Provision of percentage data from the group is not appropriate given the nature of the data collection method. The researcher must also be aware of distinguishing individual opinions from the general group consensus and of the 'deviant case' that is "minority opinions and examples that do not fit with the researcher's overall theory" (Kitzinger, 1995, p.301).

Limitations

A limitation of this report is that though it is possible to consider and propose reasons why re-referrals are as frequent as they are, it is impossible to consistently and uniformly affect child welfare practice in such a way as to eliminate re-referrals entirely. Use of literature and data based on other jurisdictions can help to inform analysis of FACSWR data but does not address the uniqueness of its geography, population, and issues (ecological system). These factors can impact service delivery due to the Region's level of access to services such as health clinics, food banks, counselling agencies, and shelters, as compared to other jurisdictions. As well, referral rates may be higher in more densely populated areas where families and children are regularly seen. Low-income families, which make up a large part of cases referred for child welfare services, can be drawn to central hubs where they can access services more easily than in rural locations.

It was not possible to analyze data in accordance with estimation models for re-referral rates presented in the literature review because the data is not currently available. For example, it would be valuable to compare re-referral rates by ethnicity and income level, but this data is not currently tracked well. The OCANDS data also does not capture single versus two parent families or rural versus urban living. Tracking of these factors would be an area of possible expansion for child welfare system databases and OCANDS.

Chapter V - Findings

This report was requested by FACSWR QA Senior Manager Jill Stoddart to review and evaluate re-referral data for FACSWR as it compares to OCANDS averages and determine what it means for FACSWR. FACSWR's re-referral rates were believed to be consistently higher than elsewhere in Ontario but the reasons behind this were unknown. The analysis begins with a presentation of OCANDS data, which is continuously being updated as discussed below. OCANDS and FACSWR data was captured from the OCANDS site between January 11 and January 17, 2014. Query dates are included in the results presented below. The OCANDS site stated on January 11, 2014 that, "The results represent our best ESTIMATES for each Indicator and are in no way finalized." The data represented snapshots as at either April or December 2013 for each of the participating agencies.

The OCANDS site recorded on September 5, 2013, that the calculation for performance indicators 4 and 5 reported below regarding re-referrals for child welfare services had been updated. More specifically, the new definition of Investigation in their calculations is a record of investigation with at minimum a completed safety assessment, whereas the old definition of investigation was a record with a Disposition B (OCANDS, 2014). The latter refers to a type of document used to close an intake file, but would not necessarily mean that an investigation had occurred. An example of where this might happen would be in a case where a referral was received and opened for investigation based on the initial allegation, but upon preliminary inquiry into the information it was determined not to be true or not to warrant a full investigation. It would then be closed with a Disposition B and no full investigation.

Ongoing reviews of OCANDS data since early 2012 demonstrate consistency in trends but the query results have varied. This is due to validation work that has been occurring, and averages that have shifted as more agencies' data is added to the database. Interpretation of the data and tables below can be informative of trends, but not definitive. The OCANDS site will continue to be available on an ongoing basis to child welfare professionals and it is hoped that at least some of the information will become publicly accessible in the future. Individuals will have an ability to routinely check the data set and submit queries. There has been discussion at a provincial level as well about using the information from the performance indicators to discuss and plan for child welfare service delivery.

The analysis continues with a presentation of the qualitative findings gathered from three focus groups conducted with front line staff and supervisors at FACSWR about their thoughts on re-referral rates at FACSWR. Focus group findings are presented in the themes that emerged in the discussions and were confirmed upon grounded theory analysis of the data.

Data Analysis

This section compares FACSWR and OCANDS re-referral rates extracted from the OCANDS site, current on and around January 11, 2014. The analysis is preceded by a brief discussion of terminology.

Terminology

The following provides definitions for terms used in the analysis below:

- Case: an incidence of child abuse or neglect and for which a child or children within a family unit receives a period of agency services
- Referrals: reports made to a child welfare agency by individuals with concerns about child maltreatment
- Re-referrals of maltreatment: reports made to the agency with concerns about maltreatment of children who had already received protection services (investigation or ongoing services) from the agency
- Family: the group of people associated with a specific case, usually opened under the mother's name with her associated (birthed or adoptive) children, for example, a mother and her three children could be considered a family or a mother, two ex-partners and her children with those men, and her current partner (step-parent to the children) could be considered a family
- Intake services: cases that are opened for investigation and then either closed or transferred to ongoing services (usually within 30 days)
- Ongoing services: cases that receive extended support for a period of months or years related to the identified and verified issue of child abuse or neglect
- Verification: a confirmation of maltreatment, decided by the FACSWR worker and supervisor if the investigation into the allegations indicates that the maltreatment occurred in fact (by admission) or on a balance of probabilities (by evidence)

Table 1 compares OCANDS[1] and FACSWR re-referral rates between 2009/10 and 2011/12. Cases are sorted by those closed at investigation and those closed at ongoing services that had a re-referral of verified maltreatment within 12 months of closure.

Table 1: Rate of Verified Re-referrals Following Investigation and Ongoing Case Closure

	2009		2010		2011	
	FACSWR	OCANDS average	FACSWR	OCANDS average	FACSWR	OCANDS average
Indicator 4: Cases closed at investigation, 12 months re-referral of verified maltreatment	9.99%	12.1%	11.87%	11.68%	10.09%	10.55%
Indicator 5: Cases closed at ongoing services, 12 months re-referral of verified maltreatment	12.40%	15.43%	12.12%	15.74%	8.24%	14.29%

Source: OCANDS database (January 17, 2014)

[1] OCANDS data is from the participating agencies. A list of the participating agencies can be found in the Appendix D.

The parameters within which this data was calculated by OCANDS changed since the inception of the project. While these specific indicators had been initially calculated based on all re-referrals, it is changed in the current data to reflect only verified recurrences. This change was a decision made by the Performance Measurement and Management Project working group connected with OCANDS, and an update was added to the site on September 5, 2013, to reflect this decision. Interestingly, while FACSWR re-referral rates had been consistently higher than the OCANDS average in previous data reflecting all re-referrals, now that the calculation has changed to include only verified re-referrals, FACSWR re-referral rates appear to be slightly lower than the average of other agencies.

Table 2 shows re-referral rates within 3, 6, 9, 12 and 18 months of ongoing services case closure. The calculations include both verified and unverified re-referrals, which is different from Table 1. So, for example, of all of the cases closed at ongoing services at FACSWR in the 2009/2010 fiscal year, 39.85% of those cases returned for service within 12 months and 46.84% of them returned for service within 18 months. Each period begins on April 1 of the first noted year and ends on March 31 of the second year, corresponding with agency fiscal calendars. Agency rates of recurrence are higher than the OCANDS average in every comparison.

Table 2: Re-referrals of Maltreatment Following Ongoing Case Closure

	2009/2010		2010/2011		2011/2012	
	FACSWR	OCANDS average	FACSWR	OCANDS average	FACSWR	OCANDS average
3 months	15.52%	11.84%	16.08%	11.86%	15.86%	11.52%
6 months	26.23%	20.86%	26.68%	20.70%	23.64%	19.44%
9 months	33.25%	27.62%	33.07%	26.92%	27.22%	24.49%
12 months	39.85%	32.58%	37.97%	31.29%	30.27%	27.70%
18 months	46.84%	39.55%	43.13%	37.62%	31.76%	31.16%

Source: OCANDS database (January 11, 2014)

Table 3 shows the FACSWR and OCANDS probability of re-referral by service reason for cases returning for service within 6 and 12 months of closure. Results indicate that FACSWR re-referral rates for cases involving caregiver capacity issues or exposure to domestic violence are consistently higher than the OCANDS average. There is slightly more variability in the other areas captured with respect to comparative re-referral rates but in most cells, FACSWR is higher than the OCANDS average.

