

*Centre for Applied Social Research
Bell Canada Child Welfare Research Unit
Faculty of Social Work, University of Toronto*

FINAL REPORT

Ontario Risk Assessment Model Phase 1: Implementation and Training

Submitted by

Nico Trocmé
Brigitte Mertins-Kirkwood
Robert MacFadden
Ramona Alaggia
Deborah Goodman

For the

Ministry of Community and Social Services,
Children's Services Branch,
Children, Family & Community Services Division

Revised October 1999

TABLE OF CONTENTS

TABLE OF CONTENTS I

EXECUTIVE SUMMARY III

1. INTRODUCTION 1

BACKGROUND 2

Selection and Development of the Risk Assessment Model..... 2

Implementation Strategy..... 5

Training Development and Delivery..... 6

Document Review..... 9

Key Informant Interviews..... 10

15 Agency Case Study..... 11

Province wide phone surveys..... 12

Analysis of Training Data..... 13

Key Terms Used in this Report..... 16

2. IMPLEMENTATION OF THE RISK ASSESSMENT MODEL 18

Extent of Implementation..... 20

Role of the Ministry..... 22

Consultation & Communication..... 23

Implementation Supports..... 24

EMERGING ISSUES SPECIFIC TO THE RISK ASSESSMENT MODEL..... 30

3. RISK ASSESSMENT MODEL TRAINING 35

TRAINING COVERAGE 35

SATISFACTION WITH TRAINING..... 38

Knowledge Transfer & Post-test Analysis..... 42

Inter-rater Reliability..... 46

4. DIRECT TRAINING AND IMPLEMENTATION COSTS48

Analysis of training costs.....49

5. RECOMMENDATIONS54

Contextual Analysis.....55

ADDITIONAL SUPPORT FOR THE RISK ASSESSMENT MODEL.....56

Recommendation #1: Additional Training.....56

Recommendation #2: Procedural Manual.....57

Recommendation #3: Additional Support for Lead Hands.....57

PHASE II THE RISK ASSESSMENT MODEL EVALUATION.....58

Recommendation #4: Review case assessments.....58

Recommendation #5: Review role of supervisors.....58

Recommendation #6: Study workload impact.....58

Recommendation #7: Examine the consistency of applying the Risk Assessment Model across and between CAS agencies.....59

PROVINCE-WIDE CHILD WELFARE INITIATIVES59

Recommendation # 8: Adequate pilot testing.....59

Recommendation #9: Local coordinators.....59

Recommendation #10: Area Office Supervisors.....60

Recommendation #11: Staggered implementation.....60

Recommendation #12: Monitoring impact and capacity for change.....60

Recommendation #13: Communication.....61

Recommendation #14: Consultation with Native Children’s Aid Societies.....61

APPENDIX 1: BIBLIOGRAPHY63

APPENDIX 2: IMPLEMENTATION SEQUENCE.....65

Executive Summary

This evaluation of the initial implementation and training for the Risk Assessment Model is the first phase of a three-phase evaluation being conducted by the Ministry. The subsequent two phases will evaluate the impact of the Risk Assessment Model (Phase II) and develop and refine the existing risk assessment tools (Phase III) (Request for Proposals, MCSS, 1998). This first phase evaluation examines:

- the strategy used by the Ministry to implement the Risk Assessment Model in an effort to determine “best practice” approaches to implementing risk assessment as well as to inform implementation for other elements of the Child Welfare Reform Agenda; and
- the Risk Assessment Model training provided by the Ontario Association of Children’s Aid Societies (OACAS) under contract to the Ministry.

The evaluation was conducted between December 1998 and April 1999 by a research team from the Bell Canada Child Welfare Research Unit, Faculty of Social Work, University of Toronto, under contract with the Ministry and in consultation with a Ministry appointed Advisory Committee. The evaluation included five main components:

- a review of reports and documents related to the Risk Assessment Model development, training and implementation;
- interviews with key informants from the Ministry and OACAS staff involved in the Risk Assessment Model development, training and implementation;
- a 15-agency case study;
- two province-wide telephone surveys; and
- an analysis of training evaluation forms.

Given the time-frame of the evaluation and the volume of information reviewed, the evaluation was conducted by a team of 5 researchers and 2 research assistants who met on a regular basis to discuss themes emerging from each component of the evaluation.

The evaluation found that the Ministry’s Risk Assessment Model implementation strategy was successful to the extent that all Children’s Aid Societies have shifted to this new case assessment and management system. The more directive role played by the Ministry was generally well received and the consultation and communication mechanisms that were in place functioned well. At all levels of the child welfare system respondents were supportive of the selection of a common Risk Assessment Model for the province, although there is some indication from the interviews and focus groups that the level of enthusiasm is beginning to

decline. There appears to be a growing concern amongst child welfare staff about the capacity of the child welfare system to implement other new initiatives at this point. The integration of the model into clinical practice appears to require more time and more support. Particular attention needs to be paid to First Nations communities in this regard.

Training on the Risk Assessment Model was generally found to be a positive, albeit an intensive experience. Initial positive response to the comprehensive training (as measured by the Participant Session Evaluation forms completed at the time of training) appears however to be attenuated by difficulties encountered subsequently in applying the Risk Assessment Model to local child welfare cases. Poor inter-rater reliability of the Risk Assessment instrument (as measured via its application to a common training vignette) further indicates that additional training would enhance the clinical usefulness of the Risk Assessment Model.

Close to \$1.5 million was spent on direct training costs for the Risk Assessment Model. Compared to the costs of regular OACAS child welfare training, the per unit costs for the Risk Assessment Model were relatively low: the direct costs per participant day for the Risk Assessment Model training was \$46, as compared to \$62 for regular OACAS child welfare training. This difference reflects the fact that regular child welfare training is delivered to smaller groups (average of 17.2 participants per training day) than were used in the Risk Assessment Model training sessions (average of 25.5 participants per training day). The smaller groups for regular child welfare training allow for more clinical discussions that were not included in the highly standardized the Risk Assessment Model training.

Three sets of recommendations are presented in the final section of the report. These include:

- additional training and consultation supports focusing in particular on the clinical aspects of risk assessment;
- specific questions that should be examined in the Phase II evaluation of the Risk Assessment Model, including integration of the model in case assessments, consistency of use of the model, the shifting role of supervisors, and workload changes; and
- a staggered approach to implementing province-wide initiatives which would allow for more extensive pilot testing and the development of the necessary infrastructure. The use of local coordinators (Lead Hands), active involvement of Area Office Supervisors, and the Ministry's communication strategy were all seen as key elements in any subsequent initiative. Greater consultation with Native Children's Aid Societies was also identified as an implementation issues for future initiatives.

In conclusion, our evaluation of the initial implementation and training of the Risk Assessment Model reveals a comprehensive and well-planned strategy that has led to the Risk Assessment Model becoming the standardized risk assessment system used by all Children's Aid Societies in the province. While the response to the Ministry's lead initiative has been positive, this first phase evaluation has identified some potentially serious implementation issues that should be carefully monitored to ensure that the Risk Assessment Model is indeed leading to improved practice.

1. Introduction

The Ontario Ministry of Community and Social Services (the Ministry) has embarked on a three-stage research process in which it seeks to; firstly, evaluate the initial implementation and training of the Risk Assessment Model for Child Protection in Ontario; secondly, evaluate the impact of the model; and, finally, to develop and refine the existing risk assessment tools (Request for Proposals, MCSS, 1998). The first phase evaluation presented in this report examines:

- the strategy used by the Ministry to implement the Risk Assessment Model in an effort to determine “best practice” approaches to implementing risk assessment as well as to inform implementation for other elements of the Child Welfare Reform Agenda; and
- the Risk Assessment Model training provided by the Ontario Association of Children’s Aid Societies (OACAS) under contract to the Ministry.

The evaluation was conducted between December 1998 and April 1999 by a research team from the Bell Canada Child Welfare Research Unit, Faculty of Social Work, University of Toronto, under contract with the Ministry and in consultation with a Ministry appointed Advisory Committee.

The report is organized in five main sections. The first section presents a background overview of the development, implementation and training of the Risk Assessment Model, followed by a description of the methodology used for the evaluation. The findings are presented in the following three sections, starting with a review of the Ministry’s implementation strategy, followed by the evaluation of the Risk Assessment training, and lastly an analysis of direct implementation and training costs. The final section of the report presents recommendations emerging from the evaluation.

Background

Risk assessment has always been a central component of child protection investigations and assessments. The use of structured risk assessment tools, however, is relatively new to the field. Prior to the introduction of the Risk Assessment Model for Child Protection in Ontario, only half of all Children's Aids Societies were using some type of structured risk assessment tool.¹ The utility of a standardized and common risk assessment tool had been well recognized by Children's Aid Societies and was recommended by several of the Coroner's Juries investigating the deaths of children under the care of Children's Aid Societies (Office of the Chief Coroner, 1998)². The introduction of the Ontario Risk Assessment Model was further supported by the Ministry's child welfare reform agenda that includes: amendments to the Child and Family Services Act, a rationalized funding framework, additional funding for Children's Aid Societies, increased foster care rates, a new child protection training program, and a new province-wide information data base.

A policy intent requiring all Children's Aid Societies to use a common Eligibility and Risk Assessment system was issued in the autumn of 1996. The period between January 1997 and April 1999 was marked by close collaboration between the Ministry and Children's Aid Societies in selecting and developing the Risk Assessment Model, planning, supporting and monitoring its implementations, and providing province wide training under contract with OACAS. An overview of the development, implementation and training for the Risk Assessment Model is presented below (also see Risk Assessment Model development, Implementation and Training Chart).

Selection and Development of the Risk Assessment Model

In January 1997 the Ministry established a Risk Assessment Project Steering Committee to begin the process of deciding which tools were to be included in the Ontario model. The

¹ Love, A. (1997). Eligibility and Risk Assessment Project: Final Report.

² Report on Inquests into the Deaths of Children Receiving Services from a Children's Aid Society)

Steering Committee with representation from the Ontario Association of Children's Aid Societies (OACAS), the Association of Native Child and Family Services of Ontario (ANCFSO), Children's Aid Societies and the Ministry, retained Dr. Arnold Love as project consultant to review current risk assessment instruments being used by Native and non-Native agencies in Ontario. Based on Dr. Love's recommendations the Project Steering committee identified the three tools that comprise the Ontario Risk Assessment Model. Dr. Love also helped the committee to address implementation issues.

On July 3, 1997, Janet Ecker, Ontario Minister for the Ministry of Community and Social Services announced that a mandatory three-tool risk assessment system would be fully implemented in all Children's Aid Societies across the province by August 31, 1998. The development and implementation of the Risk Assessment Model is noted as being, "...a significant step in building a stronger provincial child protection system by ensuring a standardized, comprehensive approach to the assessment of risk across all Children's Aid Societies" (Ministry, 1997, p.i). Province-wide training on the Risk Assessment Model for CAS staff commenced October 30, 1997.

A senior child protection supervisor was also seconded by the Ministry to work on the Risk Assessment Model Project. The Ministry established a Technical Advisory Group, with representation from the Ministry, Children's Aid Societies and OACAS, to develop the Risk Assessment Model itself and advise on required revisions to the selected tools.

The selected Risk Assessment Model contains three tools: The Eligibility Spectrum, The Safety Assessment Tool and the Risk Assessment Tool:

- The Ontario Eligibility Spectrum (1997) is a third-generation tool, developed in Ontario by the CAS network for the Ontario child welfare field.
- The Ontario Safety Assessment tool was taken directly from the British Columbia version with only minor word changes to the Ontario tool. The British Columbia Safety Assessment Tool is adapted from the New York Risk Assessment Tool.
- The Ontario Risk Assessment tool was adapted from the New York Model. The Technical Advisory Group, along with Dr. Love, adapted the tool to Ontario.

Gantt Chart

Earlier versions of the three tools selected for the Risk Assessment Model had all undergone some systematic testing, however, the psychometric properties of the revised versions of these tools were not well established, and the combined use of the tools had not been formally pilot tested. Members of the Technical Advisory Group used the Risk Assessment Model in their home agencies on a small number of cases. In addition, two agencies (Ottawa CAS and London CAS) informally tested the Risk Assessment Model.

The Risk Assessment Model was translated into French and the completed Risk Assessment Model was printed October 28, 1997. Based on feedback from Overview training sessions held in the autumn of 1997 with CAS senior managers, the Technical Advisory Group made minor modifications to the model. The revised Risk Assessment Model was reprinted and available for the Comprehensive training sessions in March 1998. Both English and French versions of the Risk Assessment Model were issued.

Implementation Strategy

Implementation of the Risk Assessment Model followed a carefully planned strategy designed to ensure that the model was adopted province-wide in a timely and comprehensive manner. The Ministry maintained an unusually directive role throughout this process. From the outset, Implementation Guidelines were sent to Children's Aid Societies and their Boards of Directors on October 28, 1997. Agency Implementation Plans ratified by the Board were required by December 1997. These plans were reviewed and monitored by Area Office program supervisors who submitted Quarterly Status Reports to the Ministry. In addition, the Ministry provided a number of implementation supports, including funding a 1-800 "Hot-line" to provide trainer and agency support and consultation; providing one-time funding of over \$1.4 million in January 1998 to Children's Aid Societies to support implementation of risk assessment; reviewing and approving the Common Recording Package, as well as funding its automation; and funding Lead Hand meetings.

