

Standards Quality Improvement Plan (Standards QIP) Progress Report

Society: Catholic Children's Aid Society of Toronto

Regional Office: Toronto

Compliance Reporting Period: February 2024

Date of Report: May 2024

General Instructions:

- In December 2015, the Auditor General of Ontario's Value-For-Money Audit Report was released which identified several concerns related to child protection services. Based on the recommendations, the ministry instructed all children's aid societies to complete a Quality Improvement Plan, which includes the completion of this template.
- This template will serve as your Children's Aid Society's Standards QIP and is intended to be used jointly by your society and the Ministry of Children, Community and Social Services (ministry) to promote quality improvement and assess your society's progress in meeting the ministry's expectations of full compliance to child protection standards.
- The 'Compliance Reporting Period' selection relates to the timeline (February 1-28, 2023; September 1-30, 2023; February 1-29, 2024); the months of February or September 2023, or February 2024.
- Complete sections A through C prior to submitting to the ministry.
- For reported results of 100%, societies are not required to carry out an analysis in section A. However, your society may choose to do so to identify best practices in achieving full compliance.
- Your Program Supervisor will meet with the Executive Director within 45 calendar days of the Standards QIP submission due date.

Section A Analysis of Society Results

Part 1: Compliance Results

- Please manually input compliance results/data from Column 8 of the EXCEL Compliance Workbook
- The standards/requirements related to specific case types have been colour coded (i.e., pink refers to standards/requirements for referral/intake cases, blue refers to investigation cases, green for ongoing child protection cases, gold for children in care cases, and orange for kinship service cases).

			Compliance Result from this Report (Column 8)	Analysis of Compliance Results	Documentation Errors and Input
1	Standard 1 - Conduct child protection history checks when information is received by a CAS regarding protection concerns about a child.	Internal society record checks	97.5%	<p><u>Factors and Strategies that have Influenced Results</u></p> <ul style="list-style-type: none"> Ongoing services had the non-compliant Child Abuse Registrar checks. Intake continues to have high compliance in this area. Supervisors are providing documentation oversight. When new participants are added to an intake, and a new comprehensive check is complete, CPIN will note this addition as being non-compliant unless the contact log is backdated, as a work-around. The worker cannot use the same day that the check was done. The need to accommodate due dates on Friday or the weekend. <p><u>Successful Strategies</u></p> <ul style="list-style-type: none"> Staff double-check the contact logs so that the purposes selected are accurate and so that they are entered in a timely fashion. A tracking system (Power BI) that allows staff and supervisors to see case trajectories in real-time. The QIP working committee, consisting of supervisors, a manager, and QA, was revived to discuss processes and strategies geared to sustain and improve results. Supervisors create spreadsheets to keep track of cases and due dates and to promote that recording is done on time. QIP reviews are built into supervision and team meeting; expectations are made clear to workers. <ul style="list-style-type: none"> Includes workload priorities for record check due dates. <p><u>Strategies Requiring Attention/Further Consideration</u></p> <ul style="list-style-type: none"> Explore the role of approved departures in these results, including whether and to what extent our efforts work collaboratively with families impact approved departures. Explore how and to what extent high compliance is related to good outcomes for children and families. Reminders to Ongoing workers of the Child Abuse Register investigative timelines. 	
2		Provincial record checks	97.5%		
3		Child Abuse Register checks	94.7%		

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				<ul style="list-style-type: none"> A. What factors have influenced society's compliance results? B. List any strategies that have successfully impacted the compliance result. C. List any new strategies/actions intended to improve compliance. 	
				<ul style="list-style-type: none"> Continue to review workload priorities for record checks with upcoming weekend deadlines. 	
4	Standard 3 - Conduct a safety assessment at the point of the first face-to-face contact within the response time for all referrals (intakes) assigned for an investigation	Response Time - 12 hours	91.3%	<p><u>Factors and Strategies that have Influenced Results</u></p> <ul style="list-style-type: none"> 12-hour response delays pertain to the CYAC waiting for police-led investigations to commence. Supervisors are providing documentation oversight. Dedicated time between Quality Assurance and Supervisors/Manager to discuss QIP results and plan for submission. After Hours staff underwent a full training to promote identification of the right purposes and guidelines in CPIN and understand CPIN expectations for investigation. Workers are taking a non-intrusive approach and planning with a family as to when to meet, instead of attending unannounced, which can lead to negative interaction and lack of engagement. <p><u>Successful Strategies</u></p> <ul style="list-style-type: none"> Familiarizing the Ongoing supervisors and staff in the response times for investigations. The QIP working committee, consisting of supervisors, a manager, and QA, was revived to discuss processes and strategies geared to sustain and improve results. QIP reviews are built into supervision and expectations are made clear to workers. <p><u>Strategies Requiring Attention/Further Consideration</u></p> <ul style="list-style-type: none"> Explore the role of approved departures in these results, including whether and to what extent our efforts to work collaboratively with families impact approved departures. 	
5		Response Time - 48 hours	83.3%		
6		Response Time - 7 days	98.9%		