Table 3: Re-referrals of Maltreatment Following Ongoing Case Closure by Maltreatment Type

	2009/2010		2010/2011		2011/2012	
	FACSWR		*FACSWR*		*FACSWR*	
	6 mos.	*12 mos.*	*6 mos.*	*12 mos.*	*6 mos.*	*12 mos.*
Physical Abuse	15.92%	32.59%	24.37%	37.97%	27.70%	35.97%
Neglect	26.43%	36.51%	24.50%	32.66%	16.09%	20.53%
Exposure to Domestic Violence	30.37%	43.32%	25.91%	37.63%	24.46%	31.89%
Caregiver Capacity	27.11%	42.16%	30.09%	42.45%	26.58%	33.11%
Other	23.48%	39.39%	23.57%	35.71%	25.81%	37.10%

	2009/2010		2010/2011		2011/2012	
	OCANDS average		*OCANDS average*		*OCANDS average*	
	6 mos.	*12 mos.*	*6 mos.*	*12 mos.*	*6 mos.*	*12 mos.*
Physical Abuse	18.17%	29.87%	18.69%	28.37%	18.55%	25.30%
Neglect	22.87%	34.17%	21.98%	32.47%	20.22%	29.36%
Exposure to Domestic Violence	22.76%	34.95%	20.85%	32.49%	19.73%	28.94%
Caregiver Capacity	21.31%	33.64%	21.44%	32.64%	20.09%	28.45%
Other	19.34%	31.58%	21.53%	31.02%	22.39%	28.36%

Source: OCANDS database (January 11, 2014)

Table 4 shows the FACSWR and OCANDS probability of a 1st re-referral by verification status for cases returning for service within 6 and 12 months of closure. For example, in the 2009/10 fiscal year, 26.63% of cases are re-referred to the agency within 6 months of ongoing services case closure. Almost all of those (26.23%) result in a new investigation. Less than a third of investigated reports (7.35%/26.23% = 28%) are verified upon investigation completion. Comparatively, the OCANDS average shows that of ongoing cases closed, 31.3% of cases are re-referred to the agency within 6 months of ongoing services case closure but only 20.86% are investigated within 6 months of closure. A larger percentage of these cases are then verified (42% of investigated re-referrals).

Table 4: Re-referrals By Verification Status Following Ongoing Case Closure

		2009/2010		2010/2011		2011/2012	
		FACSWR	OCANDS average	FACSWR	OCANDS average	FACSWR	OCANDS average
6 mos.	1st re-referral	26.63%	31.30%	26.96%	33.65%	23.98%	33.52%
	1st re-referral leading to investigation	26.23%	20.86%	26.68%	20.70%	23.64%	19.44%
	1st re-referral with a verified investigation	7.35%	8.77%	7.18%	8.07%	5.10%	7.61%
12 mos.	1st re-referral	40.30%	44.64%	38.42%	45.34%	30.75%	43.83%
	1st re-referral leading to investigation	39.85%	32.58%	37.97%	31.29%	30.27%	27.70%
	1st re-referral with a verified investigation	13.19%	15.25%	11.61%	13.77%	7%	12.04%

Source: OCANDS database (January 11, 2014)

Table 4 shows differentials between agency and OCANDS average re-referral service decisions (i.e. the number of re-re-referrals that get opened for investigation services or not). It also adds depth to staff feedback about re-referrals and their perceptions on why they occur at a higher rate at FACSWR. This is discussed further in the focus group findings section.

Table 5 shows the re-referral breakdown by age of the child at the time of ongoing case closure. The denominator used for the calculation is children whose ongoing service cases closed within the time frame. The numerator is children from the denominator who had a new report within x months of case closure that resulted in investigation. Table 5 shows similarity in recurrence rates for all age groups, but is generally higher for younger children, and lower for older children. In all of these comparisons as well, FACSWR's recurrence rates are higher than the OCANDS average rates.

Table 5: Re-referrals of Maltreatment By Child Age at Ongoing Case Closure

		2009/2011		2010/2012		2011/2013	
Re-referral Interval	Age Group	FACSWR	OCANDS average	FACSWR	OCANDS average	FACSWR	OCANDS average
3 months	<1	18.31%	12.35%	17.20%	12.04%	14.39%	11.44%
	1-5	18.43%	13.39%	17.09%	13.13%	16.98%	12.58%
	6-12	15.56%	12.74%	17.80%	12.85%	17.81%	12.41%
	13-15	14.29%	9.60%	13.94%	9.80%	14%	10.22%
	16+	10.62%	8.42%	11.67%	8.38%	11.22%	8.10%
6 months	<1	27.46%	21.47%	28.03%	21.05%	29.55%	19.77%
	1-5	30.94%	24.04%	29.83%	23.20%	25.79%	21.41%
	6-12	27.94%	22.51%	28.47%	22.36%	24.79%	20.65%
	13-15	23.15%	16.50%	23.90%	17.23%	20.64%	17.39%
	16+	16.14%	14.32%	18.50%	14.04%	17.60%	13.77%
9 months	<1	34.51%	29.12%	35.03%	27.64%	31.06%	24.80%

	1-5	37.09%	31.33%	37.32%	30.10%	30.82%	27.05%
	6-12	35.48%	29.70%	34.11%	29.02%	28.33%	26.01%
	13-15	29.48%	22.40%	29.08%	22.26%	23.34%	21.65%
	16+	24.20%	19.27%	25.77%	18.68%	19.90%	17.53%
12 months	<1	42.96%	34.69%	42.04%	32.79%	32.58%	28.03%
	1-5	44.48%	37.06%	42.23%	35.02%	34.09%	30.52%
	6-12	42.70%	35.10%	40.10%	33.67%	31.98%	29.43%
	13-15	35.08%	26.02%	32.27%	25.77%	26.29%	24.39%
	16+	28.24%	22.62%	29.07%	21.61%	21.68%	20.15%
18 months	<1	51.41%	42.93%	46.50%	39.21%	33.33%	31.89%
	1-5	52.45%	44.82%	48.60%	42.36%	35.97%	34.37%
	6-12	50.87%	42.85%	46.09%	40.64%	33.96%	33%
	13-15	39.78%	31.08%	36.25%	30.05%	27.03%	26.96%
	16+	32.48%	27.43%	31.28%	26.17%	22.19%	23.23%

Source: OCANDS database (January 11, 2014)

There are a number of reasons why younger children may be more likely to be re-referred for service: they tend to be seen by more regularly by community professionals such as doctors and teachers, they are seen as more vulnerable by the community, and they are eligible to receive service until the age of 16. These reasons do not specifically explain, however, why the re-referral rates are higher for FACSWR in all age groups, though it does show that for the higher rates overall, there is not one age group that is specifically emphasized. The highest re-referral rate at FACSWR happens for children who are between 1 and 5 years old at the time of ongoing case closure: over half of those cases (52.45%) will be re-referred for service within 18 months.