Training Development and Delivery

Training for the Risk Assessment Model was delivered under contract by the Ontario Association of Children's Aids Societies. The OACAS submitted a proposal in June of 1997 to the Ministry³ to provide training on the three assessment tools and risk assessment related curricula training. A revised version of OACAS's original proposal to provide training and implementation support was accepted and in consultation with the Ministry a centralized approach to training all child welfare staff in Ontario was developed.

Two members of the Technical Advisory Group, Mary Ballantyne and Alison Scott, in addition to participating in the development of the Risk Assessment Model with Dr. Love, were seconded as Risk Assessment Project Coordinators and Core Risk Assessment Trainers for the Risk Assessment Model.

Each Children's Aid Society was asked to identify a Lead Hand for the Risk Assessment Model. The role of the Lead Hand was to act as liaison between the local CAS and the Risk Assessment Model Project. Lead Hands, OCWTS trainers, Regional Training Coordinators, Core Risk Assessment Trainers, Dr. Love and Ministry Risk Assessment Project staff collaborated on the development of the training curriculum. The Risk Assessment Coordinators tested this curriculum using the above as training participants and provided feedback and recommendations to the Technical Advisory Group prior to mass printing for province-wide training of managers and supervisors.

Training was delivered in two phases. Between October 1997 and March 1998 orientation and planning meetings were held with various levels of CAS management and Ministry staff. Comprehensive training on the model itself was held across the province between March and August 1998.

Lead Hand and Program Supervisor Orientation: On October 30, 1997, 62 CAS Lead Hands and 30 Ministry Program Supervisors were introduced to the new Risk Assessment Model.

³Ontario Association of Children's Aids Societies. (June 4,1997). Risk Assessment-Related Enhancements of Ontario Child Welfare Training System Program: Proposed Approach and Costs.

Lead Hands met for a second day with the Risk Assessment Project Coordinators to provide initial feedback on the model and to identify planning needs for implementation. The development and automation of a Common Recording Package was identified by participants as a key requirement to support the implementation of the Risk Assessment Model. Lead Hands were asked to share this information and process with their home agencies to prepare agencies for full implementation.

Overview for Senior Managers: Between December 1997 and February 1998 CAS Executive Directors, Managers, Supervisors and Lead Hands (N=633) were provided with two day orientation and planning sessions of the Risk Assessment Model.

Trainer Training: A “Train the Trainer” Model of training was utilized to deliver comprehensive training to remaining child welfare staff between March 1998 and August 1998. Twenty-five Core Risk Trainers were recruited provincially and 15 Agency/Regional Risk Trainers trained by the two Risk Assessment Coordinators. Core Risk Trainers in turn prepared 38 Agency Only Trainers to deliver comprehensive training to child welfare staff locally.

Comprehensive Training: Between March 1998 and August 1998 5,767 CAS staff attended Comprehensive Training sessions (159 sessions held across the province). All CAS staff were expected to attend at least part of the three-day comprehensive training sessions.

In addition to the comprehensive training for the Risk Assessment Model, supplementary training was also provided to address associated issues. This included:

- Enhanced clinical training was provided to child protection supervisors (fall of 1998)
- Common Recording Package training for Lead Hands and CAS information technology staff (N=101, February 1998)
- A number of additional training sessions to deal with Risk Assessment Model related issues (substance abuse, decision-making, writing skills, custody & access, high risk infant physical abuse symposium) were held between September 1997 to August 1998 31.

Evaluation Methodology

The present evaluation of the initial implementation and training for the Risk Assessment Model is the first phase of a three-phase evaluation being conducted by the Ministry. The subsequent two phases will evaluate the impact of the Risk Assessment Model (Phase II) and develop and refine the existing risk assessment tools (Phase III) (Request for Proposals, MCSS, 1998). This first phase evaluation examines:

- the strategy used by the Ministry to implement the Risk Assessment Model in an effort to determine “best practice” approaches to implementing risk assessment as well as to inform implementation for other elements of the Child Welfare Reform Agenda; and
- the Risk Assessment Model training provided by the Ontario Association of Children’s Aid Societies (OACAS) under contract to the Ministry.

This evaluation included five main components: (1) a review of reports and documents related to the Risk Assessment Model development, training and implementation; (2) interviews with key informants from the Ministry and OACAS staff involved in the Risk Assessment Model development, training and implementation; (3) a 15-agency case study; (4) two province-wide telephone surveys; and (5) an analysis of training evaluation forms. Given the time-frame of the evaluation and the volume of information reviewed, the evaluation was conducted by a team of 5 researchers and 2 research assistants who met on a regular basis to discuss themes emerging from each component of the evaluation.

Because there are no precedents for such a comprehensive and rapid deployment of child welfare policy in Ontario, there are no simple comparison points that can be used in evaluating an initiative like the Risk Assessment Model. Our analysis therefore focuses on "lessons [that] can be learned from this approach to implementation that can be applied to other similar province-wide initiatives."⁴

⁴ From question 7 of the Request for Proposals for the Ontario Risk Assessment Model Evaluation Project – Phase 1.

Document Review

Documents provided by the Ministry and the OACAS relating to the Risk Assessment Model development, training and implementation were analyzed by the research team at the outset of the evaluation. The document review provided rich data on the context for the development of the Risk Assessment Model and on the extensive work involved in planning and carrying out the implementation of the model. Documents reviewed include:

- Ministry of Community and Social Services. (October 30, 1997). Risk Assessment Model for Child Protection in Ontario: Implementation Guidelines.
- Area Office Status Reports. Required from each Children's Aid Society and collated by relevant Area Offices by the Ministry on a quarterly basis during the Initial Implementation period – December 31, 1997, March 31, 1998, June 30, 1998 and September 30 1998.
- Ontario Association of Children's Aid Societies. (June 4, 1997). Risk Assessment-Related Enhancements to Ontario Child Welfare Training System Program: Proposed Approach and Costs.
- Service Contracts between the Ministry of Community and Social Services and the Ontario Association of Children's Aid Societies to provide Risk Assessment Training for the period between August 14, 1997 – March 31, 1998, (signed December 10, 1997; amended and signed April 29, 1998) and for the period April 1, 1998 – August 31, 1998.
- Meeting minutes from the four Risk Assessment Project Steering Committee meetings held between February 1997 and April 1997.
- Ontario Association of Children's Aid Societies. (November 1998). **Risk Assessment Project Final Report**. Prepared by Louise Leck, Alison Scott and Mary Ballantyne for the Children's Policy Branch, Children's, Family and Community Services Division, Ministry of Community and Social Services.
- Ontario Association of Children's Aid Societies. Comprehensive Risk Assessment Training for Child Welfare, Risk Assessment Model for Child Protection in Ontario: A Training Curriculum. Training manual developed and revised during the autumn 1997 and winter 1998 by the Risk Assessment Co-ordinators.
- Lead Hand Meeting Notes from meetings held periodically between October 30, 1997 and March 5, 1999 to discuss the Risk Assessment Model, training and implementation issues.
- Additional OACAS and Ministry internal meeting minutes, memos, and other correspondence related to the development, training and implementation of the Risk Assessment Model between Autumn 1996 and Spring 1999.

In addition to the implementation and training documents provided by the Ministry and the OACAS, a number of papers [in italics] and reports [bolded] pertaining to the broader context of the development of the Risk Assessment Model were reviewed. These include:

- ARA consulting Group Inc. (January 12, 1998). **Child Welfare Accountability Review: Final Report**. Prepared for the Deputy Minister, Ministry of Community and Society Services.
- Beardy, J. & Brubacher, M. (1999). *Tikinagan Child and Family Services Risk Assessment Model Issues*. Written to MCSS.
- Family and Children's Services of Guelph and Wellington County. *Ontario Risk Assessment Model Implementation Costs, September 1998*.
- Love, A. (April, 1997). **Eligibility and Risk Assessment Project**. Prepared for the Ministry of Community and Social Services, Risk Assessment Project Steering Committee.
- Mullen-Stark, H. (September 22, 1998). **Child Protection Capacity Building Strategy Current In-Service Training Investments Report on the Ontario Child Welfare Training System**. Prepared for the Ministry of Community and Social Services, Children's Services Management Support Branch
- Ontario Association of Children's Aid Societies. (November 1998). *Human Resources Fact Sheets 1998*.
- Sullivan, R. (July, 1997). Phase I Evaluation of the Implementation of the British Columbia Risk Assessment Model for Child Protection. Prepared for the Ministry of Social Services, British Columbia.

Key Informant Interviews

Multiple face-to-face and/or telephone interviews were conducted with seven key informants from the Ministry's corporate office involved in the development and implementation of the Risk Assessment Model, the two Risk Assessment Coordinators and other OACAS staff involved in the Risk Assessment Project. These key informant interviews covered a broad range of issues including Risk Assessment Model development; implementation planning and problem resolution as well as training curriculum development and delivery. Analysis of these seven Ministry and OACAS key informant interviews was combined with the analysis of the interviews

with Executive Directors, Lead Hands and Area Office Program Supervisors included in the 15 agency study described below.

15 Agency Case Study

To ensure that the evaluation reflected the diversity of experiences of Children's Aid Societies across the province, a representative sample of 15 agencies was recruited to examine different perspectives within and between agencies on the Risk Assessment Model. Agencies were selected in consultation with the Ministry and OACAS to ensure representation in terms of agency size, regional location, cultural make-up, language, rural/urban differences, level of automation, use of the Common Recording Package, prior experience in using the Eligibility Spectrum and whether or not inquests were experienced. The selected sample included:

Western Region:

Windsor-Essex CAS
Haldimand-Norfolk CAS
Huron CAS

Eastern Region:

Lanark F & CS
Ottawa-Carleton CAS (Francophone)
Renfrew F & CS
Prescott-Russell CAS (Francophone)

Central Region:

Halton CAS
Jewish F & CS
Peel CAS
Simcoe CAS
Toronto CAS

Northern Region:

Thunder Bay CAS
Tikinagan North C & FS (Native)
Abinoojii FS (*formerly Wabaseemoong*) (Native)

Executive Directors and Lead Hands from each agency were interviewed via telephone by one of the research team members between January 1999 and March 1999. Phone interviews were also conducted during this time frame with the Area Office program Supervisors responsible for each of the sampled agencies.

To supplement the telephone interviews, the research team also reviewed implementation documents specific to the agencies. These included the agency-specific Implementation Plans required by the Ministry, the Area Office Status Reports monitoring individual agency progress in implementing the Risk Assessment Model (December 31, 1997, March 31, June 30, September 30, 1998), and implementation planning surveys that the Risk Assessment

Coordinators had circulated during second day of the overview training (November 1997 to February 1998).

Seven focus group interviews of front-line staff from the 15 study agencies were held across the province. Forty-four individuals participated. These sessions sought front-line workers' perceptions and experiences with the implementation and training of the Risk Assessment Model. The qualitative data obtained from these groups contributed to our assessment of the strengths and limitations of the existing implementation and training protocols. Each focus group included between three and nine front-line CAS staff. Where geographically possible, at least two different agencies represented a particular region. Focus Groups in northern Ontario were held in individual agencies.

Province wide phone surveys

Two phone surveys of all Ontario Children's Aid Societies were conducted in March and April of 1999 to provide accurate data on a number of implementation and training issues that arose during the evaluation: (1) the Exceptions Report Survey, and (2) the Implementation Issues Survey.

Exceptions Report Survey:

The Exceptions Report Survey was conducted in collaboration with OACAS to verify training completion data that had been originally collected during Risk Assessment Model training sessions. On the basis of the original data, OACAS had generated an "Exceptions Report" that detailed all staff in each agency who had not received the Risk Assessment Model training by August 31, 1998. Our evaluation team telephoned each agency to verify the "exceptions" list and obtain clarification about the status of staff itemized who had not attended the original Risk Assessment Model training.

Implementation Issues Survey:

All 54 Children's Aid Societies completed a brief descriptive telephone survey providing additional information about the implementation and/or training of the Ontario Risk Assessment

Model. This telephone survey asked seven sets of questions designed to fill in information gaps identified during our analysis of existing data, Key Informant interviews and Focus Group Discussions [Has your agency automated the Risk Assessment Model? What procedures are in place to ensure that all new hires are trained on the Risk Assessment Model? Did the Lead Hand in your agency attend Lead Hand meetings? Did any staff not receive training, and why? Time elapsed between Risk Assessment Model training and full implementation; What agency specific follow-up procedures are in place to address issues with Risk Assessment Model? Would Risk Assessment Model follow-up training be useful?].

Analysis of Training Data

A large amount of evaluation data was collected by trainers during the Risk Assessment Model training. Following the completion of each training sessions, participants completed three evaluation forms: (1) *Participant Session Evaluation* forms designed to ascertain participants' perceptions of the training they had received; (2) *Participant Session Assessment [Post-Test]* forms designed to measure participant knowledge and concept mastery of the Risk Assessment Model; and (3) *Risk Assessment Ratings [Reliability Test]* of a case vignette designed to determine the reliability of the Risk Assessment Instrument. Data from these three forms were analyzed by the research team, the analysis methodology for each is discussed below.

Participant Session Evaluation Forms:

This Participant Session Evaluation form solicited feedback on participant's perception of the trainer's skills, the quality of the training curriculum and the contribution of the training to their learning. The Participant Session Evaluation form queries eight content areas: overview of the risk assessment model; eligibility spectrum training; safety assessment training; risk assessment tool; risk analysis and planning; case management; transfer of learning; and trainer competency. Space was provided after each content area to submit additional written comments.