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7	Standard 3 - Complete the formal documentation of a Safety Assessment and Plan within 5 days of the first face-to-face contact	94.2%	<p><u>Factors that have Influenced Results</u></p> <ul style="list-style-type: none"> • Compliance in this area remains high. • Ongoing staff who are not as familiar with intake and assessment timelines need further support in ensuring compliance in this area. <p><u>Successful Strategies</u></p> <ul style="list-style-type: none"> • The QIP working committee, consisting of supervisors, a manager, and QA, was revived to discuss processes and strategies geared to sustain and improve results. • QIP reviews are built into supervision and expectations are made clear to workers. <p><u>Strategies Requiring Attention/Further Consideration</u></p> <ul style="list-style-type: none"> • Explore how and to what extent high compliance is related to good outcomes for children and families. 	
8	Standard 5 - Conclude a child protection investigation within 45 days of receipt of the referral (or within 60 days of receipt of the referral in the case of an extension)	96.4%	<p><u>Factors that have Influenced Results</u></p> <ul style="list-style-type: none"> • Opportunity to extend investigations beyond 45 days allows more opportunity for better engagement and outcomes for families. • Quality Assurance and CPIN provide support for documentation practice questions. • After Hours staff underwent a full training to promote identification of the right purposes and guidelines in CPIN and understand CPIN expectations for investigation. <p><u>Successful Strategies</u></p> <ul style="list-style-type: none"> • Staff are reviewing documentation to ensure accuracy and compliance. Supervisors are also reviewing this documentation regularly with staff. • QIP reviews are built into supervision and expectations are made clear to workers. <p><u>Strategies Requiring Attention/Further Consideration</u></p>	

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9	Standard 7 - Complete an initial service plan within 30 days of the completion of the investigation, or within 30 days of the date of the case transfer to ongoing child protection services following the initial investigation	90.9%	<p><u>Factors that have Influenced Results</u></p> <ul style="list-style-type: none"> • Supervisors providing oversight in several formats. • Quality Assurance staff and CPIN support staff are available to assist with documentation / compliance issues. • Open communication with Quality Assurance staff and Supervisors / Directors to discuss and plan for data submission times. • Changes in staff during this review period have impacted some consistency of practice. <p><u>Successful Strategies</u></p> <ul style="list-style-type: none"> • Staff continue to use a tracking system to ensure that due dates are known. • Purposes for contact logs are checked and corrected if necessary. • Direct discussion in supervisory and team meetings about the need to be mindful of deadlines. • Discussion of QIP part of regular supervisory sessions with staff. • Supervisors take screen shots of dashboards and forward to staff. • Situations where staff are unable to complete task / document are being addressed by supervisor and work-arounds being implemented. <p><u>New Strategies/actions Intended to Improve Compliance</u></p> <ul style="list-style-type: none"> • Continue to address when issues arise for completion and what is best to address such situations (staff on leave) 	

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10	Standard 7 - Complete a formal case review and evaluation every 6 months following the development of the initial service plan for ongoing child protection cases	84.8%	<p><u>Factors that have Influenced Results</u></p> <ul style="list-style-type: none"> • Ensuring staff are aware and mindful of due dates and importance of establishing this initial planning document • New platform of Power BI will be more user friendly for staff to use • Address any inputting errors by having Quality Assurance provide a time period for correction of such • Regular meetings between Intake and Ongoing services to look at transfer issues <p><u>Successful Strategies</u></p> <ul style="list-style-type: none"> • Supervisors providing oversight in several formats. • Quality Assurance staff and CPIN support staff are available to assist with documentation / compliance issues. • Open communication with Quality Assurance staff and Supervisors / Directors to discuss and plan for data submission times. • There have been staff moves during this review period and as such some review periods may have "lagged" in preparation for transfer. • Cases identified for closing have slightly lagged till month end. <p><u>New Strategies/actions Intended to Improve Compliance</u></p>	