Focus Group Findings

All front line staff and supervisors at FACSWR were invited to attend focus groups via an email containing details of the session and the consent form (attached in Appendices A and B). The email was sent twice to 250 people via protection staff and supervisor list serves at FACSWR to maximize responses, since the response was low after sending the initial email. Four supervisors and three front line workers attended the groups. Although this was a small sample size, the views presented by participants appeared to be consistent with those of the larger staff group, based on emailed comments from those who were unable to attend the groups. One focus group participant also stated that they had spoken with other staff members to get their input and feedback before attending the group, and so they shared personal views and those they had gathered from discussions with others.

The groups were not videotaped at the request of the group members and by agreement of the researcher. While videotaping by the researcher had initially been planned, the literature also indicated that videotaping can deter full participation from focus group members and so, when the issue was discussed, it was agreed by the researcher not to videotape. After the request was made at the first group not to videotape, it was checked with the two subsequent groups and they agreed similarly. This also allowed for consistency in research method between the three groups.

Each participant signed a consent form prior to participating in the group discussion. One of the front line worker meetings proceeded more as an interview since only one person attended. All of the information gleaned from the meetings was compiled and analyzed together. In the discussion, whether a worker or supervisor made a particular statement and/or what department they were from is generally not specified, out of concern that this could be identifying of the individual due to the low sample size.

Each group was asked to discuss six questions, and these discussions were facilitated and documented by the researcher. The questions included what a re-referral meant to the participants, what their thoughts were on why re-referrals occurred, and what they felt the agency could do differently in order to impact re-referral rates. All participants had enough field experience to understand what was meant by referral and re-referral for child welfare service and the researcher confirmed this understanding in advance of the focus group discussion. When asked by participants for clarification, the researcher differentiated between a re-referral, which was the focus of the study, versus subsequent referrals, which were not the focus. Subsequent referrals are those received on open cases: this concept appeared easily understood by participants, as this is terminology that regularly used in the course of their work. A full list of the questions asked and discussed can be found in Appendix E.

The qualitative information gathered was coded for themes using a grounded theory method of analysis. Initially, questions 1 to 4 were coded and analyzed separately from questions 5 and 6 to capture changes that might occur as a result of learning about re-referral statistics. However, it soon became clear the feedback for all six questions consistently overlapped, so they were analyzed together. The presentation of the statistics did not change people's perceptions of why the re-referral rates at FACSWR are as they are.

The top themes that came out of the focus groups, in order of most to least emphasized, were:

1) Low threshold for child protection intervention

Staff expressed concern that many "low-level" child protection reports are screened in for investigation when they could be managed in alternate ways. They said the agency sometimes opens cases where there is no direct evidence of impact to the child; for example, in opening a case where police may have attended an argument between adults but the child was not present. Further, they made statements such as, "An argument in front of a child is not necessarily domestic violence" and "This person smokes pot, but what is the impact on the child?" It was noted that the provincially mandated Eligibility Spectrum (Ontario Association of Children's Aid Societies, 2006) descriptions of what constitutes enough information to warrant a protection investigation do not match with the information that FACSWR is using to open investigations at present. As well, focus group participants pointed out that the Eligibility Spectrum had not changed from the previous model of service, whereas other practice guidelines had changed. Further, some staff stated that many service providers like those in hospitals have been trained to

"just call" regardless of their own assessment whenever a child was involved, and then FACSWR would open the case almost regardless of the actual eligibility of the report. One person stated, "We get caught up on if there's a phone call we need to investigate [versus objective analysis of the allegations in the context of the Eligibility Spectrum]. We are not good at differentiating [between] evidence-based versus value-driven [judgement calls to open cases or make case decisions]."

One staff person emailed the researcher with a scenario to illustrate the low threshold of intervention. The person detailed that a call had been received from the hospital to report a broken wrist on a 12 month old that lived with both parents and had two older siblings (9 and 12 years old). The hospital called as per protocol previously established with FACSWR but said that they had no concerns with the parents and their interaction with the child. The mother said that the child fell off the bed and broke its wrist. A worker called the mother who advised that she had been changing the baby's clothes on the bed when she had reached into the closet to retrieve some clothing and the child rolled off the bed onto the floor. The mother stated that she was the only one in the house at the time with child. She stated that the child was very active and moving around a lot. She stated that she will not be leaving the child on the bed alone again even for a second. She told the worker that the child seemed to be fine, was laughing and smiling, and the nurse was quite surprised with how well the child was doing. The mother reported that the child did not appear to be in any pain but that when the child fell she wanted to make sure the child was okay and that is why she took the child to the ER. The case was subsequently opened for investigation and coded for a 7-day response time around caregiving skills[2] concerns.

Another worker sent an email concerning the low threshold of intervention. The worker stated that a case had recently been opened that they believed could have been dealt with in an alternate and more family-supportive way, instead of initiating a full investigation. In the case described, the mother and her children had been recently reunited after the children had been in the care of paternal extended family for a period of time. The mother had moved to our jurisdiction where she planned to live with the children's maternal grandmother. There had been previous concerns with the father being an alcoholic and being charged with luring. There were some current concerns that perhaps the mother's new living arrangements were not appropriate and that she had too many children in a three-bedroom home. The paternal grandparents had been supervising the father's access and continued to provide kinship service care for another child, monitored by another child welfare agency. The other agency's worker happened to interview this mother's children at a home visit who disclosed that the paternal grandparents had been hitting them as a form of discipline. FACSWR opened the file as a 7-day response regarding physical discipline without even calling the mother to advise her of the issue. The child had already been interviewed by a worker and made the disclosure and the mother never had an opportunity

[2] A 7-day response means that 7 days is the standard length of time required by which a worker has to see the child and family following the receipt of maltreatment allegations. This response time is in contrast to the other standard 12-hour response time, which would apply to the most serious allegations or imminent risk of harm.

to act protectively upon being advised of the information.

Discussion between focus group participants about why these types of cases were opened emphasized FACSWR staff concern with liability and the sense that the organization is "fear-driven" in identifying cases where a protection investigation is required. Furthermore, staff described receiving mixed messages about the role of intake screeners. Some thought it had been stated by management that the screeners would do some level of case assessment and follow up, possibly negating the need for a full-blown investigation. However, focus group participants stated that the screeners' primary role appeared to be data entry, even though this had not been clearly communicated to the participants.

Staff members said that once a case is "screened in" for investigation, the fear-based system ensures that no one disagrees with the initial decision and re-codes the case down when it is assigned to a new worker and manager. Rather, the worker stills goes out to complete an investigation even if they disagree with doing so. Staff also noted that FACSWR can be "harsh in some judgements" and that cases are screened in based on worker/supervisor judgements and positions rather than on evidence of actual harm or child maltreatment. One supervisor stated, "There [are] lots of judgements and we tell people to do things that aren't law." For example, at one point all children under 2 years old that were reported to the agency had to be seen within 12 hours. This meant that a worker could be running out to see a baby with no crib, even if the child and parents had been co-sleeping for months without incident. Another example given was around supervision and calls about children running around in front of an apartment building. A participant said this was something they would have done as a child and that it was not necessarily neglectful. "It comes back to the reality of people's lives, [and that our] standards are such that we are 'creating' protection issues and opening [cases]," the participant said.

Staff felt that it would be beneficial to review and understand how other agencies in the province screen and service their referrals, re-referrals, and child welfare cases. This would include a look at what types of reports were screened in or out for protection investigation as well as service approaches at intake and ongoing services. They said that FACSWR needed to take some case examples and ask how other agencies handle similar ones.