Two sets of Participant Session Evaluation forms were analyzed. (1) Supervisors, managers, and executive directors following the overview training [November 1997 – March 1998] completed 636 forms. These forms were analyzed for their written content and contributed

primarily to the analysis of the initial implementation process. (2) All staff who attended the three-day comprehensive training sessions completed a Participant Session Evaluation form at the end of training. By August 1998 4,306 Participant Session Evaluation forms were completed by the comprehensive training participants. A random sample of 2,163 forms collated by OACAS staff in an ACCESS database was analyzed.

In addition, the written Participant Session Evaluation feedback about participants' experiences of training, curriculum, and the trainers was subjected to a qualitative analysis. The analysis was based on a review of a random sample of 1,009 forms selected from the 15 agencies selected for the agency study sampled for this evaluation. Responses between regions were compared to see if any observable qualitative differences emerged. Only one-quarter of all forms analyzed for their written content included written comments.

Participant Assessment Questionnaire [Post-test]:

The Participant Assessment questionnaire [post-test] was designed⁵ to evaluate participants' knowledge level at the end of the three-day comprehensive training. This eighteen-question post-test covered both clinical and procedural issues related to the Risk Assessment Model.

A random and stratified (by agency size and training session date) sampling strategy was employed. Ten post-tests were randomly selected from agencies with fewer than 80 staff and 20 from larger agencies. To ensure that all training sessions were represented post-tests were selected from across training sessions. This resulted in some agencies contributing more than the 10 to 20 post-tests we had initially targeted for sampling. This strategy yielded a total sample of 702 post-tests representing all, but one Children's Aid Society.

The data from all sampled post-tests were manually entered into an SPSS database (SPSS 8.0 for Windows). In addition to the eighteen questions asked on this form, descriptive data about the participants was coded and entered. A crosstabular analysis was conducted by length of training. Participants who received fewer than three days of training were removed from the sample.

A number of limitations of the Post-Test analysis should be noted. The Training Curriculum manual directed trainers to review the correct post-test answers with participants before the post-test was collected. Key informant interviews as well as Focus Group discussions indicated that some participants changed answers during this review period. This represents a serious limitation to the validity of the post-test results. In our data entry, we applied a missing code to those answers that were either unclearly marked or seemed clearly altered.

Additional, albeit less critical limitations, include some confusion about the instructions (for example, some participants gave true/false answers for questions that were multiple choice); incomplete tests; negative wording on many of the questions; and, not being aware that a post-test would be administered (for example, several participants provided written comments such as “it is unfair to test us on this information without informing us at the outset.”). The majority of post-tests were completed well suggesting that most trainers followed the written directive in the Training Curriculum Manual to explain the purpose of the post-test. Interviews with child welfare staff support this.

Inter-rater Reliability:

Inter-rater reliability was assessed by examining percentage of agreement between participants on their ratings of a case vignette (Simpson). The Simpson vignette was a one and one-quarter page summary of a child protection investigation developed by the trainers. Training participants were asked to apply the risk assessment component of the Risk Assessment Model to the Simpson case. The tool requires ratings in five areas: caregiver influence; child influence; family influence; intervention influence and abuse/neglect influence, to the case.

Risk assessment ratings of the Simpson vignette were received from 1889 trainees. This reflected data from 44 out of a possible 55 agencies. A sample of 175 ratings was selected from this sample by randomly selecting four from each of the 44 agencies (one form was not usable). This represents 9.3% of the eligible ratings.

⁵ Designed by Dr. Arnold Love, the Risk Assessment consultant for the Ministry.

It should be noted that reliability ratings using case vignettes are problematic to interpret because vignettes only provide partial representation of the complexity involved in cases of abuse or neglect. Low levels of agreement do not necessarily mean that the instrument is not reliable, they may simply indicate that insufficient information was provided in the vignette.

Key Terms Used in this Report

Definitions:

Initial Implementation refers to the activities that took place between August 1997 and August 1998 that contributed to the full implementation of the Risk Assessment Model.

Full implementation is defined by the Ministry as follows: "Full implementation will be demonstrated when the risk assessment instrument is being used for all reported cases involving abuse and/or neglect."⁶ The Ministry required that full implementation be realized by August 31, 1998.

Training refers to the activities that Ministry contracted with OACAS as one of the supports to implementation. These include the development and delivery of curriculum material to be delivered to support intensive training for all child welfare staff in Ontario and selected professional groups and associations; "Train the Trainers" sessions for local CAS trainers, the incorporation of the risk assessment and risk-related training into their core, competency-based training system and, the provision of consultation to Children's Aid Societies regarding implementation issues. Additional supports that were delivered through contract with OACAS include enhanced clinical training for supervisors, maintenance of a "hot-line" for telephone consultations regarding implementation issues, Risk Assessment related training, and, training on the Common Recording Package.

⁶ Risk Assessment Model for Child Protection in Ontario Provincial Status Report, June 30, 1998: A summary prepared by the Ministry.

Acronyms used through out this report:

ANCFSO Association of Native Child and Family Services of Ontario

CAS Children's Aids Society

OACAS Ontario Association of Children's Aids Societies

OCWTS Ontario Child Welfare Training System

MCSS Ministry of Community and Social Services

TAG Technical Advisory Group

2. Implementation of the Risk Assessment Model

The following section begins by examining the implementation process used by the Ministry, including the extent of implementation, the response to the directive role played by the Ministry, the effectiveness of the communication strategies used, the critical role of the implementation supports that were provided, and the impact of the joint introduction of the Risk Assessment Model and the Common recording Package. This section of the report concludes with a discussion of some of the emerging issues specific to the Risk Assessment Model itself.

The province-wide implementation of the Risk Assessment Model was the Ministry's first major initiative in carrying out its Child Welfare Reform Agenda and marks an important shift to a more active role for the Ministry in directing the implementation of child welfare policy initiatives. Implementation of the Risk Assessment Model followed a carefully planned strategy designed to ensure that the model was adopted province-wide in a timely and comprehensive manner. The implementation strategy was developed around three key components: (1) a structured agency level planning and monitoring process, (2) multiple consultation and communication mechanisms, and (3) provision of implementation supports.

The planning and monitoring process included:

- time-specific implementation guidelines,
- requiring agency specific implementation plans,
- direct involvement of CAS Boards of Directors in ratifying implementation plans,
- active monitoring of implementation progress by Area Office Program Supervisors through the Quarterly Status Reports.

The Ministry's consultation strategy focused on maintaining close contact with OACAS, ANCFSO, Children's Aid Societies, and CAS Boards of Directors throughout the development, planning and training stages. Beginning with the establishment of a Risk Assessment Steering Committee, the Ministry maintained a participatory and consultative approach towards

implementation and training throughout the development, initial implementation and training phases with key stakeholders. Consultation and communication mechanisms included:

- senior CAS staff were seconded by the Ministry to help in developing and implementing the Risk Assessment Model;
- following the announcement of the Ministry's intention to develop a common Risk Assessment system, a one-day consultation was held with CAS Executive Directors and CAS Board members;
- establishing a Risk Assessment Project Steering Committee with representation from OACAS, ANCSFO, CAS staff, and Ministry staff. This committee assisted the Ministry in the selection of a model and the development of an implementation plan;
- establishing a Technical Advisory Group, with representation from the Ministry, Children's Aid Societies and OACAS, to develop the Risk Assessment Model itself and advise on required revisions to the selected tools;
- Ministry funded Lead hand meetings provided a forum for discussing implementation and training issues that ensured relevant issues were promptly identified
- multiple public announcements and press releases were used to keep the public informed;
- information updates and memos were sent to agencies, boards and Ministry Area Offices;
- issues identified during consultations and training meetings were fed back to the Ministry and led to changes in the implementation plans. The provision of additional funding and support for the Common Recording Package are examples of initiatives that emerged through this feedback process.

Acknowledging that the implementation of the Risk Assessment Model represents an important shift in the way child protection services are provided in the province, the Ministry provided additional resources to support the initial implementation of the Risk Assessment Model. These included:

- additional funds to allow agencies to hire new staff (\$1.4 million, as announced in by Minister Ecker in January 1998);
- funds to provide comprehensive training of all child welfare staff;
- funds to support the automation of the Risk Assessment Model;
- funding for a 1-800 Hot-Line to permit CAS staff a direct avenue to their queries about the Risk Assessment Model;
- printing Risk Assessment Model manuals for all trainees;
- travel funds for Lead Hand meetings.

The lessons learned from this initiative are critical, not only because they represent a major investment on the part of the Ministry and Children's Aid Societies across the province, but also because they mark a significant shift in the Ministry's involvement in implementing child welfare policy. The success of the strategy can be evaluated in a number of ways. Our analysis starts by reviewing its effectiveness in terms of the extent of implementation of the Risk Assessment Model. We then examine some of the more qualitative information we received through key informant interviews, focus groups and document reviews in terms of perceptions of the Ministry's directive roles, the effectiveness of communication and consultation, and the extensiveness of the supports provided.

Extent of Implementation

The Risk Assessment Model implementation strategy developed by the Ministry has been effective in so far as all child welfare staff operating in the system at the end of the initial implementation period received training and all agencies fully implemented the Risk Assessment Model shortly thereafter. This is a credible achievement given the short time frame

for implementing the model and the novelty of this planning process. All 54⁷ mandated Native and non-Native child welfare agencies have implemented the Risk Assessment Model. Full implementation occurred in 53 Children's Aid Societies by August 31, 1998. One agency implemented fully by mid-September 1998.

Sixteen agencies implemented the Risk Assessment Model immediately following the completion of comprehensive training in their agency. Twenty-two agencies implemented the Risk Assessment Model on a gradual basis whereby some began using the model immediately in their intake, and then gradually in other service units. Some agencies reported using the Safety Assessment and Risk Assessment instruments immediately following comprehensive training on new cases but more gradually on old cases. The remaining agencies reported a time lapse between a few weeks to several months between training and implementation. This delay caused few implementation problems for agencies with the exception of three agencies that noted staff lost some knowledge during this delay.

Most CAS staff interviewed reported that although the Risk Assessment Model has technically been implemented, integration of the model at all levels of practice is not complete. Many workers reported difficulties adjusting to the steep learning curve inherent in such a complex model. While workers have been trained and are following the procedures specified by the Risk Assessment Model, they do not necessarily feel fully competent in using the model. In addition, managers noted that integration is an ongoing process as various service delivery systems are adjusted to meet the model's requirements. Larger agencies, in particular, found harmonizing the Risk Assessment Model at all levels of service to be very challenging given the relatively tight timelines set by the Ministry. At the time of the Risk Assessment Model evaluation the integration of the model into case decision-making, case planning and case-recording systems via amendments to agency policies and procedures had only begun in most agencies. Some agencies were awaiting further direction from the Risk Assessment Project Coordinators regarding suggested templates.

⁷ Essex CAS and Essex RCCAS amalgamated and are now known as Windsor-Essex CAS, reducing the total number of existing mandated child welfare agencies from 55 to 54. Unless otherwise noted, this report collapses the information from these two agencies.

Role of the Ministry

The implementation strategy for the Risk Assessment Model that the Ministry developed required a directive role for the Ministry while maintaining a strong consultation and communication mechanism. Despite the strains inherent in any change process we found strong support at all levels for the directive role assumed by the Ministry in developing the Risk Assessment Model and for the province-wide approach used to implement the model. Most CAS staff interviewed stated that the commitment and clear directives of the Ministry to proceed with the Risk Assessment Model facilitated a manageable transition. All senior managers who were interviewed expressed strong support for the Risk Assessment Model initiative in principle.

Most of the Lead Hands and Executive Directors interviewed observed that their staff were open and receptive to implementing a model of risk assessment to assist them in the difficult task of assessing children for risk and safety. In their written comments on the training Participant Session Evaluation forms [completed immediately following comprehensive training sessions] some respondents initially questioned the emphasis on the Ministry's role during the initial implementation phase. Subsequent focus group interviews (held almost one year after the completion of comprehensive training) suggested that workers had developed a broader understanding of the Ministry's role in the interim and were generally positive about the its leadership, albeit concerned that the Ministry might withdraw its leadership and support following the full implementation of the Risk Assessment Model.

The Ministry's requirement that Boards sign-off on agency Implementation Plans was not seen as problematic by CAS Directors who were interviewed. However, a number of key informants indicated that some Boards were quite surprised by this unusual requirement and not initially comfortable being involved at such an operational level. This level of involvement marks a decided departure from the past where Boards maintained a more distant relationship from the clinical operation of their agencies. However, the Ministry considered that implementation of the Risk Assessment Model represented more than a change in clinical practice but also marked a significant policy change and had implications for the business practices of the Societies.

The Ministry's active involvement in monitoring compliance through the Area Office Quarterly Status Reports did not raise concerns on the part of senior managers and other key informants who were interviewed. While the more directive role of the Ministry was not an issue, the tight

timelines were. Several Area Office Program Supervisors also noted that the tight training and implementation timelines have taxed their relationship with local CAS agencies. Some frustration was expressed by interviewed CAS Executive Directors who found the initial planning process difficult given that they had not yet attended the Risk Assessment Model overview training session by the time the implementation plans were due. Indeed our analysis of the plans found that they were not developed in detail and reflected a limited understanding of the Risk Assessment Model. However, as evident in the Quarterly Status Reports, agency plans evolved over time to more accurately reflect their specific implementation issues and resolution processes.

Many of the Area Office Program Supervisors who we interviewed sensed that the more active monitoring role they have played in the implementation of the Risk Assessment Model is likely to be required for future initiatives. While in principle this did not appear to be an issue for agencies or Area Office Program Supervisors, in practice several Area Office Program Supervisors said that they lacked confidence in their own knowledge of the Risk Assessment Model and that this limited their capacity to effectively monitor implementation. Many agency's informants also felt that Area Office Program Supervisors were not able to provide sufficient clarifying information to respond to interpretation and implementation issues.

Consultation & Communication

Generally, good initial communication between the Ministry, OACAS, Area Offices, and local Children's Aid Societies was noted by key informants. Senior administrators that were interviewed had a good understanding of the planned implementation process and of the broader context of the Provincial Child Welfare Reform initiative. In contrast, focus group interviews with front-line staff revealed that they were not always clear about implementation plans. There seems to be some confusion amongst child welfare staff at all levels about the on-going implementation plans and support for the Risk Assessment Model. A number of respondents were not aware of plans for additional Ministry funded supports after the training and initial follow-up that were contracted with OACAS. This has led to anxiety about the future of the Risk Assessment Model and concerns that the model could be dropped or significantly changed as quickly and as easily as they perceived that it had been introduced.

Many respondents commented positively about the inclusion of senior CAS staff at the Ministry. These secondments were seen as helping to increase child welfare expertise at the Ministry⁸ and to support a more responsive process. Involvement of CAS staff and OACAS representatives in the Risk Assessment Project Steering Committee and the Technical Advisory Group were also well received. Feedback from Lead Hand meetings as well as issues noted by Area Offices in the quarterly status reports appeared to be effectively used by the Ministry. For example, the need for funds to support the automation of the common recording packages as well as the need for funds for hiring additional staff were in part identified through these feedback mechanisms.

Key informants from Native agencies expressed concern that the Ministry had not consulted enough with their communities during the development, implementation and training phases of the Risk Assessment Model. While the Ministry included the ANCF SO in its planning initiatives, key informants from Native agencies stated that this first level of consultation was not inclusive enough of the agencies themselves. There appears to have been some misunderstandings about the role and function of the Association, and the extent to which it represents individual Native agencies. In recent months the Ministry has made specific efforts to establish working relationships directly with Native agencies to address these and related concerns.

Implementation Supports

Supports for implementing the Risk Assessment Model were critical given the tight timelines for implementation and given that the model represents such a significant change in the approach to child protection case management. Some of the supports that were provided were seen by respondents at all levels as being very helpful. The 1-800 Hot-Line was extensively relied upon and, to the extent that the coordinators had answers to implementation questions, was noted by many respondents as being useful. Lead Hands and agency level implementation committees were also referred to by almost all respondents as critical supports. Views about automation and the introduction of the Common Recording Package were not as positive. Similarly, while the

⁸ Decreased front-line child welfare expertise at the Ministry was identified as an issue in the [Child Welfare Accountability Review](#) (January 12, 1998).

Ministry printed Risk Assessment Model manuals for all CAS staff, any shortage in available manuals was invariably mentioned by CAS respondents as being obstacles to implementation. Most agency level respondents also noted that the structured assessment and decision-making process required by the Risk Assessment Model required more time to complete and led to a significant increase in workload.

Lead Hands:

The tight timelines for implementing the Risk Assessment Model required the development of flexible and responsive support systems that could help Children's Aid Societies quickly respond to implementation issues as they emerged. Almost all the respondents pointed to the agency Lead Hands as playing a critical role throughout the initial implementation of the Risk Assessment Model.

Twelve [of the 54 surveyed] agencies reported striking a Risk Implementation Team/Committee that normally met on a weekly basis during the Initial Implementation phase to address the Risk Assessment Model and related issues. A further 25 agencies addressed such issues via team meetings, during supervision, or management meetings. The remaining agencies relied primarily on their Lead Hand to provide guidance and direction. These consultation mechanisms played an important role in facilitating implementation and addressing issues as they arose. We found, however, that worker's perceptions of the effectiveness of these consultation mechanisms varied from one agency to another. Workers felt less supported in agencies where responsibility lines were more diffuse (i.e. where several people or a committee were responsible for risk assessment implementation) or where Lead Hands were not able to dedicate sufficient time to their roles, or where there had been changes in Lead Hands during the initial implementation period.

Lead Hand meetings were viewed by child welfare staff as providing an important forum for sharing implementation issues; networking with other agencies; raising questions about the Risk Assessment Model; and shared problem solving. Attendance at each of the five meetings varied across the province. Only 19 agencies indicated (in the province wide telephone survey) that their Lead hand had attended all provincial Lead Hand meetings. All agencies reported that their designated Lead Hand had attended at least one of the periodic Lead Hand meetings

offered and entirely funded by the Ministry between October 1997 and February 1999. The requirement for local agencies to fund attendance at subsequent Lead Hand meetings (held in Toronto) was prohibitive for many agencies, particularly those in the northern region of the province where geographic distance is a significant factor in terms of both staff time and costs.

While Lead Hands were generally seen as playing a critical linkage role between local agencies and the provincial Risk Assessment Project, a number of agencies have not been able to designate staff to function as Lead Hands with the necessary time to provide the kind of in-house consultation required to answer application and interpretation issues. These agencies have expressed greater difficulties implementing the Risk Assessment Model than those agencies whose Lead Hands were able to devote much of their time to this initiative.

Lead Hand burnout was identified as an issue of concern by several respondents. The necessity to learn the Risk Assessment Model while simultaneously training other trainers, providing training themselves, providing implementation support to their local agency and concurrently performing their regular tasks, placed considerable stress on Lead Hands.

All training sessions used a “parking lot” concept to identify unresolved implementation issues. Throughout the course of the training sessions these issues were documented and returned either to individual agencies for Lead Hands and Implementation Teams to address locally or common issues were addressed provincially by the Risk Assessment Coordinators. This strategy is, in principle, a coherent one providing that significant issues are quickly addressed. Some of the front-line staff interviewed were not aware that there is an on-going planning process for dealing with the Risk Assessment Model interpretation and application issues, nor did these staff appear to make use of potential consultation with their designated Lead Hands to resolve these issues. Our evaluation further suggests those staff who used this process found the response time (to their “parked” issues) slow and many issues continue to remain unresolved (see OACAS, Risk Assessment Final Report, 5-5 to 5-24).

Automation and the Common Recording Package:

The Ministry's initial implementation plan for the Risk Assessment Model did not include the development of, or the simultaneous introduction of, a province-wide standard case recording system. Given the complexity of the Risk Assessment Model the Ministry was concerned that

combining the implementation of the Risk Assessment Model with additional changes to recording procedures could compromise the initial implementation of the Risk Assessment Model. On the other hand, Lead Hands believed that coordination of the Risk Assessment Model initiative would be very difficult if recording systems were not harmonized across the province. The introduction of the Risk Assessment Model provided an ideal opportunity for provincial Children's Aid Societies to harmonize the array of case recording systems that existed.

The Common Recording Package was developed by a committee of Lead Hands and the two Risk Assessment Coordinators. The Common Recording Package was quickly endorsed by most Children's Aid Societies and the Ministry agreed to provide financial support for the automation of those aspects of the common recording package that correspond to the Risk Assessment Model. Fifty-one child welfare agencies voluntarily adopted the Common Recording Package.

Our telephone survey indicated that 27 Children's Aid Societies had automated a system to document the requirements set out in the Risk Assessment Model. The entire Central region and most of the Southwest region report being automated. The least automated agencies are in the northern and eastern regions. Sixteen agencies continue to complete the requirements set out in the Risk Assessment Model manually, and the remaining agencies are in transition to automation. Some agencies reported having had a measure of success in the automation process. Where agencies had made the decision to assume the provincial recording package right away, and had the resources to fully automate, the process is reported to be going relatively smoothly. Problems reported by respondents are with computer glitches and worker learning curve issues. For other agencies the integration of automation was reported to be proceeding very slowly and in some agencies forms were still being completed by hand. Some agencies were still waiting for computers at the time of our evaluation, some had just received computers, and other agencies could only provide one computer for every three workers.

While the Ministry had not intended to use the Common Recording Package as the central platform for the Risk Assessment Model, front-line workers in agencies that use the Common Recording Package equate the two. As a result, a number of form design and automation issues specific to the Common Recording Package are confused by front-line workers as being Risk Assessment Model implementation problems. Lack of planning and insufficient

resources in introducing the automated Common Recording Package were identified by many front-line and management respondents as critical issues in the effective implementation of the Risk Assessment Model.

Agencies that are not automated reported the most difficulties in using the Risk Assessment Model. Although supportive in principle, workers interviewed from non-automated agencies had become disenchanted with the model in practice. Staff completing the Risk Assessment Model forms manually complained about not having enough space on the printed Risk Assessment Model forms to include critical assessment information. The problem of missing clinical information on Risk Assessment forms was an important discussion theme in nearly all of the front-line staff focus groups, Lead Hand minutes available for review and the itemization of “parking lot” issues found in the Risk Assessment Project Final Report (pp. 5-5 to 5-24).

Increasing Workload:

Widespread concern was noted by respondents, across all agencies, that the time needed to complete the Risk Assessment Model has significantly increased individual workloads. In this regard, a number of specific observations are offered.

In comparison to past practice procedures, some workers have experienced this structured assessment and decision-making system as more cumbersome. The number of interviews required to follow the standards in completing each of the three tools together with the concomitant travel time have been noted as very time consuming by a significant number of respondents. Other, and often newer workers, have alternatively, found that the structured Risk Assessment Model provides a useful guide that facilitates their assessments.

The detailed information required to complete the Safety Assessment form was most often noted as taking more time to complete, both in terms of having to gather more information on all children in investigated families and in terms of having to update changes of circumstance. The implementation of the Eligibility Spectrum appears to have a varying impact on agencies, depending on the types of cases they used to service. Some of the CAS staff interviewed thought that the Eligibility Spectrum had led to an increase in caseloads because staff were, on the one hand opening more cases and, on the other hand, keeping more cases open for longer periods of time. Others thought that the Eligibility Spectrum had led to reduced caseloads

[noted particularly in multi-service agencies]. These staff reported the added concern that the narrowing of eligible criteria for CAS service has strained their relationship with their communities who have traditionally sought assistance from CAS agencies for a much broader range of issues.

The perception that workloads have increased is not unexpected with the introduction of a different assessment and decision-making model. The extent of these workload changes will need to be examined through periodic caseload and workload trends analyses in order to provide the province with an accurate understanding of these changes. It will also be important to consider whether the additional information gathering required by the Risk Assessment Model is leading to improved practice.

Emerging Issues Specific to the Risk Assessment Model

While implementation of the Risk Assessment Model has gone well in terms of province wide coverage, a number of problems were identified during the interviews and focus groups that require careful evaluation. It should be noted that the present study was not designed to evaluate the clinical implementation of the Risk Assessment Model. The issues discussed in this section will need to be examined further in the Phase II evaluation of the Risk Assessment Model.

Throughout all the focus groups with front-line workers and many interviews with management level CAS staff, respondents raised concerns that the procedural requirements of the Risk Assessment Model interfered with good clinical practice. While respondents provided some evidence of such a shift, some of the issues raised must be interpreted with caution. For instance, concerns that the Risk Assessment Model leads to increased “paperwork” and less direct clinical contact, may reflect a false dichotomy between formulating assessments and clinical work. The mixed quality of CAS written assessments is a problem that pre-dates the introduction of the Risk Assessment Model. The fact that the Risk Assessment Model requires more information gathering and provides more structure to assessments is in principle one of its benefits and should in principle lead to better tailored interventions. Whether assessments completed under the Risk Assessment Model are in fact better than the ones completed prior to its introduction is a question that will need to be examined further.

Limited Clinical Integration:

The rapid implementation of the Risk Assessment Model across the province does not necessarily mean that the model has been fully integrated at the level of clinical practice. A number of issues raised by respondents indicate that initial implementation of the Risk Assessment Model and any subsequent follow-up communication focused primarily on procedural questions rather than clinical ones:

Ten months after the introduction of the Risk Assessment Model, procedural as opposed to clinical issues appear to dominate the implementation of the model. A review of Lead Hand

meeting minutes indicates a similar attention to procedural issues raised by Lead Hands on behalf of their individual agency staff. Trainers for autumn 1998 follow-up training session with supervisors indicated that they had difficulty getting them to focus on the more clinical issues.

A number of respondents were concerned that written clinical formulations had been replaced by scale ratings and very brief commentaries that seemed to fit the structure of the Common Recording Package (part of this is a problem with paper versions of the form that do not accommodate running commentaries that automated versions are able to accommodate – i.e. the screen rolls down). Several noted that they can no longer rely on the written file in transferring cases because it does not include enough contextual information on which the risk assessments are based.

A number of worker respondents commented that they used it as a "stand-alone tool" because of their lack of confidence in it as a clinical tool. This may explain why they feel that their paper workload has increased. Full integration of the Risk Assessment Model into clinical assessments needs to be supported to ensure that the model is leading to more effective and more efficient practice.

Front-line workers noted that they have less time for clinical supervision because they spend most of their supervision time discussing the procedural requirements of the Risk Assessment Model. In addition, many respondents pointed out that more supervisory consultations are now required to ensure "sign-offs" are completed. Workers and supervisors alike describe having many more brief contacts but less time to discuss cases in depth.

New CAS staff have, generally, found it easier to adjust to the requirement for the Risk Assessment Model. It appears that in some instances new staff with limited clinical expertise are becoming the agency Risk Assessment Model experts, potentially undermining recognition of the clinical expertise of more experienced social workers.

Despite these concerns most of the Lead Hands and Executive Directors who were interviewed noted that the Risk Assessment Model has the potential to be utilized as a sound clinical tool. When asked how this might occur, they suggested that more specialized training for front-line staff, with an emphasis on the clinical components of the tool, expanded space for notes and a family assessment, and more practice application may facilitate the integration of the Risk

Assessment Model as a clinical tool. The worker responses did not reflect the same optimism for the clinical utility of the Risk Assessment Model.

Safety Assessment:

A number of issues specific to the Safety Assessment arose from our interviews with CAS staff:

- the distinction between “Safety Assessment” and “Risk Assessment” does not appear to be well integrated. While some front line workers reported that the Safety Assessment provided a useful checklist, they also appeared to be unduly preoccupied by procedural questions like the timing of the completion of the Safety Assessment;
- many respondents felt that the Safety Assessment requires too many supervisory sign-offs;
- many staff reported having difficulty drawing a clear line between the definitions of “safe” and “unsafe”. The need for more standardized definitions of these terms was noted as an issue in most of the focus group interviews;
- “Change of Circumstance” was reported as being inconsistently interpreted within and between agencies;

The Ministry indicates that these issues have been addressed in its most recent revisions to the Risk Assessment Model.

Gaps in Coverage:

While the Risk Assessment Model tools were generally seen as being fairly comprehensive in their coverage, a number of specific types of cases were considered to be inadequately covered. Several respondents felt that the model inadequately assessed cases involving adolescents, family violence, and infants.

Concerns were also raised that the Risk Assessment Model was too child focused and did not focus enough on family assessments. The tools are also seen by some as not dealing adequately with cultural issues.

Use of Risk Assessment Model by First Nation's Agencies:

Many of the First Nations agencies continue to struggle with the application of the Risk Assessment Model to their particular communities and within the standards set by the Ministry. While supporting the notion of having a common risk assessment model for the province, the lack of fit between First Nation's cultures and the model is a major issue identified by most agencies serving First Nations communities. Some of the emerging issues include:

- The language used by the Risk Assessment Model has proven to be problematic on two fronts. The very notion of "risk assessment" has been difficult to translate into Native languages. Some workers reported having difficulty understanding key terms in the model, others struggle with helping families understand the concepts. Several First Nations respondents felt that the language used in the Risk Assessment Model required a university level command of English which disregards the linguistic realities of First Nations communities.
- Critical issues like solvent abuse are not specifically captured in the Eligibility Spectrum.
- Because the Safety Assessment requires separate ratings for each child, this tool is inordinately complex to complete in situations where the community norm is for several families to live together.
- Time-lines set by the Risk Assessment Model are not realistic for remote communities where "fly-ins"⁹ are part of normal child welfare investigations, and where Band Chiefs must be consulted prior to investigation.

In an effort to meet Ministry expectations, and within the context of the above issues, some workers reported relying exclusively on the Risk Assessment Model questions as an interview checklist. This has, at times, resulted in an assessment of clinical issues that go no further than marking clients' responses to the checklist questions.

⁹ "Fly-ins" refer to child welfare workers being required to travel by Airplane to reach remote communities within their service jurisdictions. It is not uncommon for front-line workers in such CAS agencies to be away for three days before they are able to submit required paper work.

In summary, the Ministry's Risk Assessment Model implementation strategy can be considered to have been successful in that all Children's Aid Societies have shifted to this new case assessment and management system. The more directive role played by the Ministry was generally well received and the consultation and communication mechanisms that were in place functioned well. At all levels of the child welfare system respondents were supportive of the selection of a common Risk Assessment Model for the province, although there is some indication from the interviews and focus groups that the level of enthusiasm is beginning to decline. There appears to be a growing concern amongst child welfare staff about the capacity of the child welfare system to implement other new initiatives at this point. The integration of the model into clinical practice appears to require more time and more support. Particular attention needs to be paid to First Nations communities in this regard.

3. Risk Assessment Model Training

The following section presents an evaluation of the Comprehensive Risk Assessment Model Training provided to all child welfare staff in Ontario between March 1998 and August 1998. The evaluation is based on our analyses of written participant feedback provided on Participant Session Evaluation forms, two written tests designed to measure knowledge gain and reliability, interviews conducted with CAS staff and other key informants between December 1998 and March 1999 (i.e. 4 months to a year after the training had been delivered), and a brief province-wide agency phone survey (for details see “Methodology” in the first section of this report). This section of the report starts by examining training coverage, we then examine participant satisfaction, and conclude with an analysis of the post-test and reliability data.

Training coverage

The three-day Comprehensive Training sessions provided between March 1998 and August 1998 were designed to accommodate staff at all service levels. Participants not required to use the tools attended the overview section only, while child protection staff were required to attend all six training sections offered over three consecutive days. Curriculum content moved from a broad overview of the model during the morning of the first day to the specific application of each of the three tools using the Risk Decision Points and the Common Recording Package, as well as service planning and case management issues in subsequent days.

All child protection staff have either received training, are scheduled to receive training or have plans in place to address the need for training. Over a period of less than a year, (October 30,

1997 – August 31, 1998) 5,767¹⁰ different child welfare staff were trained to use a comprehensive risk assessment model that includes three different instruments as well as structured decision-making procedures - the Ontario Risk Assessment Model.

Two hundred and ninety-seven¹¹ child welfare staff in the system on September 1, 1999 were not trained by the August 31, 1998 deadline. Of these employees, 53 were on leaves of absence (sick leave, long-term disability, maternity leave, or extended leave) at the time training was offered. A further 55 were new employees who missed comprehensive training when it was offered in their home agencies and are scheduled to receive training. Twenty-one new employees hired before August 31, 1998 but after comprehensive training had been provided for their agencies received training after August 31, 1998. Ninety-seven non-protection workers (frequently administrative positions), and considered non-priority, will receive one day training. Thirty-eight Child and Youth Workers (non-protection staff) did not receive training. Most agencies indicated that these staff would not be receiving training as they were considered non-priority and do not use the Risk Assessment Model. The remaining 33 employees (including, part-time staff, other contract workers, secondments and rural workers) had not received training. Agency plans for these employees to receive training varied, depending on the employee's job responsibilities.

All agencies reported clear procedures for training new child welfare staff as quickly as possible after hiring. Approximately two-thirds of all agencies have at least one in-house trainer responsible for the delivery of training to new staff. Where this is not feasible, new hires attend regional training sessions. The remaining agencies have not established in-house trainers consequently arrangements for new staff to attend regional training sessions are made.

¹⁰ Ontario Association of Children's Aid Societies. (November 1998). **Risk Assessment Project Final Report**. Prepared by Louise Leck, Alison Scott and Mary Ballantyne for the Children's Policy Branch, Children's, Family and Community Services Division, Ministry of Community and Social Services.

¹¹ **Exceptions Report**, prepared by OACAS, and verified by the U of T Research Team.

High staff turnover (10.5%)¹² in CAS agencies between January 1, 1997 and June 30, 1998 contributed to training delays of some new hires in some agencies. Staff turnover also contributed to full implementation delays, particularly in a minority of agencies where new Lead Hands and/or supervisors were hired after overview and comprehensive training sessions had commenced.

Three-quarters of all agencies indicated that follow-up training on the Risk Assessment Model is needed, particularly for front-line staff. Although all staff were trained, many have expressed that they do not feel competent in using the Risk Assessment Model. The most common suggestions for refresher training included: ensuring that trainers have practical experience using the Risk Assessment Model; placing greater emphasis on the clinical aspects of the Risk Assessment Model; and, providing a thorough review of how to complete the three assessment instruments. Within this context, one frequently expressed concern centered on the observation that the Risk Assessment Model is being applied differently to the same case both between and within agencies. This became particularly evident to child welfare staff in their review of cases that were transferred between workers or between agencies. (For example, agencies differed in their interpretations of “change of circumstance” and “safety”).

Most agencies expressed a strong belief that follow-up training should be delivered through continued co-operation between individual agencies, OACAS and the Ministry. The majority of agencies support the training design used to deliver comprehensive training on the Risk Assessment Model. OACAS and individual agencies were viewed as having the greatest capacity to provide the most experienced and qualified trainers to the field. The Ministry’s prominent role in managing the implementation of the Risk Assessment Model was favorably viewed by most agencies. Similarly, the partnership between the Ministry and OACAS in delivering training and addressing implementation concerns was supported and would need to be strengthened in future training.

¹² Ontario Association of Children’s Aid Societies. (November 1998). *Human Resources Fact Sheets 1998*.

Satisfaction with Training

Participant satisfaction with the comprehensive training on the Risk Assessment Model was initially measured by Participant Session Evaluation forms completed at the end of the three-day training sessions. Issues related to the training also emerged during subsequent focus groups and interviews with child welfare staff and key informants as well as available document reviews. The following synopsis of participants' satisfaction with the comprehensive training is divided into the six sections that correspond with the delivery and order of the training.

Overall Evaluation of the Comprehensive Training Sessions:

Training was generally found to be an intense yet positive experience. Many participants indicated that three full consecutive training days was overwhelming with saturation being reached by the end of the second day.

The training content provided a rich source of information for participants and focused on relevant areas for child welfare work. Many participants stated that the curriculum content was both useful and interesting, and at times exceeded their expectations. Although the content of each module was generally viewed favorably, more practice in applying each of the three tools to specific cases was consistently expressed. Within this context, the "Thorpe" and "Simpson" cases used during the training process were commonly viewed as failing to represent the complexities typically seen in child welfare today. Several key informant and focus group respondents suggested that case examples that reflect the realities of local communities during training sessions would strengthen the effectiveness of training. Overall, 81% of participants in the three-day training gave an "excellent" or "very good" overall rating to the training.

Native agencies frequently commented on the lack of attention paid to their cultural issues in the design and content of training. These comments, echoed in other regions of the province, suggest that the incorporation of unique characteristics of particular communities into the overall training would strengthen its effectiveness. For example, translating both the Risk Assessment Model and the training curriculum into Native languages as well as providing training to Native agencies by Native speaking trainers would facilitate their staffs understanding of the Risk Assessment Model.

Content of the Overview of the Risk Assessment Model Training:

The Overview section was provided on the morning of the first day of training and was directed to all staff. This training section provided participants with the history, purpose and principles of the Risk Assessment Model as well as an overview of the entire Risk Assessment Model itself.

Of the six training sections in the training curriculum, the Overview session was the most heavily attended and by the most diverse group of workers [e.g. administrative staff, supervisors, front-line staff, etc...]. Both the reported size of the group in attendance (at times up to 40) and the diversity of participants were frustrating for many participants. Smaller more homogenous groups seemed to elicit more positive feedback. Written comments and interviews indicate that many participants across all regions found this section of training both lengthy and excessively detailed. The focus on explaining what risk assessment is, as opposed to, what the Risk Assessment Model is, was a discouraging feature of the morning presentation for many, particularly for front-line workers ultimately responsible for the application of the Model.

More than half of all participants that completed this section of the Participant Session Evaluation form indicated that the content of the Overview session provided them with a “very good” general understanding of the purpose of completing a risk assessment; of the benefits and limitations of completing a risk assessment and, of the three tools of the Risk Assessment Model. Subsequent Focus Groups indicated that some front-line workers felt overwhelmed with the amount of information they received in this session leading to increased anxiety about how to use the tools and how to integrate these tools into their clinical practice. Of the three questions asked in this section of the Participant Session Evaluation form, “understanding the purpose of doing a Risk Assessment” was rated least favorably [19 % rated this between “poor” and “average”].

Content of the Eligibility Spectrum Training:

The afternoon of the first day of training covered the Eligibility Spectrum, including: how to use this tool to assess eligibility for services and when the tool is to be applied and re-applied. Over 75% of all participants reported receiving “excellent” to “very good” training on the Eligibility Spectrum.

Written comments on the Participant Session Evaluation forms and interviews commonly revealed that more direct practice applying the Eligibility Spectrum during training to an agency-specific case would have enhanced their understanding and application of the tool. Frustration in using this tool continues to be expressed by Child Welfare staff who find it labor intensive and difficult to interpret within the context of unique community realities. For example, how to code child suicide and solvent abuse remains confusing.

Content of the Safety Assessment Training:

Training on the Safety Assessment Tool was provided on the morning of the second day of training. The focus of this training was similar to that of the Eligibility Spectrum [purpose of the Safety Assessment Tool, how to use the form and when to apply and re-apply the form] and participants indicated a similar distribution of ratings. Most participants rated the training positively, although this section received the most unfavorable ratings [26% rated this particular session from “poor” or “average”].

Training on the Safety Assessment was perceived as vague and confusing across all regions. Questions such as “What does safe mean?”, “How do I use the Safety Assessment Tool?”, “How does it apply to infants, adolescents or family violence?”, and “How does it differ from the Risk Assessment?” continue to be asked. Much of this confusion has not abated in the ensuing months since the Comprehensive Training was provided. As one agency noted, we filled the “parking lot” and are left with the majority of questions still not answered.

Content of the Risk Assessment Tool Training:

Training on the Risk Assessment Tool was provided on the afternoon of the second day of training. Again, the structure and focus of this training was similar to that of the previous two sections. Approximately 68% of participants rated this section of training as “excellent” or “very good”. Both the knowledge required to complete the Risk Assessment Tool [29% gave an “average” rating] as well as understanding when to complete and re-apply this form [28% gave an “average” rating], were found least satisfactory for participants.

Although generally viewed as a positive practice tool, confusion around when to apply and re-apply Risk Assessment Tool to a particular case was frequently noted. This confusion was often linked to a lack of knowledge about the nature of a change in circumstances [standards].

Content for Risk Analysis and Planning:

Training for Risk Analysis and Planning was provided on the morning of the third day of training.

As with prior training sessions, approximately half of all participants rated this content as “very good”. Forty-two per cent gave a rating from “poor” to “average” on the content of training in terms of providing them with sufficient knowledge to assign an overall risk rating [completing the risk analysis worksheet]. And, approximately one-third of participants rated both the understanding of the purpose and process of risk analysis and an understanding of the link between risk reduction outcomes and the service plan, as ranging from “poor” to “average”. Risk analysis and planning was too brief, non-specific and required more practice in applying the tool to agency-specific cases. Slightly more than half [52%] of the participants rated case management training as “very good” or “excellent” on the training component that addressed knowledge of the recording modules specific to the Risk Assessment Model and timeframes for application and re-application of the model.

Content for Case Management:

This final training session focused on providing participants with knowledge related to case management issues. Again, training ratings for three questions were elicited. As in previous training sections approximately two-thirds of all participants rated the training on “understanding of the risk decision points and critical timeframes of the risk assessment model” content as “excellent” or “very good”. Slightly less than half [45%] of the participants [gave a “very good” rating to the training component that addressed knowledge of the recording modules specific to the Risk Assessment Model and timeframes for application and re-application of the model. The majority of participants [48 %] gave this a “poor” to “average” rating. Slightly less than half [46%] of all participants who rated the training on “an understanding of what constitutes a change in circumstance and the tools to be re-applied for those changes in circumstances” as

“very good”. An almost equal percentage of participants gave this section of training “poor” to “average” ratings.

Trainer Ratings:

The overview session was delivered primarily via lectures, brief and small group exercises and large group discussion. The remaining training sections also incorporated individual, pairs and small group exercises. The written feedback about trainers was quite positive and suggests that participants received quality training. Overall, trainer competency was rated as “very good” or “excellent” by approximately 89% of all respondents. This suggests that participants were initially very satisfied with the skill level of trainers and their delivery style.

Frustration with the number of procedural questions trainers could not answer during the training sessions was a very common theme across the province. The “parking lot” technique was seen by some as being overused and reflects in part the fact that trainers had little experience in using the model. A number of participants also noted that trainers could have used more agency-specific case examples.

Knowledge Transfer & Post –test Analysis

Knowledge transfer refers to the relative degree participants’ reported and demonstrated a competent knowledge and skill level in applying the Risk Assessment Model to their practice. Data contributing to this analysis included an analysis of the Participant Assessment questionnaire [post-test]; Participant Session Evaluation forms completed during the three-day Comprehensive Training as well as feedback obtained from Key Informant Interviews and Focus Group Discussions.

A single question on the Participant Session Evaluation forms was asked about knowledge transfer: “Training content and trainer helped you understand the Risk Assessment Model and how it will apply to your function in the agency.” Similar to other training feedback, two-thirds of all respondents gave this a rating of “excellent” or “very-good”.

Although the initial participant assessment forms indicated that participants were satisfied with the level of knowledge they achieved, subsequent interviews almost one-year later revealed considerable frustration amongst child welfare staff in feeling competent in using the Risk Assessment Model. Many expressed a need for additional training and consultation to help sort out issues that have emerged from using the model in practice.

Ninety per cent of the sampled post-tests were completed between April 1998 and June 1998. Forty-five different job titles were noted on the tests. Management staff, front-line workers as well as administrative staff completed the post-tests. Intake Workers (n=108) and Family and Child Service Workers (n=134) were the most frequent job titles identified in our sample. Years of experience ranged from 0 to 32 with 50% of those sampled having less than 7.5 years child welfare experience.

All questions were answered correctly by the majority of participants. This generally suggests that participants demonstrated a good understanding of the Risk Assessment Model following the completion of the three-day comprehensive training. An examination of the content of specific questions suggests, however, that participants had a less thorough understanding of the clinical aspects of the Risk Assessment Model, and seemed clearer about the procedural requirements of the application of the various tools. Key informant and focus group interviews, however, pointed to ongoing difficulties with both the procedural and clinical application of the tools. It is important to remember that the post-tests were administered 4 to 12 months before the focus group and key informant interviews. This time delay helps to account for the discrepancy in these findings.

The Ontario Risk Assessment Model :

Sixty-seven per cent of all participants in the sample understood that “the purpose of the Risk Assessment Model is to determine which children are more likely to be at risk of harm.” Seventy-five per cent of all participants who attended the full three days of training correctly identified this. However, almost 23% believed the purpose of the Risk Assessment Model “is to develop a standardized information system.”

Cross-tabular analyses were run to determine the relationship between years of child welfare experience and all correct answers. There is a slight trend towards less experienced workers having answered more questions incorrectly but this was not statistically significant.

Ninety-eight per cent of all participants that attended the three-day training correctly identified that a Needs Assessment is not part of the Risk Assessment Model.

The Eligibility Spectrum:

More than 90% of participants having completed the three-day training correctly understood that a case is opened when it falls above the intervention line. Only 61% of these participants correctly identified that “assessing the immediate danger of the child” is not a main purpose of the Eligibility Spectrum. An additional 20% incorrectly identified that “classifying reasons a child or family is receiving services” is not a main purpose of the Eligibility Spectrum. Almost 80% correctly indicated that “the neglect of a child’s basic needs to the point which injury occurs is an example of harm by omission.” A notable percentage [9.9%] believed this was an example of harm by commission.

The Safety Assessment Tool:

Approximately 85% of participants in the three-day training correctly identified that a main purpose of the Safety Assessment tool is not to “make a decision about future risk of abuse or neglect” and that level of risk is not one of the three criteria used to assess safety. More than 95% correctly identified that all children in the family under the age of 16 should be included in the Safety Assessment process. Eighty-six per cent identified that the Safety Assessment should initially be completed at the beginning of the investigation.

The Risk Assessment Tool:

Participants generally demonstrated a better understanding of the procedural issues related to the Risk Assessment Tool than of the clinical issues.

More than 90% of participants indicated they understood that Risk Assessment “is not a replacement for clinical decision making,”; that Risk Assessment “is based on identifying

interactions among risk factors”; that Risk Assessment not only occurs during the investigative phase, but that “reassessment is necessary during the life of the case”; that it must be completed within 21 days and, that Risk Assessment involves examining “strengths as well as risk factors.”

Although 75% of participants indicated that “caregiver’s co-operation with the intervention is an intervention influence”, 20% identified this as a “caregiver influence.” Similarly, while 79% believed that “formulating a plan to control unsafe situations is not part of the Risk Assessment Tool”, the remaining 21% were equally divided in their belief that the “analysis of risk factors”, “rating the level of risk” and “formulating outcomes which will reduce risks” are not part of the Risk Assessment Tool.

Although 86% of participants understood that reassessment of risk should be completed every six months, or when there is a significant change in child/family circumstances or when considering transfer or closure, the remaining participants incorrectly answered this question.

Only 72% of participants understood that risk analysis is the process by which a social worker applies clinical judgment to weigh related levels of risk of future harm. The remaining participants believe risk analysis is the process by which relevant case information is summarized, or the strengths and needs of the child and family are assessed or, data is systematically collected to determine whether a child is safe.

More than 93% of participants indicated that more information would need to be collected if “there are too many ratings of insufficient information.” A similar percentage correctly identified that history of abuse/neglect against the child is one of the best predictors of risk.

More than 95% of all three-day training participants correctly identified that “strengths should not be given the most weight in the overall risk analysis”; that “changes in risk factors or strengths can change the risk analysis and rating”; that the “Plan of Service identifies risk reduction outcomes” and that cases must remain open with risk ratings of 3, 4, or 5.

Inter-rater Reliability

Inter-rater reliability was assessed by examining the percentage of agreement between participants on their ratings of a case vignette. The Simpson vignette, consisting of one and one-quarter pages of narrative about this family, was assigned as Homework at the end of Day Two. Workers were asked to apply the risk assessment instrument of the Risk Assessment Model that asked for worker judgement in five areas: caregiver influence; child influence; family influence; intervention influence and abuse/neglect influence, to the case.

As noted previously in the methodology section, this analysis must be viewed with caution because interpreting reliability ratings using case vignettes is problematic as vignettes only provide partial representation of the complexity involved in cases of abuse or neglect.

The analysis indicates that inter-rater reliability of the risk assessment component of the Risk Assessment Model is generally quite low and would be somewhat lower if chance agreement was factored in. Very few items achieved an acceptable level of reliability. Agreement between participants and the expert ratings from the trainers who developed the exercise rarely achieved the 50% mark. (less than 80% agreement is not generally considered to be an acceptable reliability score). Even in some areas where one might expect a high degree of agreement (eg., when the vignette states clearly the husband does not drink) there was some disagreement. In one situation, there was a radical difference of opinion about the severity of abuse by the caregiver from “no abuse (31.3%)” to “serious harm (35.7%)”.

When each category and rating was examined and the option most often chosen by raters was compared with the expert’s opinion, there was agreement in 73.7% of the ratings. In other words, there was a tendency towards choosing the same option assessed by the expert. However, this is not the same as reliability.

There was considerable variance in the choice of options in most questions and few items reflected a strong consensus, either similar to or different from the expert. The rating tool itself contains descriptions that may not have been clear to raters. For example, how much difference would raters perceive between “Chronic crisis with limited coping “and” Prolonged crisis strains coping skills under the category, Family Influence?

Finally, the Simpson vignette itself may contain ambiguous material or not be descriptive enough for raters to assess risk adequately. A number of raters indicated “insufficient information” on questions, and some raters may have guessed or inferred detail.

In summary, training on the Risk Assessment Model was generally found to be a positive, albeit an intensive experience. Initial positive response to the comprehensive training (as measured by the Participant Session Evaluation forms completed at the time of training) appears however to be attenuated by difficulties encountered subsequently in applying the Risk Assessment Model to local child welfare cases. Poor inter-rater reliability of the Risk Assessment instrument (as measured via its application to a common training vignette) further indicates that additional training would enhance the clinical usefulness of the Risk Assessment Model.

4. Direct Training and Implementation Costs

The cost of implementing the Risk Assessment Model, particularly as this relates to increased workloads and the costs of acquiring, maintaining and training staff on required technology was a commonly expressed concern across the province. Although the Ministry provided funds to automate a standardized recording package and has incorporated the Risk Assessment Model into its new funding framework, agencies continue to express funding concerns. The present evaluation, however, was not designed to examine these broader funding issues and is limited to a review of the direct costs of implementation and training¹³.

Available financial documents were analyzed to examine the direct costs associated with implementing the Risk Assessment Model and determine the unit cost of training. Documents contributing to this analysis include Training Contracts between the Ministry and the OACAS; “*Cost of Training*” draft paper prepared by OACAS; OACAS (November 1998) Risk Assessment Project Final Report; Mullen-Stark’s (1998) Report On The Ontario Child Welfare Training System : Child Protection Capacity Building Strategy Current In-Service Training Investments; Family & Children’s Services of Guelph and Wellington County’s *Ontario Risk Assessment Model Implementation Costs* paper; and, Ministry internal reports and documentation that were made available to the research team. Additional Key Informant interviews with Ministry and OACAS staff contributed further information to this analysis.

The cost of implementation of the Risk Assessment Model included in our analysis take account of the development of the model, development of the training curriculum, translating and printing training materials, providing training, automation of the common recording package, support for Lead Hand meetings, and funding a 1-800 Hotline. Some of these costs were incurred directly by the Ministry (e.g. printing and translation), others were incurred in the form of task specific contracts, (e.g. two training contracts with OACAS), and others were funneled through

¹³ The 1.4 million \$ one time funding allocated to CASs in January 1998 to support implementation of the Risk Assessment Model is not included in this analysis of direct costs.

Children's Aid Societies (e.g. software licenses and programming for automation). Table 1 provides an itemized list of the direct implementation costs for the Risk Assessment Model between August 1997 and August 1998. Table 1 does not include estimates of the general staff support costs incurred by the Ministry (e.g. a policy analyst position dedicated full-time to the Risk Assessment Model implementation), Children's Aid Societies, OACAS, and ANCFSSO.

Table 1: Direct Costs for Risk Assessment Model Implementation¹⁴

Item	COST
OACAS Contract I	
Completion of Eligibility Spectrum research	\$ 21,694
The Risk Assessment Model training (development, administration and training)	\$ 866,210
OACAS Contract II	
The Risk Assessment Model training (development, administration and training)	\$ 328,953
OACAS additional training costs	
Additional staffing paid for out of regular Child Welfare Training budget	\$ 175,000
Automation (CAS costs covered by the Ministry)	
Software licenses	\$ 137,425
Automated application of software	\$ 240,120
Printing of the Risk Assessment Model forms (Ministry)	\$ 73,500
TOTAL	\$ 1,842,902

Analysis of training costs

Training costs for the Risk Assessment Model include the two training contracts for OACAS (\$ 1,216,857), an estimated \$175,000¹⁵ in additional staff support time used from the regular

¹⁴ Costs based on Ministry contract information, OACAS information and Ministry documentation provided by Corrie Tuyl.

Ministry training contract funds for the Ontario Child Welfare Training System (OCWTS), and the printing costs for the Risk Assessment Model instruments (\$73,500), for a total of (\$1,465,357). While OACAS has argued that the full cost of training should also take into consideration agency staff time and travel expenses, we have not including trainee time in our analysis¹⁶. The following analysis provides a comparison of the the Risk Assessment Model training costs compared to regular training provided by OACAS through the OCWTS.

The two training contracts with OACAS stipulated that the Association would provide the following services between August 14, 1997 and August 31, 1998. This list, furthermore, reflects amendments to the original service contracts:

- Develop curricula required to support child welfare risk assessment training
- Develop and deliver curricula required risk-related training¹⁷
- Provide an orientation and comprehensive risk assessment training for all supervisory, managerial, administrative, front-line staff in child welfare agencies and selected professional groups and associations
- Incorporate risk assessment and risk-related training into their core, competency based training system
- Provide consultation to the CAS files regarding implementation issues.

¹⁵ See page 2-26 from OACAS Risk Assessment Project Final Report (1998).

¹⁶ In calculating the indirect cost of the Risk Assessment Model training for agencies, one would have to take into consideration the cost of not providing centralized training. It is likely that the time required for each agency to develop its own training system to implement the Risk Assessment Model would be similar or greater than the cost of having staff attend the centrally organized training.

¹⁷ OACAS developed Risk Assessment related Curricula designed to provide some child welfare staff with training on specific topics that would enhance CAS supervisory and casework staff capacity to use the Risk Assessment Model. These courses included: Impact of Substance Abuse on Parenting Capacity; Impact of Adult Psychopathology on Parenting Capacity; Decision Making and Critical Thinking in High Risk Child Protection Cases; Child Protection Issues in Cases Involving Custody and Access Issues; Case Documentation and Writing Skills: English and French versions. Within the exception of Adult Psychopathology, these courses were made available to staff during the regular OACAS training year [September 1997 – June 1998].

- Complete research tasks related to the development of the Eligibility Spectrum.

The cost analysis separates direct training from training support costs. Direct training costs include those costs that are directly related to the delivery of specific training sessions. On a per unit basis these costs reflect what it would cost to provide an additional training session. Training support costs include costs for developing training curriculum and materials and infrastructure costs related to organizing and running the training program (e.g. managers and administrative supports). The analysis of the OACAS costs was complicated by the fact that the two full-time training coordinators provided both direct training and were involved in developing and supporting the training. For purposes of this analysis, costs associated to the coordinators activities have been evenly split between direct costs and support costs. Table 2 provides a breakdown of the direct costs.

Table 2: Direct Costs For Risk Assessment Model Training

Trainer costs (includes training fees and travel expenses)	\$ 495,622
Room rentals	\$ 19,744
Materials	\$ 86,922
Misc.	\$ 13,594
Sub total	\$ 615,882
50% of training coordinators salaries & benefits	\$ 88,534
50% of training coordinator travel costs	\$ 11,637
Direct total	\$ 716,053

Table 3 compares the average per-annum costs for OACAS Child Welfare Training between 1995 and 1998¹⁸ with the Risk Assessment Model training costs. We have separated out the direct cost of delivering training (trainer fees & expenses, materials, and facilities) from the development and infrastructure costs. The total number of the Risk Assessment Model

¹⁸ A three-year average was used because training costs fluctuate from year to year depending on the number of participants and the number of sessions provided.

sessions (263) includes 159 Comprehensive sessions, 33 overview sessions, 29 implementation planning sessions, 31 risk related training sessions (e.g. substance abuse), and 4 train the trainers, 1 Common Recording Package training session, 5 Lead Hand sessions, and 1 orientation session.

Table 3: Comparison of direct training costs for the Risk Assessment Model and regular OACAS Child Welfare Training

	Risk Assessment Model Training	OCWT (annual average 1995-98)
Direct training delivery	\$ 716,053*	\$ 429,799
Training development & infrastructure	\$ 749,304	\$ 843,381***
Total training expenditure	\$ 1,465,357**	\$ 1,273,180
# sessions	263	131
# training days	613	399
# participants	7,906	2,399
# participant days	15,610	6,873
Average attendance per training day	25.5	17.2
Direct cost per training day	\$ 1,168	\$ 1,092
Total cost per training day	\$ 2,390	\$ 3,273
Direct cost per participant day	\$ 46	\$ 62
Total cost per participant day	\$ 94	\$ 187****

* Includes \$175,000 transferred from 1997-98 regular OACAS Child Welfare Training budget used to support the Risk Assessment Model training, and 50% of salaries and travel expenses for two staff seconded for development and training.

** Includes the 2 OACAS contracts, \$175,000 from OCWTS budget and MCSS printing.

*** Excludes \$175,000 used in 1997-98 for the Risk Assessment Model training

**** The Mullen-Stark report sets the cost per participant day for OCWT at \$216 in 1997-98, our estimates are lower because they reflect a 3 year average and factor out the Risk Assessment Model use of OCWT resources.

As can be seen in Table 3, the direct costs per day of training were comparable (\$ 1,168 vs. \$ 1,092). The total costs per training day are, however, were significantly higher for regular

OACAS child welfare training. This difference is not unexpected given that the infrastructure costs for running a full child welfare training calendar are likely to be higher than the costs associated with running one module (the Risk Assessment Model) across the province. The direct costs per participant day for the Risk Assessment Model training (\$46) are significantly lower compared to regular OACAS child welfare training costs (\$62). This difference reflects the fact that regular child welfare training is delivered to smaller groups (average of 17.2 participants per training day) than were used in the Risk Assessment Model training sessions (average of 25.5 participants per training day). The smaller groups for regular child welfare training allow for more clinical discussions that were not included in the highly standardized the Risk Assessment Model training.

5. Recommendations

The high compliance rate and generally positive response of the initial implementation of the Risk Assessment Model and the province-wide training clearly indicate that the Ministry's implementation strategy for this first initiative of its Child Welfare Reform Agenda has been a success. The active role played by the Ministry in directing and supporting the implementation of this new policy appears to have been critical to the rapid implementation of the Risk Assessment Model. Criticisms of the initiative have generally been that the Ministry could have been even more active rather than less¹⁹ and that continued leadership and support are necessary to ensure that the Risk Assessment Model is effectively integrated at all levels of the child welfare system. To a certain extent concerns expressed about the pace of the initiative and the capacity of the child welfare system to absorb future initiatives can be linked to uncertainty about the Ministry's long-term role in following through on such initiatives. By becoming actively involved at the agency level in planning policy implementation, the Ministry is in a good position to monitor the resource implications of such policy initiatives. This active engagement has generally been well received by a service sector that has been frustrated by the growing gulf between public expectations and its resources and abilities to fulfill these expectations.

Beyond the general recommendation that the Ministry continue to maintain an active role in planning and supporting the Risk Assessment Model and other similar child welfare policy initiatives, a number of specific recommendations emerge from the evaluation of the initial implementation of the Risk Assessment Model. We have organized these in three categories: (1) recommendations for additional support for the implementation of the Risk Assessment Model; (2) recommendations for the implementation of future province-wide child welfare

¹⁹ For example, the Common Recording Package stood out as one of the most problematic aspects of the implementation of the Risk Assessment Model. While the Ministry had provided some resources to support the Recording Package, it had not taken an active role in planning its implementation.

initiatives; and (3) issues that need to be examined further by the Phase II evaluation of the impact of the Risk Assessment Model.

Contextual Analysis

The introduction of the Risk Assessment Model and the Ministry's support for child welfare reform have generally been well received by the field, however a number of factors have complicated the implementation of the Risk Assessment Model:

The capacity of Ontario's Children's Aid Societies to implement a comprehensive risk assessment model may have been overestimated. While many Children's Aid Societies have had some experience with structured risk assessment tools, it appears that few were using them systematically. The Risk Assessment Model training also revealed that some workers were lacking training in key areas such as substance abuse and adult psychopathology. In addition, as noted in the 1997 Child Protection File Review, there is considerable variation in the quality of general child and family assessments done by CAS workers.

The pace of development and implementation of the Risk Assessment Model was dictated in part by the recommendations from Coroner's Juries and the growing amount of public concern about the effectiveness of the province's child protection system. While the model may have benefited to some extent from a more gradual development and implementation strategy, the context at the time did not allow for extensive development and testing prior to implementation.

The Risk Assessment Model was introduced at a time when Children's Aid Societies were under close public scrutiny. From the Inquests, to the province-wide case file reviews, to criminal charges being laid against a child welfare worker, there appears to be increasing concern about liability and growing hesitancy to rely on clinical judgement. While the Risk Assessment Model provides a model that should help alleviate some of these concerns, there is also a risk that in such an environment some workers may rely too heavily on tools that are designed as decision-aids to support, not replace, clinical judgements.

A combination of increasing referrals, higher staff turnover and new hiring have put additional pressure on limited CAS resources. It would appear that in some agencies supervisors and

senior workers who should be leading the implementation of the Risk Assessment Model have had to focus their attention on training new workers and dealing with the increased caseload.

Some of the implementation issues identified by this evaluation are the types of difficulties one would expect from any initiative of this scope and have or will be relatively easy to address. The limited capacity of Ontario's child welfare system and the changes in the practice environment in the province may, however, mean that some of these implementation issues could be undermining the integration of the risk assessment model with good clinical practice. Many of the CAS staff we interviewed report a shift to a more procedural approach to child welfare practice, a shift that could in the long run undermine the clinical assessment skills the Risk Assessment Model was designed to enhance.

Additional support for the Risk Assessment Model

The implementation supports provided by the Ministry and OACAS were seen by respondents as being critical in the successful deployment of the model, and many respondents felt that there was a need for continued implementation support coordinated by the Ministry. Continued support includes follow-up training to address clinical application issues, clarification of varying interpretations of the Risk Assessment Model procedures, and strengthening the Lead Hand consultation system.

Recommendation #1: Additional Training

Follow-up training that focuses on the clinical application of the Risk Assessment Model, designed to meet the needs of front-line staff and that addresses unique community realities should be provided.

- Trainers with direct experience in using the model and with adequate knowledge about the instruments would be most suited to provide this training.
- This training should be coordinated provincially to ensure consistent application and interpretation of the model.

- Native trainers should be provided for First Nations communities, and Francophone trainers should be provided for Francophone communities.
- Training should incorporate case examples that stem from the specific agencies where training takes place, permitting workers to practice applying the Risk Assessment Model with cases that they typically see in their community.
- Small group sizes for training (less than 20 participants) should be used for training focusing on clinical practice to ensure greater opportunity to discuss clinical issues.
- Homogenous groups, organized by job function would permit more intense discussions of the application of the model in specific contexts.
- The number of consecutive training days should be reduced to two, with any additional required training being offered over the course of several weeks.

Recommendation #2: Procedural Manual

A manual addressing the procedural steps specific to the application of the Risk Assessment Model should be developed and disseminated to all agencies. Such a manual would help respond to some of the interpretation issues that may be leading to inconsistent application of these tools across and within agencies.

Recommendation #3: Additional Support for Lead Hands

The initial implementation strategy for the Risk Assessment Model relies on agencies developing in-house expertise to deal with interpretation issues and train new workers. Lead-hands in each agency have played a critical role in fostering that expertise and in providing feedback to the Ministry about the model. The capacity of agencies to provide comprehensive follow-up appears, however, to be limited.

- The Ministry should provide funding for all agencies to develop full-time Lead Hand positions for the duration of the Child Welfare Reform agenda.

- The Ministry should maintain its directive role by hosting and funding regular Lead Hand meetings.
- Where travel costs are prohibitive, teleconferencing should be used to ensure that all Lead Hands have an equal forum for discussing implementation issues.

Phase II the Risk Assessment Model evaluation

The Phase I evaluation of initial implementation and training of the Risk Assessment Model has identified a number of critical issues that should be investigated further during the Phase II evaluation of the impact of the model.

Recommendation #4: Review case assessments

The quality, detail and depth of written case assessments should be systematically evaluated by comparing a random selection of pre- and post- Risk Assessment Model files. The necessity of including critical information about family functioning should be reviewed within this context.

Recommendation #5: Review role of supervisors

The impact of the Risk Assessment Model on clinical supervision needs to be carefully evaluated to ensure that the procedural requirements of the tool are not taking precedence over clinical supervision.

Recommendation #6: Study workload impact

The impact of the Risk Assessment Model on the workload of child welfare staff should be reviewed. Particular attention should be focused on examining the amount of time it takes experienced workers to complete the Risk Assessment Model, how this compares to prior similar work, evaluating the clinical impact of the available time workers have for face-to-face interviews, as well as worker's perceptions about their workload in this regard.

Recommendation #7: Examine the consistency of applying the Risk Assessment Model across and between CAS agencies

The consistency of application and reliability of these tools requires further research.

Province-wide child welfare initiatives

The development and implementation of the Risk Assessment Model marks an important shift in the role played by the Ministry in implementing child welfare policy across Ontario. While the implementation can be deemed a success in terms of speed and comprehensiveness, potential problems with interpretation and integration into clinical practice may require consideration of a more staggered approach to implementing such initiatives.

Recommendation # 8: Adequate pilot testing

A comprehensive instrument that is designed to alter direct practice should be systematically pilot-tested prior to implementation. Pilot testing should include the following:

- Analysis of the reliability and validity of each tool included in the model. In the cases of a risk assessment instrument testing should include data on predictive validity.
- Testing the integration of the instrument with case recording systems. Automation, if needed, should be fully developed and tested prior to implementation. Resources to support automation should be made available and, be in place, in advance.
- Pilot testing should examine major regional and cultural issues in applying the instrument and necessary modifications made as required (e.g. issues arising from use of the instrument in remote communities)

Recommendation #9: Local coordinators

The use of agency based co-ordinators should be included in any implementation plan. The Lead Hand system developed for this initiative provided a critical system for following-up on

implementation issues and should be considered in other, similar, initiatives. Adequate and equitable resources to support Lead Hand positions should be provided across the province. In this regard, the costs of staff release time and travel for the local co-ordinators should be factored into implementation budgets.

Recommendation #10: Area Office Supervisors

An active monitoring and support role should be built into other similar province wide initiatives. The Quarterly Status Reports prepared by Area Office Supervisors should be considered as a viable mechanism in other similar Ministry initiatives as an effective means by which to keep the Ministry abreast about implementation progress and concomitant issues. Within this context, the Ministry should ensure that Area Office Program Supervisors have adequate information to ensure their ability to provide effective monitoring and support to local agencies.

Recommendation #11: Staggered implementation

The introduction of an 11 step decision model, three new instruments, a common recording package and automation appears to have been overwhelming for some agencies. While there is some merit to getting it all done at once, a more staggered approach should be considered in the future (see recommendation #8 regarding pilot testing)

Recommendation #12: Monitoring impact and capacity for change

While capacity for change is complex and difficult to assess, it is nevertheless a critical component in any large-scale initiative. A number of mechanisms that have been used in the Risk Assessment Model initial implementation and/or are currently being developed by the Ministry and the Children's Aid Societies should be integrated into future implementation initiatives. These are:

- Inclusion of CAS staff in the development, planning and support of new initiatives;

- The use of local co-ordinators and Area Office Program Supervisors to monitor implementation (see recommendations # 9 & 10);
- An effective province-wide quality control and workload tracking system should be in place to monitor capacity for, and impact of, change.

Recommendation #13: Communication

Communication about reform initiatives is critical at all levels of the child welfare system. The Ministry's communication plan for the Risk Assessment Model was precedent setting in its direct communication with all CAS Executive Directors and relevant associations and its active inclusion of CAS Boards of Directors. A similar strategy should be employed for future initiatives.

A joint communication strategy developed by the Ministry and CAS Directors should, furthermore, be targeted at front-line workers, in all considerations of future large-scale initiatives.

Recommendation #14: Consultation with Native Children's Aid Societies

Communication with Native agencies must be strengthened to ensure support for provincial initiatives. The Ministry should review the role and funding needs of the ANCF SO as well as maintain direct communication with individual Native Children's Aid Societies.

In conclusion, our evaluation of the initial implementation and training of the Risk Assessment Model reveals a comprehensive and well-planned strategy that has led to the Risk Assessment Model becoming the standardized risk assessment system used by all Children's Aid Societies in the province. While the response to the Ministry's lead initiative has been positive, this first

phase evaluation has identified some potentially serious implementation issues that should be carefully monitored to ensure that the Risk Assessment Model is indeed leading to improved practice.

Appendix 1: Bibliography

- ARA Consulting Group. (January 12, 1998). **Child Welfare Accountability Review: Final Report**. Prepared for the Deputy Minister, Ministry of Community and Social Services.
- Brissett-Chapman, S. (1997). *Child protection risk assessment and African American children: Cultural ramifications for families and communities*. **Child Welfare**, LXXVI (1), 45-63.
- DeNitto, D. & Dye, T.R. (1987). **Social Welfare: Politics and Public Policy**. 2nd Edition. Prentice Hall.
- DePanfilis, D. (1996). *Implementing child maltreatment risk assessment systems: Lessons from theory*. **Administration in Social Work**, 20(2), p. 41-59.
- Doueck, H., English, D., DePanfilis, D., & Moote, G. (1993). *Decision-making in child protection services: A comparison of selected risk assessment systems*. **Child Welfare**, LXXII(5), 441-452.
- English, D.J., & Pecora, P.J. (1994). *Risk assessment as a practice method in child protective services*. **Child Welfare**, 73(5), p. 451-473.
- Family and Children's Services of Guelph and Wellington County. *Ontario Risk Assessment Model Implementation Costs, September 1998*.
- Goodman, D., & MacFadden, R. (1996). *The intervention spectrum: A comprehensive tool for determining eligibility for child welfare intake*. **Ontario Association of Children's Aid Societies Journal**, 40 (1), 23-26.
- Love, A. (1997). **Eligibility and Risk Assessment**. Report to the Ministry of Community and Social Services, Ontario.
- Lyons, P., Doueck, H.J., & Wodarski, J. (1996). *CPS risk assessment: A review of the empirical literature on instrument performance*. **Social Work Research**, 20(3), p. 143-155.
- MacFadden, R. & Goodman, D. (1998). **The Intervention Spectrum Research Study: Final Report**. Report to the Ontario Association of Children's Aid Societies.
- Michalski, J.H., Alaggia, R. & Trocmé, N. (1996). *A literature review of risk assessment models. Report written for the Children's Aid Society of Metropolitan Toronto*. University of Toronto: Centre for Applied Social Research.

- Ministry of Community and Social Services. (December, 1997 and January, 1998).
Contracts with OACAS to provide training on the Ontario Risk Assessment Model.
- Ministry of Community and Social Services. (April 1997). **Report of the 1997 Child Protection File Review**. Prepared by Phil Schwartz, Project Manager.
- Ministry of Community and Social Services. (October 30, 1997). *Risk Assessment Model for Child Protection in Ontario: Implementation Guidelines*.
- Ministry of Community and Social Services. (October 1997). *Risk Assessment Model for Child Protection in Ontario*.
- Ministry of Community and Social Services. (October 5, 1998). *Request for Proposals: Ontario Risk Assessment Model Evaluation Project – Phase 1*.
- Mullen-Stark, H. (September 22, 1998). **Report on the Ontario Child Welfare Training System: Child Protection Capacity Building Strategy Current In-Service Training Investments**. Prepared for the Ministry of Community and Social Services, Children's Services Management Support Branch
- Ontario Association of Children's Aid Societies. (November 1998). *Human Resources Fact Sheets 1998*.
- Ontario Association of Children's Aid Societies. (November 1998). **Risk Assessment Project Final Report**. Prepared by Louise Leck, Alison Scott and Mary Ballantyne for the Children's Policy Branch, Children's, Family and Community Services Division, Ministry of Community and Social Services.
- Pecora, P.J. (1991). *Investigating allegations of child maltreatment: The strengths and limitations of current risk assessment systems*. **Child and Youth Services** 15(2) p. 73-92.
- Sigurdson, E. & Reid, G. (1996). **The Manitoba risk estimation system: Reference manual** (Version 4.2). Winnipeg, Manitoba: Sigurdson Reid & Associates Ltd.
- Wald, M.S., & Woolverton, M. (1990). *Risk assessment: The emperor's new clothes*. **Child Welfare**, LXIX, (6). 483-511.

Appendix 2: Implementation Sequence

DATE	ACTIVITY
Autumn 1996	MCSS conducts research into risk assessment models in other jurisdictions (N.B., Nfld., B.C., Manitoba), in Ontario CAS's (MTCAS) and other types of models (Child Well-Being, Outcome Models). Ontario, in partnership with Nova Scotia, has lead role for risk assessment project with Child Welfare Directors across Canada
Autumn 1996	A policy intent requiring all CASs to use a common Eligibility and Risk Assessment Model is issued by MCSS
January 1997	MCSS drafts terms of reference for research to identify most appropriate model, seeks input from OACAS and ANCF SO, finalizes terms of reference and Tenders. MCSS strikes selection committee to select consultant.
January 8, 1997	RFP to identify the most promising options among existing child protection eligibility and risk assessment instruments is issued by MCSS
February-March 1997	Consultant Dr. Arnold Love is hired to review current models and make recommendations about preferred risk assessment tools
January – April 1997	MCSS establishes Risk Assessment Project Steering Committee to steer process of selecting best available tool(s). Key Stakeholders on committee sought representation from MCSS, OACAS, ANCF SO, and CAS agencies. This committee met four times between February 19 and April 9, 1997.
April 1997	MCSS receives Dr. Love's final report recommending the New York Risk Assessment Model
May 21, 1997	MCSS meets with OACAS to discuss possible training and implementation strategies and costs
June 4, 1997	OACAS submits a proposal to MCSS for training CAS child protection staff on the emerging RA model including cost projections [<i>Risk Assessment-Related Enhancements to Ontario Child Welfare Training System Program: Proposed Approach and Costs</i>]

July 3, 1997	Minister announces new mandatory Risk Assessment Model for the province of Ontario
July 31, 1997	MCSS meets with CAS Executive Directors, senior managers, and CAS Boards who are provided with an overview of the proposed Model and consulted about Risk Assessment Model training and implementation issues.
August 14, 1997	MCSS Letter of Intent to contract with OACAS to provide training for the Risk Assessment Model
August 1997	A Technical Advisory Group (TAG) with representation from MCSS, CAS, and OACAS is formed. Its mandate is to advise on required revisions to the selected tools and oversee the training and implementation planning for Risk Assessment Model
August 22, 1997	A. Love is contracted to develop Risk Assessment Model and to design monitoring/feedback and outcome evaluation strategies
August 10 – September 15, 1997	Staff recruitment process begins and training co-ordinators are hired
September-October 1997	The Ontario Risk Assessment Model is drafted by training co-ordinators, A. Love and MCSS staff and reviewed by TAG
October 1997	Risk Assessment Model is finalized and sent for printing
October 1997	Risk Assessment Model is translated into French
October 1997	Lead Hands are selected for each CAS agency
October 28, 1997	Copy of Risk Assessment Model together with Implementation Guidelines is sent to all Area Office Program Managers, CAS agencies and Boards
October 30, 1998	MCSS hosts orientation on Risk Assessment Model for all Area Office Child Welfare Program Supervisors and CAS Lead Hands with OACAS
October-December 1997	Screening and selection of core trainer candidates; trainers' training and training design developed; Lead Hand meetings are held to plan for implementation and discuss training issues; trainers are oriented to ORAM

November 1997	CAS Common Recording Package work group initiated by OACAS
November 28, 1997	MCSS requires CAS's to draft Implementation Plans and to discuss these with Area Offices; Area Offices to provide MSB with Quarterly Status Reports
December 1997 – March, 1998	Two-day orientation to Risk Assessment Model and related implementation issues is provided to all managers and supervisors.
December 10, 1997	MCSS contracts with OACAS to provide training and implementation support to all CAS agencies
December 12, 1997	CAS Implementation Plans to be signed/approved by Boards of Directors
December 31, 1997	Area Office Status Reports due
December 1997	1-800 hotline established to provide trainer and agency support and consultation during the training and implementation of Risk Assessment Model
January 8, 1998	Review of Area Office Status Reports and Implementation Plans with MSB
January 13, 1998	MCSS receives OACAS request to consider financial support to automate the Common Recording package and indicates support
January 12, 1998	Announcement re: \$15 million, includes funding support for child welfare training, \$1.4 million of which is allocated to supporting the Risk Assessment Model implementation.
January 14, 1998	MCSS meets with OACAS re: training, automation of Risk Assessment Model and recording format
January 16, 1998	MCSS roll-Up of Area Office Status Reports, project update
January 17, 1998	Provincial responses to implementation issues are finalized
January 30, 1998	Revisions to English and French versions are made

January - March 1998	CAS agency trainers identified to assist in comprehensive training delivery
February – April 1998	MCSS holds regular meetings with OACAS to receive Risk Assessment Model updates
February 1998	Secondment of CAS staff as Risk Assessment Project Lead
February 24-27, 1998	MCSS monitors the development of training curricula and trainer preparation
February 1998	MCSS reviews the Common Recording Package
March –August 1998	MCSS contracts with OACAS to provide comprehensive three-day Risk Assessment Model training for all CAS staff
March 1998	MCSS reviews and approves the comprehensive Risk Assessment Model curriculum
March 20, 1998	MCSS approves the proposal to automate the Common Recording Package
March 27, 1998	MCSS Project Lead attends Lead Hands meeting
March 31, 1998	Risk Assessment Model and its tools are revised
March 31, 1998	Area Office Status Reports due and are subsequently reviewed by MCSS
April 1998	Revised Risk Assessment Model is translated into French
April 1998	Revised Risk Assessment Model s printed
April – August 1998	Comprehensive training is provided to all CAS staff
April 17, 1998	Area Office Status Reports due to MSB
May 1, 1998	MCSS meets with OACAS and all trainers
May 25-27, 1998	MCSS Project Lead attends and monitors Risk Assessment Training Session in Toronto
June 8-11, 1998	MCSS Project Lead attends and monitors Risk Assessment Training Session in Sioux Lookout

June 30, 1998	Area Office Status Reports are due and subsequently reviewed by MCSS
July 3, 1998	MCSS hosts a Risk Assessment Research think-tank
August 31, 1998	Comprehensive training of all CAS staff is completed
August 31, 1998	Final Area Office Status Reports are due and subsequently reviewed by MCSS
September 1998	MCSS requests OACAS to co-ordinate French translation and automation of Common Recording Package
September 1998	Risk Assessment Model is implemented in all CAS agencies
September 1998 – March 1999	Enhanced Risk Assessment Training is provided for Supervisors
October 20, 1998	ADM issues memo to all CAS's re: the province-wide implementation of Risk Assessment