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11	Standard 7 - Visit with families in their home minimally once per month for ongoing child protection cases	87.5%	<p><u>Factors that have Influenced Results</u></p> <ul style="list-style-type: none"> • Supervisors providing oversight in several formats. • Quality Assurance staff and CPIN support staff are available to assist with documentation / compliance issues. • Open communication with Quality Assurance staff and Supervisors / Directors to discuss and plan for data submission times. • The necessity for the worker to see and assess the home environment is closely linked to the reason for service and presenting risk factors. • Departures are done based on the need to see the home environment. <p><u>Successful Strategies</u></p> <ul style="list-style-type: none"> • Staff continue to use a tracking system to ensure that due dates are known. • The purposes for contact logs are to be checked and corrected if necessary. • Direct discussion in supervisory and team meetings about the need to be mindful of deadlines. • Discussion of QIP is part of regular supervisory sessions with staff. • Supervisors take screen shots of dashboards and are forwarding to staff. • Situations where staff are unable to complete task / document are being addressed by supervisor and work arounds being implemented. • Impressing on staff that the need to see and assess the environment is being tracked for compliance (the focus is on meeting people and not assessing the environment). 	

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			<p><u>New Strategies/actions Intended to Improve Compliance</u></p> <ul style="list-style-type: none"> Continue to address when issues arise for completion and what strategy is best to address such situations. Ensuring staff are aware and mindful of due dates and the importance of establishing this initial planning document. New platform of Power BI will be more user friendly for staff to use Address any inputting errors by having Quality Assurance provide a time period for correction of such Ensuring use of departures are explicit and clear and linked to clinical or case management reasons 	
12	Standard 7 - Review every ongoing child protection case in a supervision session minimally once every 6 weeks	94.4%	<p><u>Factors that have Influenced Results</u></p> <ul style="list-style-type: none"> Supervisors providing oversight in several formats. Quality Assurance staff and CPIN support staff are available to assist with documentation / compliance issues. Open communication with Quality Assurance staff and Supervisors / Directors to discuss and plan for data submission times. Encouraging staff to document in-depth case discussions as “supervision.” <p><u>Successful Strategies</u></p> <ul style="list-style-type: none"> Staff continue to use a tracking system to ensure that due dates are known. Purposes for contact logs are checked and corrected if necessary. Direct discussion in supervisory and team meetings about need to be mindful of deadlines. Discussion of QIP is part of regular supervisory sessions with staff. Supervisors take screen shots of dashboards and are forwarding to staff. 	

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			<p>A. What factors have influenced society's compliance results? B. List any strategies that have successfully impacted the compliance result. C. List any new strategies/actions intended to improve compliance.</p>	
			<ul style="list-style-type: none"> Situations where staff are unable to complete task / document are being addressed by supervisor and work arounds being implemented. Continue to encourage documentation of significant events in a case that is reviewed with the supervisor as formal supervision. <p><u>New Strategies/actions Intended to Improve Compliance</u></p> <ul style="list-style-type: none"> Continue to address when issues arise for completion and what strategy is best to address such situations. Ensuring staff are aware and mindful of due dates and the importance of establishing this initial planning document. New platform of Power BI will be more user friendly for staff to use. Address any inputting errors by having Quality Assurance provide a time period for correction of such. Supervisors will request to staff that lengthy consultations that may not be in the 6-week cycle be considered a supervisory session and documented as such 	
13	Private visits with children in a kinship service placement	7-day visits	100%	<p><u>Factors That Have Influenced Results</u></p> <ul style="list-style-type: none"> Supervisors are providing documentation oversight. Quality Assurance and CPIN support provide support to documentation practice questions. Dedicated time between Quality Assurance and Supervisors/Manager to discuss QIP results and plan for submission. Coverage and case transfers for Resources staff that retired or left the agency. <p><u>Successful Strategies</u></p> <ul style="list-style-type: none"> Dedicated time between Quality Assurance and Supervisors/Manager to discuss QIP results and plan for submission.
14		30-day visits	100%	
15		3-month visits	96.6%	