2) Families with chronic/multiple problems

Workers said many families served by FACSWR face a number of barriers and issues. Families come to FACSWR for help and the agency frequently cannot meet their most important needs. For example, FACSWR cannot buy the family a car, pay their rent, or put food regularly on the table. It was also noted some abuse would always exist, regardless of the actions of staff at FACSWR. Just as police cannot stop crime entirely, neither can FACSWR wipe out child abuse and neglect. A participant in the supervisor focus group stated, "We will have some families that we always get referrals on; for example, [those with] low income, low supports…[and] we can't always drastically change people's lives."

Staff described how FACSWR also considers a family's previous history in choosing to open a report for investigation. One participant said, "We no longer do 'no name' referrals.... When you run the name, the tendency is that you'll re-open [the case] and we look at the case differently when [a family] has [child welfare] history." If a family's first case was "screened in" for investigation, there would be increased likelihood that a second report of any sort would be re-opened, since they were known to the agency previously. One person also made the point that "you can always find something" with respect to child protection concerns regarding initial and repeated openings/investigations; another person noted the drawback to repeated interviews and potential trauma for the children.

If a protection investigation yields some concerns among staff but the family does not agree to work voluntarily with FACSWR and there are insufficient grounds to force their involvement via court order, a case may close despite the anticipation on the part of staff that it will reopen in the future. A re-referral would then lead to further decision points around risk, case and safety planning for future involvement. One staff member stated, "We often know that a file will re-open…. Sometimes there's not enough to take it to court or pressure them to work voluntarily…. Sometimes it's establishing a case/issue."

One participant said that court cases might be more likely to return for service, since those families have the most significant issues; however, another participant said court would provide a longer period of mandated involvement, so there would be no re-referrals while the case was receiving this extended period of ongoing services. Further, a participant stated that, "Court is a failure of social work to work." Staff noted their work sometimes turns into a focus on "catching" people and this can lead to re-referrals. An example of this might be if someone confides in a counselor that they have been abusing prescription drugs with the hope of getting help but then having it presented back to them in court papers later as a negative thing (addiction) and not getting the help they had wanted in talking to the counselor about it.

Re-referrals can also occur when identified issues are not fully addressed at the ongoing services stage. This failure to address issues could involve low attendance in programming, lack of "buy in" to change and services, or workers not pressing or following up on specific issues. Specifically, one focus group participant described a lack of unscheduled visits at ongoing services as being problematic in trying to ensure that issues were addressed. The goal of unscheduled visits would be to see how the parents and/or children are living day to day, without time to prepare for the visit (i.e. clean up the house, hide drug paraphernalia, coach the children on what to say to the worker). This person sent a follow up email to clarify what they meant about this.

> One of the issues I have seen is sometimes a file that was transferred to ongoing has been closed and when it re-refers and opens to intake, it is apparent that there were several issues that had not been addressed and/or fully investigated while file was still open… [the intake worker] had put in the service plan (especially for files where

> the issues include the state of the home, supervision or substance abuse) – that there should be unscheduled home visits and then [the] file is closed and reopens at intake and no unscheduled visits occurred at all. Thereby, eliminating a good portion of the assessment piece for which [the intake worker transfers] a file. Often before [a file is closed] at intake [the worker has] to check in with school, doctor, other collaterals, etc. to see if they have any concerns – this probably should happen on ongoing cases. And unscheduled visits should happen at least once every 3-6 months with one happening on every file at least once. When the files reopen at intake (after being at ongoing), many of these things become evident – however, there are also many chronic families that will always have issues and always have [re-referrals] but some of these might lessen the re-referrals.
>
> FACSWR staff person, December 6, 2013

Another example given was workers not following up with service providers, and assuming that things are okay if they do not get a call of concern. Finally, one participant indicated that a family's completion of services does not automatically equal safety for the children, since a person can go through the motions without gaining any insight into the issues or experiencing any personal growth.

3) Re-referrals as a signal that the system is working

Front line staff and supervisors expressed concern that re-referrals seemed to be viewed as a negative thing for the agency. "Why are our numbers a shame?" they asked. Some staff argued that a re-referral was never a worker failure, and others thought it could be seen as a matter of individual work performance: for example, a premature closing (either by worker or family) is an indication that the first intervention was not effective. A participant said, "Sometimes re-referrals can illuminate stuff that was missed; other times it is repetitive." As an example of the latter, the participant described a situation where a person may be referred to counselling by FACSWR. The counsellor may then report some information arising from those discussions, which can result in the case being re-referred, even if the most appropriate service for the person is the counselling which they are already accessing for an issue already known to FACSWR.

One focus group participant stated that there continues to be secrecy in child welfare involvement, even more than in other government organizations. The participant described "a feeling that we want to try and get out of people's lives, that our involvement is an intrusion."

Workers said that people call in for service because they believe the service to be helpful. This applies to actual service recipients as well as community professionals and other referral sources who believe agency services to be helpful to families. Staff also spoke of some of the community partnerships the agency had developed, like those in the domestic violence sector, and protocols that had been developed with the police and Grand River Hospital, and how this would lead to more referrals for agency services.

One worker sent an email that detailed a case example of this theme:

> This week I had a mom bring her children to the office. File closed almost 6 months ago. Issues at that time were in relation to addiction. Supportive family plan in place and mom accessing services through community based agency. Mom asked for me and when I came downstairs she broke down in tears. There had been a heated verbal argument the previous night that escalated to physical, he had stopped her from leaving by shoving her against the wall and according to her, had not been physical with her in the past. She was concerned about the escalation in aggression and that he had placed his hands on her. She needed to go somewhere safe and despite having historical negative experiences as a child with the Agency, felt that she could trust me to support her in a time of crisis. She was taken by me to [a women's shelter]. Her ability to trust me helped her to look to our Agency as a support.
>
> FACSWR staff member, November 22, 2013

This case would have opened as a re-referral for investigation of the domestic violence concerns, but the worker illustrated the context of the opening and how the agency, and this worker in particular, had been seen as helpful.

Staff also noted that a lack of resources in the community can lead to referral reports to the agency. "We certainly still have wait lists in the region for other services," one participant said. For example, many of the counselling agencies often have large wait lists, so service providers may call FACSWR if a family needs more immediate help. While FACSWR staff may not be the most qualified for the task at hand, their response can be more useful for the family than no service at all. One participant noted that FACSWR can become a "dumping grounds" when no other appropriate or timely services are available in the community. Another said, "People go to counselling centres and they get students [counsellors] that they don't need and then we become their only source of support."

Staff said one downside of providing effective help is the potential for building a dependence on FACSWR services. Participants agreed that workers often tell people to call back, for example, if they need further help after case closure, if they are following a safety plan, or if they need an updated assessment (e.g. if a parent returns from an extended period of incarceration). As one staff member observed, "We may build in a dependence versus encouraging self-actualization and community connections."

4) Overemphasis and misinterpretation of the previous funding formula leading to system gaming

Until very recently, the funding provided to child welfare agencies was based on numbers of cases, numbers of investigations completed, etc. One participant noted that they had gone out to investigate "very low level things due to the funding piece." As a result, staff said those workers who could "flip" intake cases the fastest (close or transfer) tended to be valued by their superiors. "They don't want us sitting on cases too long," a staff member explained. Another participant

stated that the "numbers count huge" at intake, and that "workers would be held in high regard [for the number] of closings. Their work may be crap, but the focus on numbers has been there."

Staff said the "numbers mentality" applied not only to intake but also to screeners and ongoing service workers. They recalled that screeners were specifically told not to do a brief service (no investigation, for example, on a low level lack of supervision allegation) because of funding, but rather to open reports for investigation (screen in) because "screening is numbers focused." Intake staff members report being told to transfer files when ongoing services numbers are low and not to transfer files when ongoing service numbers are high and workers are overloaded. A participant said, "I have seen some premature closings at intake and ongoing…[and] there has been some pressure to close files at ongoing [at certain times]; for example, if someone was pregnant." If the person had no child then FACSWR would not be mandated to provide service, even though they could do so and might anticipate an opening at the birth. Service before the birth can be helpful for planning but is not a mandated agency function.

An email received from a FACSWR staff person illustrated this theme and the mentality that continues to be present for workers.

> At a…meeting several years ago – a list of workers' (no names) total year end numbers was provided to all of us – showing the range of case closures per worker for the whole year and comparisons were drawn. The issue for this – is that the message seemed to be the higher numbers of cases a worker "processed" (aka [investigated and] closed) in a year – the better – Which it was because we got more funding for the more cases processed. So it was better to quickly close the case and have it reopen again (or several times) rather than to have it open and have [subsequent] referrals – NOT just for agency funding but also the worker actually "looked better" because their yearly case numbers would be higher. That mentality is still prevalent among many workers, probably supervisors and managers as well – [if you] work faster [and] process more cases…you [will be seen as] a better and more efficient worker. This may or may not be true and in some cases, it is not true and has resulted in sloppy work (which may or may not be at least partially responsible for re-referrals)…In some cases, I have heard workers talking about wanting to close a file quickly before there is another referral.
>
> FACSWR staff person, November 27, 2013

This person is also alluding to the practice that had been in place for a number of years that if a case is re-referred after 30 days from the most recent closure, it would be assigned to a new worker for investigation. If a worker holds a file longer at the intake stage and a second referral is received while the case is still open, it means that the worker has to do a second investigation on that file but tends to get credit for just one case as opposed to two, even though the work is increased by having to do both investigations. The longer a case is held by a worker, the greater the chance of a re-referral, so the quicker one closes it, the lower the chance that it will come back within the 30 days after closure.

Chapter VI - Discussion

The objectives of this research are to:

1) Develop an understanding of why re-referral rates are relatively high in Waterloo Region.

2) Make recommendations for FACSWR about what could be done to improve the effectiveness of services so as to reduce the incidence of re-referrals.

In the remainder of this section, I address these research questions in turn in three subsections. First, I interpret findings on re-referral rates. Next, I discuss implications for service delivery, followed by a discussion of limitations and unanswered questions. I then conclude with a discussion of further research that could be done to answer unanswered questions. The next section of the report provides recommendations for FACSWR.

Interpretation of findings on re-referral rates

When an intake screener takes a child protection report, that person is immediately gathering information to determine if the report warrants a child protection investigation. This includes taking all the details from the reporter and looking at the history on the file and any cross-references to other files or specific alerts. A decision is then made about whether there is sufficient evidence to initiate a child protection investigation or not. The decisions are based on the service thresholds outlined in the provincial child welfare Eligibility Spectrum (OACAS, 2006).

The findings illustrate that the highest numbers of re-referrals received by the agency pertained to caregiver capacity concerns and exposure to domestic violence. Caregiver capacity includes concerns reported around caregiver with a problem (substances/mental health), poor caregiving skills, inability to protect (e.g. letting a known sexual offender have unsupervised access to the child), and caregiver with a history of abusing/neglecting. Currently, FACSWR has specialized departments for domestic violence and caregiver capacity. Workers in these departments would manage all types of child protection cases but would more often be managing cases within their departmental designation.

Staff feedback highlighted difficulty in managing issues related to caregiver capacity. Specifically, families open to FACSWR for reasons of caregiver capacity tend to face multiple problems and systemic barriers. For example, while a parent with limited functioning may be able to provide care adequately with extensive supports, these supports are often not available and so these families stay open and/or get re-referred for service more frequently than other cases. Another example of a case that would be opened as a referral or re-referral for caregiver capacity concerns would be where a parent is addicted to illegal drugs and the children are being improperly supervised and cared for as a result of the addiction. The caregiver may improve for a time but for many drugs the likelihood of relapse is high.

An example of a case that may be opened for reasons of domestic violence would be where one partner has assaulted the other in front of the children and the children were afraid as a result. A more serious example would be where a child was hurt in the middle of a domestic dispute, either by trying to stop the fight or getting caught in the crossfire of the aggression. Depending on the nature of the first incident of domestic violence, the case may be closed and then re-referred if another incident occurs. Most of the referrals made to FACSWR related to domestic violence come from Waterloo Regional Police Services (WRPS) after they have responded to the incident.

Front line staff and supervisors believe that WRPS has been trained to make a referral to FACSWR almost any time a child is part of the family unit when they attend a domestic incident. These cases are often opened at FACSWR, even if there is not specific information about impact or effect on the child. This differs from the Eligibility Spectrum description of Risk to Child of Mental/Emotional Harm or Developmental Condition Resulting from Exposure to Domestic Violence that reads:

> It is alleged/verified that the child is experiencing some symptoms and is at risk of mental/emotional/developmental harm such as serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour or delayed development…as a result of partner violence in the home the risk of further harm exists due to unchanged conditions (e.g. partners remain together, violence continues, one partner prevented from leaving) and the child is without services to address the mental/emotional harm or developmental condition (OACAS, 2006, p. 65).

As well, staff believe that Grand River Hospital in Kitchener was also trained to report to the agency almost any time a child was involved and there was an injury, regardless of the parent's account of what had happened to the child. Many of these reported cases then get opened for child protection services. Staff stated a further belief that Cambridge Memorial Hospital, also located in Waterloo Region, did not agree similarly to make reports but rather that they would report as mandated by the Child and Family Services Act when they suspected child maltreatment.

The findings showed that many cases return for investigation services within 6 months of ongoing services case closure but continue to come back for many months after that as well[3]. More than other agencies in the province, FACSWR is opening these re-referrals for investigation even though the total number of reports received by the agency is similar to other agencies. This means that many families known to FACSWR experience more than one investigation and/or period of ongoing service.

Implications for Service Delivery

The findings of this report have some implications for service delivery both at an individual and agency level that are discussed below.

[3] At minimum, an investigation includes the completion of a safety assessment, which requires private interviews with all children and caregivers. Ongoing services require minimum monthly home visits by the worker to see and speak with all of the children in the family and to discuss with caregivers the plan for addressing the identified issues and the caregiver's progress on addressing these issues.

Front line staff and supervisors believe that too many referrals are being screened in for service that should not be investigated and could either be closed or serviced in alternate ways. They have been frustrated by receiving intake referrals that they do not believe meet the eligibility threshold yet have no support or feeling of ability to downgrade the initial eligibility decision. FACSWR then investigates due to liability concerns, at least as reported on the part of the individual.

Staff members stated a concern that some cases have been opened due to funding and "numbers" pressures from management and that they have been trained to be "numbers" focused. They have felt that management has and continues to value a worker's total number of cases processed and then uses this information to inform perceptions of worker performance (more is better). By focusing on this and opening more low-level cases, staff believe this has increased re-referral rates at FACSWR. If the goal is not numbers focused but rather focused on another aspect of child protection work, this will change staff efforts to the latter. Change is a slow process, however, and so statement of the current focus will not be sufficient to ingrain it into agency and individual worker practice. It will require a coordinated effort over a period of time with consistent positive reinforcement.

With the current MCYS funding formula, there will be less advantage or disadvantage to child welfare agencies for the number of cases they open, as the total funding an agency will receive per fiscal year is primarily fixed. Management can continue to share and reinforce this to staff. This exemplifies transparency and honesty in the process of working together for the best outcomes for children and families.

Interestingly, a 2012/13 audit of FACSWR by the Ministry of Children and Youth Services flagged that the agency may be counting too many reports as technical referrals (QA Committee meeting, Feb. 15, 2013). This means that when the Ministry reviewed a random sample of the narrative reports associated with the assigned "code" that made it eligible for investigation, they found that these did not line up and the report did not always warrant an investigation.

Further, FACSWR front line staff and supervisors stated their belief that families involved with the agency often have chronic struggles and face multiple personal and systemic problems. These include things that the child welfare system cannot address, such as the amount of money someone receives on social assistance or the challenges that can be associated with living in low-income housing or neighbourhoods. As well, focus group participants discussed how previous child welfare history is weighed negatively against a family and once there has been a previous opening, FACSWR is that much more likely to open the case for further service if it receives a re-referral.

Conversely, front line staff and supervisors also stated their belief that the high number of re-referrals indicated that the system is working. People are supposed to call the agency to report concerns about child maltreatment and they are doing that. FACSWR front line staff and supervisors spoke about how many individuals and community agencies have confidence in the service and see FACSWR as helpful and necessary and so call for assistance.

Staff members felt that reports received by the agency should be more carefully reviewed with respect to their actual eligibility for service. Further, they suggested collaboration and comparison with other Ontario child welfare agencies about what they count/consider as referrals and re-referrals may help inform practice decisions and bring re-referral rates more in line with the rest of the province.

Workers and supervisors should have support around the ability to downgrade a referral coding if necessary following the initial assignment, or if more information is obtained that makes investigation unnecessary. As well, workers should not be evaluated on the basis of how many investigations they can complete or cases they can close in a given time period, as the "numbers" are not specifically reflective of quality work or the appropriate course of action for a particular case or family. If more time is needed to complete a full assessment of all risk factors, pressure to close can be problematic.

Staff members also felt at a loss about what to do at times to help families address the many problems that they faced. For example, a case referred with a need for counselling may stay open since counselling is not available immediately in the community even though that would be the appropriate help, and the worker is not a trained counsellor. This was seen as problematic in that the community would refer families for agency services that FACSWR was not the best service for but for which there was nothing else available. By taking on the referrals, it indicated to the community that FACSWR would service those issues, leading to further referrals and re-referrals. If it was closed, there was a possibility that it would return for the same reason or a different one as a manifestation of the family not getting the help they needed from the community when the issue first presented itself.

Staff members wanted clarity within the agency and community about what services could be provided by FACSWR and how front line workers should be providing this service. For example, it was stated that child protection workers are not counsellors, but may be seen by the community and forwarded by the agency in a similar way, and expected to provide this service to children and families. Front line staff and supervisors felt that if community services were more readily available to children and families, it may reduce the number of re-referrals for child welfare services since people would be able to access appropriate help in a timely manner.

Review of the quantitative data indicates that caregiver capacity concerns and exposure to domestic violence are the case types most likely to be re-referred for service after closure. In this way, workers should be attuned to these issues even if it is not the specific issue that they are investigating. Significant consideration should also be given to opening these cases to ongoing services early on (but not endlessly), since it is evident that the issues tend to be chronic. Opening cases to ongoing services allows an opportunity for the agency to ensure the family has community connections that may be able to mitigate the occurrence of a re-referral. Available literature supports that cases that receive a period of ongoing services have a lower likelihood of re-referral than those cases that are only involved briefly or for investigation alone.

FACSWR could work with community agencies to ensure that spaces are opened quickly for families needing specific services better provided by agencies other than FACSWR. It would also be helpful to advocate for quality services for clients when they are accepted at other agencies. One focus group participant said that people go to counselling services requesting subsidy and then are assigned "students that they don't need." If services are not effective for the client, this can lead to re-referrals. Program planners and facilitators need to be cognizant of the many struggles that individuals face and acknowledge these rather than focusing on a single factor such as budgeting. Evidence-based programs that connect directly with positive outcomes for children and families should be preferred.

Limitations and Unanswered Questions

A limitation of this report is that though it is possible to consider and propose reasons why re-referrals are as frequent as they are, it is impossible to consistently and uniformly affect child welfare practice in such a way as to eliminate re-referrals entirely. Use of literature and data based on other jurisdictions can help to inform analysis of FACSWR data but does not address the uniqueness of its geography, population, and issues (ecological system). These factors can impact service delivery due to the Region's level of access to services such as health clinics, food banks, counselling agencies, and shelters, as compared to other jurisdictions. As well, referral rates may be higher in more densely populated areas where families and children are regularly seen. Low-income families, which make up a large part of cases referred for child welfare services, can be drawn to central hubs where they can access services more easily than in rural locations.

It was not possible to analyze data in accordance with estimation models for re-referral rates presented in the literature review because the data is not currently available. For example, it would be valuable to compare re-referral rates by ethnicity and income level, but this data is not currently tracked well. By not tracking these variables, the agency is factually unaware of this evidence regarding clientele, which can make it more difficult to plan services. The OCANDS data also does not capture single versus two parent families or rural versus urban living. Tracking of these factors would be an area of possible expansion for child welfare system databases and OCANDS.

Further research

This report highlighted information on re-referrals for FACSWR that had not previously been explored in depth. While the information shared and discussed provided insight into services, further areas could be explored. Some of these questions include: does the length of time for case transfer from intake services to ongoing services have an impact on re-referrals? How does the length of time a case stays at the investigation level (without closure or transfer) impact on its re-referral rate? Does a transfer in worker or keeping the same worker for intake and ongoing services impact on re-referral rates? Does the length of time from the receipt of a referral to first worker contact with a family impact on the re-referral rate for the case?

The data could also be reviewed for length of time that a case was opened at investigation before closure. Does investigating and closing a case quickly impact on re-referrals? The literature

discussed that a period of involvement after investigation was helpful in reducing the number of re-referrals but that an extended period of involvement had a diminished impact on re-referrals. FACSWR could review the impact of the length of time a case was opened as it relates to the case's frequency of re-referrals following case closure.

If FACSWR would like to do further exploration and analysis of re-referral data within their own system it will be important to carefully consider the parameters through which the data is extracted. The queries will need to compare the characteristics of cases over identical time spans (i.e. was this case a referral or re-referral) versus choosing a start and end date and looking at families within those dates (i.e. if an arbitrary start date is chosen, it could look like the case was a new referral when in fact it was actually a re-referral).

Chapter VII - Recommendations

Recommendations for FACSWR are as follows:

1) Cases involving caregiver capacity concerns or exposure to domestic violence should receive ongoing services until the worker is satisfied that the issues have been resolved.

Review of the quantitative data extracted from OCANDS showed that caregiver capacity concerns and exposure to domestic violence are the case types most likely to be re-referred for service to FACSWR after ongoing services case closure. In this way, workers should be attuned to these issues even if it is not the specific issue that they are investigating. Significant consideration should also be given to opening these cases to ongoing services early on (but not endlessly), since it is evident that the issues tend to be chronic. As well, opening cases to ongoing services allows an opportunity for the agency to ensure the family has community connections that may be able to mitigate a re-referral. Available literature supports that cases that receive a period of ongoing services have a lower likelihood of re-referral than those cases that are only involved briefly or for investigation alone.

2) Data on re-referrals should be carefully reviewed and communicated to staff

Initially, local FACSWR data was extracted from the agency's system incorrectly, which led to some inaccurate interpretation around re-referrals. Some staff members saw this information via focus groups and a QA meeting, but it illustrated a misleading trend since the data was extracted using a cut-off date for families' entry into the system that resulted in earlier data being based on new cases entering the system compared to later data being based on cases that had been in the system for some time. Instead, the query should have used cases as the unit of analysis, selecting all cases from the start of the periods under consideration to the end of the periods under consideration, without imposing a cut-off date for families' entry into the system. The consequences were that where staff believed that re-referral rates were increasing over time, this was not in fact the case –re-referral rates using the local FACSWR data are higher than the OCANDS average rates but are generally consistent with the OCANDS rates for FACSWR and not increasing over time. Accuracy in reporting of information to FACSWR staff is important so that processing and understanding of the information can occur appropriately and any subsequent practice decisions are made on accurate data.

Data from the focus groups also showed that staff members were concerned about re-referral rates being perceived negatively and implicitly their work as not being done well. A helpful approach moving forward would be to continue the discussion about re-referrals without implying value one way or another. Just by virtue of having the topic of re-referrals on their minds, staff members are bound to consider it in their practice and when making service decisions. As well, if management wants to reduce the focus on total numbers processed and instead value the

fieldwork done with clients, for example, this needs to be communicated clearly and regularly. This can also then be reinforced with staff through recognition of their efforts in carrying out the service philosophy and values. Reinforcement can range from one to one recognition at various levels (i.e. supervisor to worker, senior manager to worker) to defined rewards and goals.

3) Only open cases that specifically meet the Eligibility Spectrum descriptors and provide clear rationale for the openings

Focus group participants stated that too many cases were opened for investigation that should not be and provided examples of where this had happened. Front line staff and supervisors did not feel supported and able to open brief services (i.e. a phone call or other follow up) instead of full-blown investigations. They were unclear on and/or disagreed with the rationale behind why certain cases were opened but felt powerless and afraid to change how things were being done. They felt that if they decided to downgrade an assigned service Eligibility code and those children were subsequently maltreated, they would be held personally liable and so were not willing to take that risk, even though they believed cases were being opened that should not be opened.

4) Communicate clearly and regularly about service priorities and funding for re-referrals

Focus group participants stated that some cases were "screened in" based on numbers and funding, especially historically, but that they had never been told anything different about how they were to open cases now. It would be helpful for management to try and dispel any perceptions about mixed messages or hidden agendas about why files are opened. Even though the "screening in" approach may not be specifically stated or believed by management, staff perception of this has remained, and it impacts how they carry out front line work.

5) Review the OCANDS data regularly and share this information with staff

Throughout the writing of this report, changes in the OCANDS data were followed by the researcher as the database continued to be validated and updated. It remains a dynamic database as these processes continue. There is still no final quantitative data available about re-referral rates at FACSWR as compared to OCANDS averages. However, interim FACSWR re-referral rates are consistently higher than the average rates of other agencies and the number of re-referrals FACSWR opens for investigation is higher than other agencies according to the interim data.

Of further value is the staff feedback and perceptions on re-referral rates and what it has meant for service provided by FACSWR. Sharing of the OCANDS information as it is updated and available will encourage staff discussion and individual thought about the performance indicators, which FACSWR and the Ministry are looking to as service markers. Staff can then also feel an increased inclusion as part of a team looking at and working through questions and issues together.

6) Future research on re-referrals should compare cases, with an aim to understand the meaning and value of the information for FACSWR

Locally extracted data may provide more information on variables related to re-referrals than OCANDS. However, extracting parameters need to be carefully considered for analytical validity. Units of analysis need to be clearly defined and understood and data extracted in a way that preserves the comparability of units over time. The agency would also need to determine the value it sees in having that sort of information put together regularly and would need to be mindful of interpreting it within the larger context of service delivery.

Chapter VIII - Conclusion

This report examined re-referral rates for FACSWR as compared to OCANDS averages for the fiscal years of 2009, 2010, and 2011. All quantitative data was obtained from the OCANDS website and dynamic database. Information was obtained about re-referral rates for verified maltreatment following closure of an ongoing or intake (investigation) case and also by presenting issue at time of ongoing services case closure, verified versus unverified re-referrals, and age of the child at the time of ongoing services case closure.

OCANDS data continues to be updated and validated. There is a view within the sector that the information may be made public at some point in order to promote accountability. It is not known when this will happen.

Of most value to this report was the feedback provided by seven front line staff and supervisors at FACSWR who attended focus groups and shared their perceptions on why they felt re-referral rates at FACSWR were higher than rates at other agencies. They stated that too many cases continued to be screened in for investigation when they could have been closed or serviced in alternate ways. Further, they felt that families involved with FACSWR often experienced many problems and faced systemic barriers that workers were ill equipped to address. Conversely, staff members also saw the re-referral rate as a sign that the system was working and that people called in because they saw the service as helpful.

The discussion section of this report was divided into four subsections: interpretation of findings on re-referral rates, implications for service delivery, limitations and unanswered questions, and future research that could be done. The types of cases that were most often re-referred for service to FACSWR were discussed along with what the re-referral rates have meant to FACSWR front line staff and supervisors. Suggestions about future research avenues were made along with a guideline of how this could be done accurately.

Recommendations of this report included:

1) Cases involving caregiver capacity concerns or exposure to domestic violence should receive ongoing services until the worker is satisfied that the issues have been resolved.

2) Data on re-referrals should be carefully reviewed and communicated to staff.

3) Only open cases that specifically meet the Eligibility Spectrum descriptors and provide clear rationale behind the openings.

4) Communicate clearly and regularly about service priorities and funding for re-referrals.

5) Review the OCANDS data regularly and share this information with staff.

6) Future research on re-referrals should compare cases, with an aim to understand the meaning and value of the information for FACSWR.

Re-referral rates to FACSWR should be an ongoing discussion on all staff levels and OCANDS data should be reviewed regularly for updates. Openness and a mindset of “working together” will help to promote constructive discussions about the issue, and ultimately result in better outcomes for children and families. Shared responsibility in addressing re-referrals will encourage this culture of collaboration.

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Appendix A: Invitation to Participate Email

Hello Protection Staff and Supervisors!

I am writing this email to invite you to participate in a one-hour focus group to talk about re-referrals for child welfare services in Waterloo Region. This topic has been reviewed at a provincial level and I want to find out what it means to us internally!

The purpose of this research project is to look at Family and Children's Services of the Waterloo Region's (FACSWR) re-referral rates as compared to the Ontario Child Abuse and Neglect Data System (OCANDS) and provincial averages. This research will review and discuss child welfare practices at FACSWR with front line child protection workers and supervisors to determine what the re-referral rates mean to them.

Each group will be one hour long and will occur during regular office hours (work time). Some additional travel time may be required in getting to a group.

Groups for protection staff
Kitchener office - group one- 9-10am, November 27, 2013
Cambridge office – group two – 10:30-11:30am, November 28, 2013

Supervisor's group
Kitchener office – 1:15-2:15pm, November 27, 2013

Each group will discuss six questions for feedback and analysis. I plan to videotape the sessions (for my viewing only ☺) so that I can be sure to capture what was said. No statements will be attributed to any specific person when the information is disseminated via my final Master's report. This report will also be shared with the agency's Quality Assurance Committee and Jill Stoddart.

Your supervisor may be aware that you attended a group, but (s)he will not know what you said during a group. Choosing to participate or not will have no effect on your employment or standing within the agency.

My academic supervisor at the University of Victoria is Dr. Lynda Gagne and my client for the report is Jill Stoddart, Quality Assurance Manager at FACS. Your name as a participant will not be disclosed to either Jill Stoddart or Lynda Gagne.

The information will be gathered as part of a final report that I am writing for a Master of Public Administration program through the University of Victoria.

Hope that you can come! If you can RSVP via email, that would give me a good idea of the numbers I can expect.

Thanks and see you soon!!

Jennifer Evans

Appendix B: Participant Consent Form

UNDERSTANDING AND ADDRESSING RE-REFERRALS TO CHILD WELFARE SERVICES
IN WATERLOO REGION

You are invited to participate in a study entitled UNDERSTANDING AND ADDRESSING RE-REFERRALS TO CHILD WELFARE SERVICES IN WATERLOO REGION that is being conducted by Jennifer Evans.

Jennifer Evans is a graduate student in the department of Public Administration at the University of Victoria and you may contact her if you have further questions by email at Jennifer.evans@facswaterloo.org.

As a graduate student, I am required to conduct research as part of the requirements for a Master degree in Public Administration. It is being conducted under the supervision of Dr. Lynda Gagne. You may contact my supervisor at lgagne@uvic.ca. The client for this report is Jill Stoddart, Quality Assurance Manager at Family and Children's Services of the Waterloo Region.

Purpose and Objectives
The purpose of this research project is to look at Family and Children's Services of the Waterloo Region's (FACSWR) re-referral rates as compared to the Ontario Child Abuse and Neglect Data System (OCANDS) and provincial average. This research will review and discuss child welfare practices at FACSWR with front line child protection workers and supervisors to determine what the re-referral rates mean to them.

Importance of this Research
Research of this type is important because it will inform child protection staff at FACSWR about the rates of re-referral for child welfare services within the agency and at a provincial level. It will also inform FACSWR policies. This research is important to the child welfare field in general, as it an area that has been under-studied but is valuable as it can inform policy and practice.

Participants Selection
You are being asked to participate in this study because you are a child protection worker or supervisor at Family and Children's Services of the Waterloo Region.

What is involved
If you consent to voluntarily participate in this research, your participation will include attendance at one focus group at either the Kitchener or Cambridge FACSWR office. Each focus group will be one hour long and will be audio and videotaped for the researcher alone to review following the session. Each group will discuss a few questions and flip chart notes will be taken based on statements and comments made by group participants during each session. Participants will be asked to provide feedback on an additional question via written index card left anonymously in an envelope for the researcher at the end of the session.

Inconvenience
Participation in this study may cause some inconvenience to you, including the time required to attend a focus group. Each group will be one hour in length, though additional travel time may be incurred in order for you to attend a group. The groups will be conducted during regular office hours (work time).

Risks
It is possible that some participants may feel discomfort discussing re-referral rates if they feel that other participants or other agencies are providing different service, however the focus groups are meant to generate discussion and ideas and there are no "wrong" statements, answers or comments. All information

shared in the report will not be attributed to any specific participant.

Benefits
The potential benefits of your participation in this research include contribution to child welfare knowledge development around re-referrals, provision of feedback on FACSWR services, and policy and practice.

Voluntary Participation
Your participation in this research must be completely voluntary. Choosing to participate or not will have no effect on your employment or standing within the agency. If you do decide to participate, you may withdraw at any time without any consequences or explanation. If you withdraw from the study during the focus group and your data is linked with that of other participants (i.e. difficult to remove in the context of the discussion), the group data will be used in summarized form with no identifying information. Where it is possible to remove your personal data/comments, for example, if it is not connected to data from other participants in the focus group, this will be done.

Anonymity
To protect your anonymity, your name will not be included in the report or in any discussions about the focus group. Any statements you make during the group would not be directly attributable to you. Your name and specific participation in a focus group will not be disclosed to Jill Stoddart or Lynda Gagne. A limitation on anonymity, however, is that should other participants choose to break the confidentiality of the focus group, they may disclose to others what you said during the session. As well, your supervisor may be aware that you attended a group, but (s)he will not know what you said during a group.

Confidentiality
Your confidentiality and the confidentiality of the data will be protected by your participation in the focus groups remaining anonymous in the report, focus group peers maintaining meeting confidentiality, and the data only being stored and analyzed by the researcher.

Dissemination of Results
It is anticipated that the results of this study will be shared with others in the following ways: final project report and presentation to academic committee, and sharing of the report with the agency's Quality Assurance Committee and Jill Stoddart.

Disposal of Data
Data from this study will be disposed of within 2 years of completion of the study. Electronic data will be deleted and hard copy notes will be shredded.

Contacts
Individuals that may be contacted regarding this study include Dr. Lynda Gagne (lgagne@uvic.ca) and Jill Stoddart (jill.stoddart@facswaterloo.org).

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researcher, and that you consent to participate in this research project.

Name of Participant	*Signature*	*Date*

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix C: Focus group questions

1) What does re-referral of a child protection case mean to you? (i.e. why might it be re-referred)
2) What are the implications of re-referrals to child welfare services?
3) In your estimation, why do your cases come back for service after they have been closed?
4) What has been your experience with re-referrals in voluntary versus court-ordered situations?
5) What do the findings say to you? This question was asked after the researcher provided an overview of the agency's statistics around re-referrals and who makes referrals to FACSWR.
6) What could the agency do differently to impact re-referral rates? Please share your ideas.

Appendix D: List of initial 24 agencies participating in OCANDS

- Children's Aid Society of Brant
- Chatham-Kent Children's Services
- Dilico Anishinabek Family Care
- Dufferin Child and Family Services
- Family and Children's Services of Guelph and Wellington County
- Halton Children's Aid Society
- Children's Aid Society of Haldimand and Norfolk
- Hamilton Children's Aid Society
- Catholic Children's Aid Society of Hamilton
- The Children's Aid Society of London and Middlesex
- Family, Youth, and Child Services of Muskoka
- Native Child and Family Services of Toronto
- Family and Children's Services Niagara
- The Children's Aid Society of Ottawa
- Children's Aid Society of Oxford County
- Peel Children's Aid Society
- Family and Children's Services of St. Thomas and Elgin County
- The Children's Aid Society of the United Counties of Stormont, Dundas and Glengarry
- Children's Aid Society of the Districts of Sudbury and Manitoulin
- Valoris for Children and Adults of Prescott-Russell
- Children's Aid Society of Toronto
- Catholic Children's Aid Society of Toronto
- Family and Children's Services of the Waterloo Region
- Windsor-Essex Children's Aid Society