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				<ul style="list-style-type: none"> • A tracking system (Power BI) that allows Staff and Supervisors to see case trajectories in real-time. • Staff are double-checking the contact logs so that they meet technical requirements for QIP compliance (correct purposes selected, correct participants selected, correct location of the visit selected) and so the logs are entered promptly. • The QIP working committee, consisting of supervisors, a manager, and QA, was revived to discuss processes and strategies geared to sustain and improve results. • Supervisors rely on the tools developed by QA to keep track of cases and due dates for visits to promote the visits being captured on time (Power BI) • Supervisors take screen shots of QIP results and send out reminders to workers at regular intervals. • QIP reviews are built into supervision and expectations are made clear to workers. · Providing coverage for workers who were going on leaves or retiring. <p><u>Strategies Requiring Attention/Further Consideration</u></p> <ul style="list-style-type: none"> • Explore how and to what extent compliance is related to good outcomes for children. • The switch from the current tracking Tableau system software to Power BI will require further learning and change management. • Explore the role of approved departures in these results, including whether and to what extent our efforts to work collaboratively with families impact approved departures. 	
16	Prepare an initial Plan of Care prepared within 30 days of placement or re-placement in a foster/group/kin or customary care home	25%		<p><u>Factors That Have Influenced Results</u></p> <ul style="list-style-type: none"> • This continues to be an area of struggle, mainly for workers on the team carrying only short-term child in care cases. There are many access visits and court involvements with these types of cases. To address the issue all our child in care teams now carry mixed caseloads including short term, which will help to reduce the workload. 	

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			<p><u>Successful Strategies</u></p> <ul style="list-style-type: none"> When cases are being transferred from ongoing services, we are ensuring that the 30-day POC gets scheduled right away and is completed on time. CPIN support is available for documents and questions. CPIN work flows are available to workers and supervisors on the society internal webpage. <p><u>Strategies Requiring Attention/Further Consideration</u></p> <ul style="list-style-type: none"> Achieving at least a 75% completion rate is incorporated as goals for our supervisors on their evaluations and for them to do the same with workers. Greater monitoring by supervisor following every new admission and removal and placement. Coverage workers to assist if primary worker is unable to meet the deadline for the POC. Dedicated time between Quality Assurance staff, supervisor and manager to discuss QIP result and plan. Reduction in child in care cases for workers will better equip them to meet the demands. This will happen throughout the year with a high number of discharges each month of fiscal year 2024/25. With the recent structural changes to the Department (i.e., the short-term children's team joining with the long-term children's team), plan to monitor the benefits of the new mixed caseload model and to what extent standards improve. 	
17	Private visits with Children in Care	7-day visits	85.7%	<p><u>Factors That Have Influenced Results</u></p> <ul style="list-style-type: none"> Workers are checking their contact logs to ensure the correct purpose is selected and that information from the visit is input into CPIN in a timely manner. Workers are very familiar with the child in care standards around visits and any QSF requirements.
18	Includes kinship care and customary care	30-day visits	100%	
19		3-month visits	92%	

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				<p>A. What factors have influenced society's compliance results? B. List any strategies that have successfully impacted the compliance result. C. List any new strategies/actions intended to improve compliance.</p> <ul style="list-style-type: none"> Workers are seeing children more than the required standard given many children with complex needs require a high level of visits. <p><u>Successful Strategies</u></p> <ul style="list-style-type: none"> Our 2024 ministry extended society care reviewers highlight that these standards are an area of strength for our organization and is well above provincial averages. Workers and supervisors check the Power BI tracking system regularly and use their own tracking system to ensure compliance. Workers are scheduling visits well in advance of the due dates in anticipation of any emergency or vacation off. Supervisor monitors and assigned coverage worker to do visits in instances when the primary worker is sick or off from work. Clear expectations from manager around the importance of children being seen regularly and the contact documented on time in CPIN. Workers are correctly using contact logs and selecting the young person in care as a participant. <p><u>Strategies Requiring Attention/Further Consideration</u></p> <ul style="list-style-type: none"> With the recent structural changes to the Department (i.e., the short-term children's team joining with the long-term children's team), plan to monitor the benefits of the new mixed caseload model and to what extent standards improve. 	

Section B Planned Activities to Address 2015 OAGO Findings

- This section includes planned activities for both specific standards/requirements and overall/overarching planned activities that may address multiple areas. These may include other areas of concern identified by your society. You are required to address all areas in the Standards QIP (i.e., where full compliance has not been achieved) and/or concerns have been identified (i.e., recurrence of child protection concerns).
- Indicate the corresponding reference number(s) of any audit items addressed (i.e., 1, 4, 5) by each planned activity identified. Refer to Section A for the audit item reference numbers.
- Highlight content in yellow that was updated for this reporting period (i.e., a new planned activity, an updated status or timeline for a planned activity).
- Indicate the activities that have been completed.
- Insert additional rows if required.

Planned Activity	Audit Items Addressed (Ref #s)	Objectives of Planned Activity	Status/Progress of Planned Activity	Timelines for Milestones or for Completion	Regional Office Comments (for Discussion at Quarterly Progress Meeting)
Discuss work around to address CPIN issues with adding new participants after the initial record check	1,2,3	<ul style="list-style-type: none"> • Identify the specific intended outcomes of the planned activity. <p>To develop a work-around to address the issue of adding a new participant to an intake or investigation and new checks being required; without impacting compliance.</p>	<ul style="list-style-type: none"> • Was the planned activity completed? Were the objectives achieved? <p>Work with CPIN supervisor.</p>	September 2024	
		Improved record check compliance and collaboration among staff	Workload priorities were reviewed. An analysis of record checks for the current reporting period indicates that 17% of non-	September 2024	

			compliant cases had due dates on a Friday or the weekend, compared to the 54% of non-compliant cases that had due dates on Friday or the weekend in the previous reporting period. The number of non-compliant cases are low and hence subject to swings; thus, this positive trend will be monitored in the future to see if it continues.		
Investigation completion.	4, 6, 7, 8	Increase compliance for response time, documentation and completion for investigations and subsequent investigations	Ongoing staff have established relationships with Intake staff for consultations / support. Regular meetings set for Intake and Ongoing supervisors to meet. QIP Working Group to continue to assess needs with meeting dates earmarked for 2024/25.	Completed	
Ongoing services re 6-week supervision.	12	Ensure the detailed discussions about case situations are considered as a supervisory consult, and are documented as such.	Staff are documenting such and using the correct purpose to ensure compliance.	Completed	
Ongoing services re 6-month review.	10	Ensure that staff are mindful of due dates when planned absences or case closure is being considered.	Staff need to work with supervisors to plan for such and incorporate due dates accordingly.	Review in December 2024	
QSF requirement that will impact case management for adoption, which would require safety assessments/safety planning	15, 16,17,18,19	For staff to acquire CPIN knowledge and practice-based training regarding safety assessments/planning with care providers	Adoption staff have done QSF training and reviewed the safety assessment and safety planning documents in a team meeting. All adoption probation cases supervised by CCAS adoption staff have at least one complete safety assessment.	Complete	
POC	16	Increase compliance for Plans of Care	New power BI tracking system, which supervisors and workers find easier to use and understand than the previous system. Short term CIC team now carries mixed caseloads of short-term CIC, VYSA, and RSG	Complete Complete	

			<p>cases, making it easier to manage 30-day POC's with less CIC cases - which is the area where we have been seeing most of the 30-days late Plan of Cares.</p> <p>Four additional staff from Ongoing Services transferred to CYS In April 2024, resulting in lower caseloads for workers.</p> <p>We will be discharging almost 70 youth who are aging out of care in this fiscal year, which will further reduce workers' caseloads to a manageable benchmark of 14 cases.</p>	<p>Complete</p> <p>March 31, 2025</p>	
QIP Working Group	1-19	QIP Working Group has set regular meetings to address themes, share strategies, promote compliance, and confirm targets.	Meeting dates set	Review in February 2025	

Section C Approval of Standards QIP (Sections A to B) for Submission to Ministry

- The ministry expects the Standards QIP progress report to include the following:
 - compliance and recurrence results for all standards/requirements bi-annually (or more frequently as requested by a Program Supervisor);
 - status of activities undertaken to date; and
 - planned activities to improve results for all areas where full compliance has not been achieved or where concerns have been identified.

- **If the Standards QIP does not include the above, please provide an explanation/comment in the Society Comments box below.**

<u>APPROVED BY THE SOCIETY:</u>	Society Comments (optional):
Position:	
Name:	
Signature:	
(Signature is an acknowledgement that this report was shared with the Board and of the Board's acceptance of this Progress Report submission)	
Date:	

Section D Progress Meeting

- This section documents the outcome of the bi-annual progress meeting, including any further actions required by the society for this bi-annual Standards QIP progress report to be accepted by the ministry.
- Societies are expected to meet with the ministry to provide a status update on their progress in meeting ministry expectations. At a minimum, the ministry will meet with the Executive Director of the society when compliance results are submitted. The ministry may choose to meet with the Board Chair and/or Board of Directors as needed.
- Please indicate the date and with whom the ministry met for each meeting date.

Date(s) and Participants of Meeting(s):	
<p>Is further action required by the society regarding this Progress Report? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please identify actions to be taken:</p>	
<p>Ministry Review of Progress Report:</p> <p>A. Strengths B. Weaknesses/Gaps C. Recommended actions/next steps</p>	
Program Supervisor Name:	
Program Supervisor Signature:	Date:
<p>(Signature is an acknowledgement that the bi-annual progress meeting(s) has taken place, at a minimum, with the Executive Director of the society, and of the ministry's acceptance of this bi-annual progress report)</p>	
Regional Program Manager Name:	

Regional Program Manager Signature:

Date: