

# Data Justice for Youth in Care

Midterm Report for the  
Kawartha-Haliburton Children's Aid Society

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# Executive Summary

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Preliminary findings in the interim report to Kawartha Haliburton (KH)-CAS provide answers to each of our original research questions<sup>1</sup> or RQs.

The first set of findings addresses question one. We share our understanding of how data are generated, collected, managed, used and stored as part of people's day-to-day work. Most data practices map directly onto the Child Protection Standards (which are in-turn shaped by Ontario's Child and Family Services Act – or CFSA). People's data work is organized by and feeds into the child welfare workflow.

As we mapped out people's data work in answering question one, we were also able to answer question two. **The Child Protection Information Network or CPIN is also organized to enable agency and worker compliance with the Child Protection Standards (CPS) and the CFSA.** From a clinical perspective, CPIN is primarily used as a case management tool. It contains information about a service recipient's history, identity, service plans, services received, educational participation, medical records, etc. But CPIN is also an administrative system, functionally oriented toward tracking compliance to standards and regulations in the delivery of child welfare services. Staff at local agencies collect and enter information in CPIN in such a way as to demonstrate that they are progressing correctly through the standards every time a case is referred to the agency. This work is captured in the Ministry's Quality Improvement Plan (QIP) reports, which are incorporated into the Cognos reporting platform of CPIN, and outline workers' compliance rates for key protection standards.

Unfortunately, despite the promise that CPIN would lighten people's ad-

1. a) How, and in what formats, are data collected, stored, and managed in child welfare agencies?
  1. b) How do different people in (and served by) the agency use data and for what purposes?
  1. c) How do different people make decisions about data and data process?
2. What infrastructure and organizational texts, processes, policies, and procedures connect people's data work to one another and shape how people's work is organized?
3. What other information do people engage with as an ordinary part of their work and how does this information inform their everyday activities (and to what end)?
4. What do people want to be able to do with data that they are currently unable to do?



ministrative workloads, **CPIN is experienced as burdensome:**

- Too much time is spent ensuring compliance with CPIN itself, rather than with the Standards (e.g., “So, if you’re going to transfer a file in CPIN, these are the steps that you have to follow, and those [steps] are always changing. So, people are scrambling all the time. And we spend so much time in team meetings talking about, ‘okay don’t do this anymore; you need to do this. You need to check this box in CPIN if you want to be compliant for this. Because if you accidentally click this box, when they run the reports, even though it’s in there, [the report] doesn’t capture it. It doesn’t pull it. If you don’t label something this way, it will get missed in the system’ ... So, we spent a lot of time trying to help people tick the right box, in order to be more compliant.” - Rachel).
- The information in CPIN isn’t easily accessible nor useful at the agency level (e.g., “we can’t really access that [data] in any meaningful way. So, that data just lives in CPIN. We can pull compliance and show how many IDBDs have been done but we can’t actually look at the meat of that data.” - Alex)
- It hasn’t streamlined people’s administrative work; it’s added to it (e.g., “It’s exponential growth as far as expectations and standards and regulations and paperwork or computer files.” - Steven).

While many people agreed that compliance with service standards is important, they also cautioned that demonstrating compliance with the Child Protection Standards had become an end in and of itself, potentially constraining the provision of direct services to children, youth, and families. Furthermore, a demonstration of legislative compliance does not necessarily indicate high quality service.

**Different types of data processes are needed to assess service quality.**

Despite the increased time dedicated to gathering and recording information in CPIN, CPIN is not always useful in improving clinical practices with children and families nor in measuring progress towards the agency’s strategic directions. In response to our research question three, we learned that because people at KH-CAS want to do more than assess compliance with the CPS and the CFSA, they have devised and/or continue to use myriad other tools, processes, and sources of information as part of their everyday data work at the agency. Many people noted that CPIN’s focus on Standards makes it challenging to extract and utilize data in a way that supports the agency’s strategic goals. People expressed that CPIN’s standardized capabilities limited what they could do with existing data and prevented them from assessing the full scope of their efforts.



- Data integrity, data integration and data accessibility issues with CPIN mean people engage in other local data practices, outside of the provincial information system. “Yeah, so I just keep a running Word document for each of my staff, and they are [doing this] too. They also keep a chart that they are to be updating regularly” (Sophie)
- Additional work is required for CPIN to support service quality and other agency goals. “I feel like the work and the fantastic things that we do aren’t captured by the system” (Sam) We are “trying to build new things all the time because we have things that we want to know and want to track” (Joan)

Specifically, data related to service outcomes – even those identified as provincial priorities – is notably absent in CPIN despite being the focus of public reporting and Ontario’s Child Welfare Redesign, more broadly.

Despite a stated commitment in the Government of Ontario’s Child Welfare Redesign to address the overrepresentation of marginalized groups in the child welfare system with “a particular focus on Indigenous, Black, racialized and LGBT2SQ communities” (Child Welfare Redesign | ontario.ca), the province has provided no new infrastructural supports to allow KH-CAS staff to advance this aim. **CPIN requires significant additional work to support EDI-related objectives:**

- The diversion of people from equity-deserving groups relies on being able to identify them, which is not possible with the standard ways of working with CPS and CPIN. As a result, KH-CAS has implemented and developed its own accountability measures through a Cognos report, called a “worker tracking tool,” that alerts workers to where their IDBD and person record information is blank on a case (Joan).
- Several interviewees questioned whether current data practices support the type of EDI focus that the Child Welfare Redesign was implemented to address. “There’s no way for me to pull [data from CPIN] and look at what our overall, you know, queer service population looks like. No idea...so, having places and access to stuff like that would be really important.”

**People want to do things with data that the current infrastructure does not enable. To answer our research question four, we asked people about their dream data systems.** People expressed a desire for the following, which our report explores in detail:

- Improved Usability and Functionality for Managers and Front-line Workers



- Enable Service Delivery and Supervision
- Capacity to Monitor Service Quality and Outcomes
- Reduce the Administrative Burden on Workers
- More Data and Functionality Linked to and Supportive of EDI Initiatives



# Introduction

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

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

services. We also wondered whether tracking outcomes subsequently informs strategies to prevent youth from aging out of the care system into homelessness. In Ontario, Children's Aid Societies (CASs) have been the focus of several controversies, including allegations of abuse, negligence, overcrowding, corruption, and a lack of accountability (Lemay, 2011; Brade, 2007). A quarter of paediatric death investigations in 2017 were of CAS involved youth (Government of Ontario, 2017). CPIN was developed and implemented as a standardized case management system in response to one highly publicized death of a child in CAS care<sup>1</sup> (Jones, 2015; Office of the Chief Coroner, 2014). CPIN replaced the individual legacy systems used by each CAS agency, thereby allowing frontline workers to share and access confidential child protection case files and other related information within and across agencies. The hope was that CPIN would improve the child welfare system's capacity to actualize the legislative mandate of the Child and Family Services Act: 'to promote the best interests, protection and well-being of children' (R.S.O. 1990, c. C.11, s. 1). Our research suggests that more than a technological fix is required for this hope to be realized.

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

# Phase One Research (2020 to 2022)

## Phase One Objectives

In Phase One we<sup>2</sup> mapped the institutional data assets within the larger intersectoral youth-serving system that conditions young people's lives from the moment they enter care, voluntarily or involuntarily, to the upper age limit for young people (29 years of age). Our aim was to identify and map all the data assets that are produced and used to account for a young person's experiences in the child welfare system. Phase One of this project is done, and an article has been accepted for publication. This phase of the work was guided by the following questions:

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

## Phase One Study Design

To address our Phase One objectives, we produced lists of all the open data assets related to youth in care in Ontario. We then conducted key informant interviews and focus groups with practitioners working in the quality assurance, research, data, and governance fields of the child protection system in Ontario. The research was approved by the McGill University Research Ethics Board. To identify key informants (n=12) we used a snowball sampling methodology by reaching out to key provincial coordinating bodies, in-

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

## Phase One Results

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

## Why Phase One Matters

When implementing a data-driven service delivery and governance strategy for the child welfare system, it is essential to first under-

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

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

## Phase Two Research (May 2021 - May 2024)

### Phase Two Objectives

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

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

In Phase One we engaged almost exclusively with systems analysts, government staff (law-

yers, policy analysts, technologists), and directors. To date, in Phase Two we have engaged with child welfare directors, supervisors, and managers at two CAS agencies. The next period of data collection will focus on frontline workers and youth who are currently in care or have formerly been in society care.

### Phase Two Research Questions

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

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

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

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

of their work and how does this information inform their everyday activities (and to what end)?

4. What do people want to be able to do with data that they are currently unable to do?

### Phase Two Participants

To date, we have interviewed seven KH-CAS directors and ten KH-CAS managers. All participants have been assigned pseudonyms and we do not provide people's organizational titles to protect people's confidential participation in this study. We have also interviewed ten CAS-T managers and eleven CAS-T directors; findings from these interviews comprise the focus of a report to the CAS-T. The next phase of data collection will involve frontline workers and youth from both agencies.

### Phase Two Methods

Thus far, we have relied on in-depth semi-structured interviews conducted using video-conference software as well as document analysis to address our research questions. Document analysis was conducted during Phase One, prior to the onset of Phase Two, and has continued throughout data collection. For example, when references to an organizational or policy text were made during interviews, we looked them up online or asked for copies to review. To date, we have reviewed legislation (e.g., Ontario Child, Youth and Family Services Act), the Child Protection Standards, the 2015 Auditor General of Ontario's report, the 2017 Auditor General of Ontario's report, CPIN training documents, workflow diagrams, service standards, organizational charts, tools, and instruments (e.g., the Eligibility Spectrum and the Ontario

Looking After Children-OnLAC data collection instruments), and program-based texts (e.g., Signs of Safety). Our intention is to understand how people's work is shaped by (and often shapes) legislation, procedural manuals, workflow diagrams, Ministry memos, reports and so forth.

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

Analytically, in this report we offer a sim-

<sup>4</sup> In hiring research assistants (RAs) for this team, lived experience of child welfare (as a service recipient and/or provider) was seen as an asset. Some RAs were former youth-in-care, and so we devised strategies with them to prioritize their safety during data collection.



ple summary of key themes in relation to our stated research questions. Findings are based on fifty pages of single-spaced text which represents a sample filtered using the following codes: Purposes and Aims of Data Work; Data Use Practices; and Data Desires.

## **Important Concepts: Data Work and Data Justice**

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

ous research (2014) effectively utilized a notion of “youth work” to draw attention to the complexes of institutional activity that connect young people's efforts to those of the professionals who are paid to work with them across institutional sites. A similar orientation also informs the design and implementation of this study. Additionally, we rely heavily on the concept of “data work” given our interest in the things people do that take time and energy and which happen in relation to – or are implicitly shaped by – information, data, data infrastructure, and/or data processes. We also employ the concept of “data justice” (Dencik et al., 2016) to remind us that information is never neutral and to prompt us to pay attention to social justice issues (e.g., evidence of biased decision-making or determinants of disproportionality) throughout the study.



# Preliminary Findings

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The findings in this report are a synthesis of what we learned in the first year of our second phase of data collection. Our aim for this report is to keep stakeholders at the KH-CAS abreast of emerging insights as the study continues. We have organized the findings in the following way: first, we describe the data assets and infrastructure commonly used by senior staff at KH-CAS and explain how the information management system shapes people's day-to-day work. We focus on each step of the mandated child welfare workflow and illuminate how people's clinical practices are shaped by and shape their data work. From here, we undertake a concerted exploration of the range of compliance-based data practices people identified as administratively burdensome, seeking to explain why this work fails to align effectively with and/or support clinical practice objectives and agency strategic directions. We conclude the findings section with a summary of the data infrastructure and data practices people at KH-CAS want and need.

## Data Assets, Data Infrastructure and People's Everyday Data Work

Internal KH-CAS data primarily exists as records that are stored in CPIN - an information management system managed by the Prov-

ince of Ontario and used by individual CASs to store information needed to deliver child protection services under section 35(1) of the Child, Youth and Family Services Act (CYFSA). A key takeaway from the first stage of this research is that most of the information management infrastructure, data practices, and data themselves exist or are undertaken with the explicit aim of ensuring agency and worker compliance with the CYFSA, the legislation that governs the delivery of child welfare services in the province of Ontario. As per section 35 of the CYFSA, CASs are legally mandated to do the following:

- A. investigate allegations or evidence that children may be in need of protection;
- B. protect children where necessary;
- C. provide guidance, counselling, and other services to families for protecting children or for the prevention of circumstances requiring the protection of children;
- D. provide care for children assigned or committed to its care under this Act;
- E. supervise children assigned to its supervision under this Act;
- F. place children for adoption under Part VII; and,
- G. perform any other duties given to it by



this Act or the regulations or any other Act.

Clinical practice and strategic agency priorities are bound by this legislative mandate. They are further constrained by the Child Protection Standards – a set of practice guidelines and associated tools that ensure a tight fit between the activities of the CASs and the CYFSA (Government of Ontario, 2016 retrieved November 23, 2022 from <https://www.ontario.ca/document/ontario-child-protection-standards-2016> ). Provincially, information management infrastructure, data practices, and data themselves are meant to ensure worker and agency compliance with the CYFSA.

Records in CPIN are linked to specific children, youth, and families who receive child protection services, as well as caregivers and those who seek to provide care to children in need, such as foster parents, adoptive parents, people with a pre-existing relationship to a child or youth (i.e. family friends, coaches, teachers), and members of a young person's extended family. Information in CPIN is stored in person-, case-, and provider-records that hold distinctive information about service users and the child protection services they receive. Common case management records that are collected and stored in CPIN include: person-level identifying information, contact information, vital records, education records, family records, medical records, child/youth and adult social history, special cautions, referral information, eligibility assessments, contact logs, safety plans, provider records, financial records (i.e. Ontario Child Benefit or OCB funds, financial applications/requests for indirect services and activities), home study reports, match home and child documents, and child protection investigation notes. CPIN also contains agency-level financial information.

From a clinical perspective, CPIN is primarily used as a case management tool. It

contains information about a young person's history, identity, service plans, services received, educational participation, medical records, and so forth. As Sally explains:

So, all our interactions with our service users are documented and are on our CPIN system, the Child Protection Information Network. So, that's right from person's name, address, phone number, all personal information, all interactions are meant to be documented on CPIN.

However, CPIN does much more than store information needed to deliver child protection services. It is a customized system that coordinates the workflow of direct service employees by introducing a standard approach to collecting and recording information throughout each phase of service delivery. It also serves as an information management system for agency-level financial data. KH-CAS uses CPIN to generate financial reports that are then processed to prepare additional reports for both external use (e.g. financial oversight to the Ministry) and internal use (e.g. budget monitoring and forecasting by the board and senior management) purposes. In Jim's words: "So, (we) download the detailed trial balance from CPIN, and then (we) manipulate the data (ourselves) for reporting." In this way, CPIN is an administrative system, functionally oriented toward tracking compliance with standards and regulations in the delivery of child welfare services. In addition, staff at local agencies collect and enter information in CPIN in such a way as to demonstrate economic efficiency and facilitate local, internal budget processes.

Important mediators of this process are the Ministry's Quality Improvement Plan (QIP) reports, which are incorporated into the Cognos reporting platform of CPIN, and outline workers' compliance rates for key protection standards. On a quarterly basis supervisors



receive QIP reports from the Quality Assurance team in order to conduct internal audits of worker non-compliance on child protection files “to see whether it was an oversight, [or] whether the wrong box was ticked. Because literally if you tick the wrong box in CPIN, you’re not compliant” (Jamie). Interviews suggest that QIP reports measure compliance by pulling data from the contact logs of direct service workers related to the timelines outlined in the Standards (e.g. was an investigation initiated within 12-hours if it was determined that a 12-hour investigation was the appropriate response). Direct service workers will come up compliant on a QIP report “by properly clicking the Contact Log” (Joan). The Cognos platform also has standardized reports that KH-CAS staff can generate to track Child Protection Standard compliance on a regular basis.

Supervisors reported using Cognos reports in supervision meetings with their team members to review “in terms of the standards, whether things are done” (Rachel). Direct service workers must therefore be very specific with how they enter information into CPIN, as the system pulls this information when running reports that monitor for worker non-compliance. Rachel explained how much additional time and effort goes into making sure that direct service workers can demonstrate compliance in CPIN:

In CPIN, you know, if you’re entering a service or if you’re entering a provider, the name has to be [entered] in this way. It’s the last name in capital letters and then there’s no comma or there’s a comma and then the first name and that’s the way you have to do it. So, if you’re going to transfer a file in CPIN, these are the steps that you have to follow, and those [steps] are always changing. So, people are scrambling all the time. And we spend so much time in

team meetings talking about, ‘okay don’t do this anymore; you need to do this. You need to check this box in CPIN if you want to be compliant for this. Because if you accidentally click this box, when they run the reports, even though it’s in there, [the report] doesn’t capture it. It doesn’t pull it. If you don’t label something this way, it will get missed in the system’ ... So, we spent a lot of time trying to help people tick the right box, in order to be more compliant.

While CPIN provides a common system that allows agencies to share information, it also increases the workload of staff who are responsible for collecting and inputting the information directly into the system themselves – in very specific ways, following strategies that continue to change. KH-CAS staff made it clear that much time and effort is spent trying to meet, and adapt to, shifting practices for using CPIN and demonstrating compliance with Ministry standards.

CPIN functionality also makes the collected information challenging to use effectively to learn about and improve local service delivery efforts. For example, the Ministry implemented policy directive CW003-21 in 2021 that requires non-Indigenous Children’s Aid Societies using CPIN to collect and report in aggregate, identity-based data (IDBD) about the children and youth they serve. CASs must collect IDBD using the identity-based data standard developed by the Ministry. As a result, “identity-based data has its own little tab in CPIN and the ministry...can track how many files...have it” (Sally). But according to Alex:

the problem is...we can’t really access that [data] in any meaningful way. So, that data just lives in CPIN. We can pull compliance and show how many IDBDs have been done but we can’t actually



look at the meat of that data.

Without the capacity to use the information in CPIN to generate reports locally, the agency is unable to monitor and reflect on local trends. Accordingly, many KH-CAS staff described the collection and reporting of IDBD as another “tick box for the ministry, rather than a conversation with children about what their needs are” (Sally). To enable their own internal engagement with IDBD, the Quality Assurance team has generated a variety of Cognos-type reports, such as a report that pulls all agency-level Indigenous cases, because “nothing was developed in terms of ministry reporting to track cases by a certain type of race or heritage” (Joan). Many KH-CAS staff felt that CPIN is more aligned with the priorities of the Ministry rather than those of local agencies who work to support children and youth in their day-to-day jobs to address the vulnerabilities they experience. Or as one KH-CAS staff member provocatively put it, “CPIN is a machine that CAS is feeding, as opposed to a machine that is supporting us” (Steven).

In its current state CPIN is not meeting the informational needs of Children’s Aid Societies. Our interviews illustrate that KH-CAS staff engage in a myriad of additional data practices outside of CPIN “to avoid any gaps in information” (Sophie). For example, people use the F: Drive (a secondary storage device on their computers, to store their own documentation in the form of Word documents, Excel spreadsheets, forms etc.) to track specific casework goals, objectives, and activities; supervision notes; and permanency planning meeting minutes. For example, Sophie uses the F: Drive as a file management tool to store forms such as the “in-home support referral form” and the “Supervised Access referral form,” which are used to initiate secondary services for children, youth, and families with an ongoing or open investigation file. For nearly all people we interviewed, the F: Drive

was used to record and track information either because no option existed for the storage of specific information in CPIN and/or because service providers found it easier to use their own methods of documentation outside of CPIN. Documenting information on multiple platforms not only works against the aim of streamlining data practices, it also adds to people’s administrative work. Furthermore, this practice of managing and storing data locally is not compliant with Part X of the CFSA. Staff we spoke to spend a significant amount of extra time redoing administrative tasks on CPIN to meet legislative and regulatory requirements.

Lucy shared that permanency data, which is central to the coordination of assessment, planning, public accountability, and service delivery activities at KH-CAS is not integrated in CPIN. She explains that this data has to be manually tracked and stored on an Excel Spreadsheet on the F: Drive:

So, we have a tracking sheet (that’s on the F: Drive). I go in at the end of the meeting, I put the date of the next meeting. So, if you, you know, clicked on a child’s sort of line on the Excel spreadsheet and went to the end, you can see how many Permanency Planning Meetings (PPMs) there are, and then there’s a section for comments. So, I will go in there and write, you know, ‘child in ETA [estimated time of arrival] home’ or ‘plan is to reunite child with De De De De.’ So if we go to a permanency meeting, and the plan is for the child to return home, then I would write, ‘child returning home on this date’ and then we have a completed file where I moved the PPM in ... But it’s not on CPIN, and I haven’t figured out [how to put the information there]. So, Sean, twice a year will say to us, ‘Okay, I need the permanency data. Can you provide it for



me?’ And I [laughs] have to go in and manually go through everything and then create my report back to him.

KH-CAS staff like Lucy continue to rely on other data storage devices, such as their F: Drive, as well as other records for case file and financial management that are not in CPIN. In part, this is because records are not linked, searchable nor usable in ways that allow people in leadership positions to independently create reports, monitor agency trends, nor assess progress toward strategic goals.

It is also the case that multiple records for the same service user on CPIN means that service providers might miss information when conducting data searches (Jill). To mitigate data accuracy and integrity issues, people have developed and continue to use other systems and tools for storing, tracking, and communicating information within the agency – which may, in fact, increase the risk that information will be missed, given that it is now being stored in multiple places. For example, people use Word documents and Excel Spreadsheets to facilitate easy access and effective engagement with the information they need to use on a regular basis. Sophie explained that she keeps a running Word document on the F: Drive that tracks and manages the family preservation work that her team does because access and in-home support services have not been integrated in CPIN:

Yeah, so I just keep a running Word document for each of my staff, and they are [doing this] too. They also keep a chart that they are to be updating regularly, so that I know which families they’re actively involved in ... for example, if a parent were to enter a treatment program so they’re not available for services for four weeks, then they would put on their chart “on-hold for four weeks” and then let

me know. I would also track that. But ideally it would just be I can pull it up on their dashboard, see the contact login, and have that information that way. So that we avoid any gaps in information. Obviously, we never want information to get lost.

Here, we outline a few of the range of strategies that individuals in the agency have developed to improve CPIN functionality in service delivery contexts. From generating worker tracking tools that help staff stay on top of their quality improvement plan measures to mechanisms for capturing and monitoring IDBD, people are innovating ways to engage in data-driven practices, despite structural challenges. Workaround strategies to overcome CPIN functionality are developed because child protection professionals are seeking to use data to monitor and enhance service delivery, client outcomes, and strategic goals – practices that are not supported by the current infrastructure, despite a promise that CPIN would modernize and improve child protection service delivery.

## **Data Assets, Data Infrastructure, and the Coordination of Child Welfare Work**

In this section we focus on each step of the mandated child welfare workflow and illuminate how people’s clinical practices are shaped by and shape their data work. We map the ways that people’s practices reflect CPIN’s customized workflow, which is itself tailored to the 2016 Child Protection Standards (CPS). The CPS contain eight standards that are intended to guide child protection workers in their professional practice, from referral, through screening, investigation, intake, planning



and service delivery. As we move through the workflow in this section, we point to specific socio-technical and socio-legal structures that complicate people’s data work and account for the experienced imbalance between administrative burden and direct service to children, youth, and families.

### **Investigation, Screening, and Intake**

The overriding purpose of the CPS is to promote consistent, responsive, and quality service delivery to children, youth, and families receiving child protection services. Overall, the Standards set out a “mandatory framework” in which child protection services are to be delivered (CPS 2016, p. 4). CPIN serves to actualize Standards 1-8 by ensuring a standardized approach to information gathering and documentation at each phase of service delivery. It also allows supervisors to track whether child protection workers have met the expected level of performance set by the Ministry and specified in the Standards. In other words, “CPIN is built for standards” (Sam).

CPS 1 outlines the expectations for CASs when they receive new referrals, reports or information that suggest a child may be in need of protection. A referral includes any information or report from any source (i.e. a child, community member, police officer, teacher etc.), received through any method (i.e. phone calls, texts, emails, in-person, Fax, Web) that a child may be in need of protection (as defined under section 74(2) of the CYFSA). All information received is documented and assessed to come up with an initial Eligibility Spectrum Code (ESC), which determines whether or not a protection investigation will be initiated. All intake cases must be recorded in the case record, ESC rated, and disposed within 24hrs of receiving the referral information (CPS 2016, p. 24). From the moment a new referral is received the key requirements of CPS 1 drives the entire first

phase of the workflow. In particular, CPS 1 sets out minimum requirements related to:

1. the information that is to be collected from, and provided to the referral source;
2. information that is collected from other sources in light of a referral (e.g. case records, electronic databases) and associated timeframes for these activities;
3. the assessment of the information to determine the appropriate response to a referral;
4. response times for initiating an investigation; and
5. supervisory approvals and documentation related to this standard (CPS 2016, p. 20).

When receiving information that a child may be in need of protection, a child welfare worker must:

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



- relatives, extended family, or community members who may be potential supports for the child and the family;
- inquire about whether there may be any worker safety issues;
- inquire about the family’s ethnic origin, first language, religion and whether the child may have or be eligible for Indian status;
- inquire about the current location of the child and the parent/caregiver and the accessibility of the alleged perpetrator to the alleged victim;
- inquire about names and contact information for any other witnesses;
- provide information about the reporter’s ongoing duty to report; and/or
- provide information about how the CAS may respond to the referral (CPS 2016, p. 21).

Gathering and inputting this information connects the work activities of several professionals within an organization and also those of referring individuals – typically, educators, police, and/or healthcare workers. The coordination of people’s work practices results from the operationalization of the information-gathering steps above, as these activities are further shaped by and shaping people’s engagements with CPIN. According to Sam,

Centralized screening and after-hours are responsible for sort of starting that data. So, they will open a case in CPIN. They will search for all of the [family] members to see if they already exist in CPIN. If they don’t, they’re adding them to CPIN. And they’re recording as much information as they have about those members. If they’re Indigenous; if they’re not Indigenous ... sometimes we get those calls and the agency – it

could be Dnaagdawenmag Binnoojiiyag call, it could be a Renfrew call, it could be a call from anywhere. But we take that information. We go through all the same data processes that we would in entering, record searching, creating a case, creating the person profile.

All referrals are also screened for potential intimate partner violence and for further information that may be relevant for determining whether there are reasonable and probable grounds to believe that a child is in need of protection (e.g., history of prior CAS involvement, child abuse etc.) (CPS 2016, p. 22). As Sally explains,

When an intake comes in, we have to do a record check. So, they will do a record check of what’s in CPIN. So, you know, they can see how many times a file has [been] opened for those people. Any way that a file gets opened, will be recorded in CPIN. Also, our legacy system was E-forms ... If [a file] was on E-forms [historically], it should now be in CPIN, so they’ll check for that. And they also have to do [a] provincial check, so, that’s something called Fast Track -- which we used to always use because we didn’t have CPIN ... And then there’s another one called the Child Abuse Registry, so that’s supposed to be checked in certain instances.

The information gathered during the referral is used to create, manage, and close intake cases. The information is added to person and case records constituting a baseline of knowledge about children, families, and community caregivers. This information is subsequently used in decision-making as it supports the process of determining the appropriate response (i.e., making a referral disposition). In CPIN, people cannot move to the next phase



of the service delivery continuum until the minimum requirements of CPS 1 have been demonstrated to have been met. For all intake cases this means that within 24 hours, record checks (internal, provincial, and CAR – if Child Abuse Registry check is necessary) must be conducted and a disposition must be captured and submitted in CPIN (unless an approved departure from this process is applicable). Intake workers demonstrate that these requirements have been met by “properly clicking the Contact Log” (Joan) to document record checks completed in CPIN, and by capturing and submitting a referral disposition within 24hrs of the date and time a new intake is entered into CPIN.

The Eligibility Spectrum is the primary decision-making tool for determining the referral disposition of a new intake. Referral disposition categories include: (a) open for child protection or open for other child welfare service; (b) “community link” (for families in the community); and (c) no direct client contact/information only (CPS 2016, p. 24). The Eligibility Spectrum is designed to help staff make “consistent and accurate decisions about eligibility for service at the time of referral” (Eligibility Spectrum 2019, p. 2). It also operationalizes the CYFSA. The Eligibility Spectrum is organized around specific types of abuse outlined in the CYFSA, such as physical/sexual harm by commission or harm by omission. Within each type of abuse there are specific parental actions (e.g., threat of harm or neglect of child’s basic physical needs), called “scales,” which must be assessed. Assessments are based on four levels of severity, ranging from “not severe” to “extremely severe.” Each scale item references the CYFSA, indicating relevant clauses and subsections of the legislation that specify when a child is deemed to be in need of protection. Further, each scale includes an interpretive statement which provides contextual examples to assist during the assessment phase. Some scale

items are also prefaced by a description that is explicitly linked to the severity ratings. Intake cases that are rated above the intervention line are opened for investigation.

In determining that a child protection investigation should be initiated, intake workers must also outline the response time based on the “level of urgency or the assessed level of present or imminent threat to the safety of a child” (CPS 2016, p. 24). An investigation is initiated:

- within twelve (12) hours for families in the community, as well as family-based and institutional community caregiver investigations if there is an imminent threat to the safety of a child or when physical evidence is at risk of being lost due to a delay;
- within seven (7) days for family-based investigations where no immediate safety threats are identified; or
- within forty-eight (48) hours for community caregiver institutional investigations where no immediate safety threats are identified (CPS 2016, p. 24).

CPIN reports compliance for these standard timelines by tracking to ensure that child protection investigations have been conducted within the required response time.

As of 2016, the Ministry has also required CASs to submit Quality Improvement Plans (QIPs) on a quarterly basis that report compliance rates for key protection standards. This Ministry requirement sprung out of the Auditor General’s 2015 Annual Report that contained six recommendations, consisting of eleven actions, related to audit findings which found variability in how CASs adhere to provincial standards. CASs’ quarterly progress reports on their QIPs include their compliance rates for investigation response times,



as well as for home visits, service plan reviews, and plan of care completion. CPIN provides a standardized report for QIPs, through the Cognos platform, to facilitate the mandatory reporting of compliance rates. This requirement for public reporting increases the administrative demands placed on the child welfare sector by adding an extra layer of accountability. These demands coordinate the workflow of frontline workers, supervisors, and senior leadership who must ensure that high quality, consistent services are delivered on a timely basis according to legislative and regulatory requirements. For instance, QIP reports coordinate the conversations between frontline workers and supervisors, providing the standardized means for assessing quality service delivery. Supervisors become a “check-point for frontline workers” (Jamie). Rather than ensuring the provision of quality services, their role in clinical supervision is reduced to monitoring and ensuring standard-driven information is collected and recorded in a timely manner for reporting purposes.

While CPIN is designed to capture data that are specified in the Child Protection Standards, Sam explained that it does not require a worker to document other types of information that are important to agency-level and provincial equity objectives. For instance, when entering a referral into CPIN, Sam explained that a worker can bypass all the IDBD data and not fill out one box: “as long as I click the exact standards from the manual and eligibility spectrum, I can move on to the next level of the case.” In this way, CPIN directs the coordinated workflow of child protection workers and supervisors through its standards-focused requirements. In so doing, it also subtly conveys the idea that some data-gathering practices are more important than others (e.g., the possibility of bypassing all the IDBD fields).

Although the QIP reports have been built into CPIN through the Cognos platform, peo-

ple also expressed that these reports have not always been pertinent to improving clinical practices. For example, Joan explained that it has been a long six-year process to get the reports that the Ministry has built to “actually work,” and that while the agency can now run the Ministry’s QIP reports, only standardized data fields are available in the reporting side of Cognos. As Joan outlines:

There’s all kinds of fields available in CURAM [the case management side of CPIN]. Not all of those fields are available for us to pick from when we’re in the reporting side of Cognos. There’s been an ask for a long time to give us everything, but that hasn’t happened.

In this way, CASs are limited in what information they include in a Cognos report, thus undermining the utility of these reports for anything other than Ministry-mandated reporting. Within CPIN, at least, they are only able to ascertain what their child protection work looks like through data fields that measure legislative and regulatory requirements. As a result, KH-CAS staff conveyed that they are “trying to build new things all the time because we have things that we want to know and want to track” (Joan).

As the workflow progresses, other sources of information are also generated and used by child welfare workers assigned to investigate a case. Standard 2 outlines the expectations for CASs when planning for and conducting a child protection investigation. The first step is to create an investigation plan, which is developed based on the information gathered during the original assessment and the results of the screening. If investigating a child protection concern might also lead to an arrest (e.g., of a care-giver), then a “traditional” investigation is conducted jointly with police (Child Protection Standards, p. 37), and



a dual focus on child protection and criminal culpability guides the process. Although the Child Protection Standards differentiate between a “customary” and “traditional” investigation, Standard 2 makes it clear that both “approaches utilize a family-centred, strengths-based orientation and require that: family members are interviewed individually; and forensic interviewing techniques are used” (Child Protection Standards, p. 37). Indeed, the Child Protection Standards outline eleven investigative steps for a family-based investigation. Steps one to five are mandatory in all circumstances and steps six to eleven, including the use of the Eligibility Spectrum (step eight), are required for traditional investigations only. Except for Step 11 (consideration about the need to seek a warrant), each of the steps in the investigation process involve data collection (e.g., step seven involves interviews with witnesses in person or by phone).

As part of a full investigation, child welfare workers must also conduct a safety assessment and use the results of this assessment to produce a safety plan, where any concerns about safety are identified. They must also undertake a risk assessment. In addition to the Eligibility Spectrum, and in alignment with the Child Protection Standards, all Ontario child protection workers are required to use the following Child Protection Tools:

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

Interviews suggest that use of these instruments, combined with the Eligibility Spectrum, the “mandatory framework” of the

Standards, and professional observation/judgement, coordinate the investigation verification decisions of child protection workers and the conversations between investigators and supervisors:

The verification decision comes at the end of the investigation, so it’s not based on that first meeting alone, it’s based on the entire investigation, so observations of the home, interviews of the children, interviews of the caregivers, any collateral, folks that might be involved. You know, schools, psychiatrists, therapists, anyone that might be involved. And then also we do factor in history. Have we had similar allegations, what’s our history with this family been? But that’s a conversation between the supervisor and the worker at the outcome of the investigation to talk about it. So, we’ll review the eligibility spectrum to say, “so, the allegations that were reported, are we verifying these? If we’re not verifying these, are we verifying something else, or are we saying it happened to a lesser extent?” So, often we’ll recode an eligibility spectrum coding. And so, we take into [consideration] all of those factors. Plus, obviously, workers’ observations and their professional opinion is important when we’re having those conversations (Jamie).

CPIN also organizes the work of child protection investigators who must document the investigative steps taken as part of the investigation plan, and all information obtained throughout the course of the investigation in case notes in the case record to demonstrate compliance with the Standards (CPS, 2016, p. 39). People highlighted how CPIN’s focus on Standard compliance contributed to an “incredible” amount of administration for child protection workers throughout the



course of service delivery to the point where they are “in a sense, all the time on CPIN” (Sean). For example, Sean highlights that the fusion between the Standards and CPIN has placed unrealistic compliance expectations on child protection workers to the point where “a lot of the workers at ongoing and intake...have bothered to count the expectations in the standards, and I think I heard 184 or 284 tasks or something to do in a case. Drives them bonkers. Because it almost seems impossible to do the job.” The work organization that enables these Ministry-mandated data entry and reporting practices backgrounds staff’s experiences of CPIN as administratively burdensome without usefully informing or improving service delivery.

### Planning and Ongoing Service Delivery

If the investigation disposition is to transfer a case to ongoing services, administrative data (e.g., contact logs, meeting minutes) are continuously generated and used as part of an ongoing planning and recording effort that is central to service delivery. The process is dynamic, with ongoing data-collection used to adjust service plans and shape service delivery. Information gathering and documentation is built into the service delivery process, whereby CPIN plays a predominant role in storing and communicating information about children, youth, and families to service providers. As Sophie explains:

I mean obviously CPIN is where we collect all of our information ... where we put all of our contact logs. It’s how workers communicate using that information, reading each other’s notes so that they know you know what’s going on in the home and areas of strengths and areas of ongoing concern.

An essential function of the person- and

case-records in CPIN is to store all the information about a child, youth, and/or family that is pertinent to the delivery of appropriate services.

Rachel explains that person-record data is key to understanding the community that KH-CAS serves and whether or not the agency is “providing the right services.” As a major agency effort “to get rid of unknowns” (Joan), KH-CAS has hired a full-time equity lead who has been working with KH-CAS staff around understanding the importance of completing person record data. Many in our interviews described the person-record as a crucial site of information for case management and the development of service plans “that are meeting the needs of our clients, according to their different identities” (Rachel). For example, Sean explains:

The person record’s key because we’ve been spending the last two and a half, three years, transferring the majority of our Indigenous files to Dnaagdawenmag Binoojiiyag, which is the Indigenous Child Wellbeing Agency. And the only way we know if a file is Indigenous is if the fields are filled out properly. Every month, I get a report on the Indigenous kids in care, the Indigenous legal file, so that I can make sure that we’re doing our best to minimize the number of Indigenous families and children who are involved and transfer those ones that need to transfer.

In this way, person record data, in accordance with s. 1(2) of the CYFSA and the Standards for All Phases of Child Protection Service Delivery, supports CASs in planning for and providing services in a manner that recognizes the impact of historical and systemic oppression on marginalized groups, as well as the authority of Indigenous Peoples to provide their own child and family services. However,



there is no legislative or regulatory requirement for CASs to update the person record in CPIN which means that identity-based information can be bypassed, and ongoing service cases can be closed “when there are blank and missing data points” (Alex). As a result, KH-CAS has implemented and developed its own accountability measures through a Cognos report, called a “worker tracking tool,” that alerts workers to where their IDBD and person record information is blank on a case (Joan). Joan explains the utility of such a tool:

I think over the next year we will see those blanks, just slowly disappear. We have all the IDBD places and where they need to fill it in. It’s like highlighted for them to say, ‘oh I missed this I need to fill it in.’ And same with the key pieces of the person record.

While information gathering is built into the service delivery process, as we indicated in the preceding section, CPIN does not require CASs to document person record information that takes into account a child’s or young person’s social, cultural, religious, regional, or linguistic needs. Additionally, CPIN does not have a mandatory template for entering information in the person record which results in inconsistent documentation practices. As a result, the “worker tracking tool” assists workers with staying on top of their person record and IDBD documentation practices, which aids in the process of early assessment, planning, and decision-making to achieve permanent plans for children, youth, and families in accordance with their various needs. Accurate documentary practices from screening onwards are viewed as key to actualizing the agency’s equity, diversity, and inclusion aims and the Child Protection Standards with respect to “cultural, religious and regional differences” (p. 13).

CPIN also contains information gathered

during the investigation phase, including child protection concerns, and the planning and activity cycles through which the protection concerns are being addressed. This progress is documented and tracked via service plans. People use CPIN to keep track of client goals and activities as part of their efforts to monitor progress and focus planning and service delivery. A frontline practitioner works with many families at once, so having a repository of information for each child and/or family helps keep track of progress. In this context, “the data system does, *to a certain extent*, what it’s supposed to do. It allows us to be able to house the data in a central location [so] that we can... search it [emphasis added]” (Jill). In addition to its utility for frontline work, directors and supervisors have also developed strategies for using the information stored in CPIN, as well as other data during supervisory meetings and case conferences.

KH-CAS leadership also describe monitoring trends through Cognos reports and manual file crawls in CPIN, as well as by referencing other data (e.g. census data, Truth and Reconciliation Commission report, One Vision One Voice report, provincial LGBT2SQ+ report, equity training documents). The idea is to prompt frontline staff to consider the larger contexts of their work and strive to address agency priorities around, for example, equity, diversity, and inclusion. For instance, Alex plans to draw on a combination of census of population data (e.g., the 2021 Canadian census and KH-CAS staff census) about the demographic situation of the Kawartha-Haliburton region and the KH-CAS staff group coupled with a review of race-based data in CPIN to illuminate patterns of systemic anti-Black racism and to support work towards reducing the overrepresentation of Black and Indigenous children and youth in Ontario child welfare:

Right now I’m focusing on the race-



based data. There's more that I'd like to do in the future but right now that's my priority. So, what does the race-based data tell us about the percentage of Black families that we're servicing and the percentage of Black children in care and how does that compare to our sense of stuff. Then the next step that I'd really like to take, that we're evolving hopefully for the fall, is in terms of our staff group, so, we're looking at a staff census in the fall. So, that will be, then does our staff group represent our community? So, that's sort of the next step.

Here, Alex's work is less focused on monitoring for compliance with Standards, and more focused on using data to examine racial disproportionality and disparities in child welfare investigation and service decisions.

Using data as a resource to promote the development of a shared consciousness among staff was a practice that was common across the directors and managers we interviewed. However, some people expressed that the results of field-based data collection efforts were not always looped back to frontline workers resulting in a disconnect between documentation and planning. Louise explains:

But at the end of the day, even if they do tick off the boxes, they never- we never hear back ... We're the ones working with these people, so how come, you know, [we don't hear]? ... I think if you want some buy-in, then show me why [we are doing this]. Show me what comes of it. Give me that information to inform my work.

Given that child protection workers are themselves responsible for field-based data collection, how they view and make sense of a family context is of utmost importance. The dynamic relationship between documentation

and planning, requires that frontline staff understand why information is being sought and how it is used in planning and service delivery, so that they can use the data they are responsible for collecting to inform their work with children, youth, and families.

Louise's expression of frustration encapsulates a general sentiment among KH-CAS staff, who shared concerns about a growing imbalance between administrative burden and direct service to children, youth, and families. Two sources of administrative burden were identified: (1) the introduction of new requirements, such as the mandated collection of identity-based data and increased demands for public reporting; and (2) complying with the requirements of the Child Protection Standards and CPIN functionality. Staff spoke at length about the importance of collecting identity-based data to better support case planning and service delivery to the children and youth they serve. However, they outlined that the requirements of the Ministry's policy directive to collect and report identity-based data was disproportionate to any perceived benefit. In the next section, we offer a sustained exploration of the range of compliance monitoring and reporting activities people told us about, explaining how these activities – and the administrative burden they constitute – are organized by legislation, mandated standards and tools, and CPIN itself.

### **Worker and Agency Compliance Monitoring and Reporting**

The predominant way people at KH-CAS talked about their ongoing interactions with CPIN is as an effort to streamline practice such that it adheres to the Ministry-mandated Child Protection Standards. In our interviews many people expressed the significance of the CYFSA and the Child Protection Standards to the institutional organization of their everyday work and



to the governance of child welfare more broadly. These institutional texts were not only mentioned in relation to compliance monitoring activities, but also in the coordination of people's everyday child protection work and the ways that people generate and/or engage with data as part of this work. As we explained in detail in the previous section, once a file moves from Referral to Intake and Investigation (and Ongoing Services), all interactions with children, youth, and families are recorded in CPIN:

That's right from person's name, address, phone number, all personal information, all interactions are meant to be documented on CPIN ... captured in contact logs and the Ministry and our agency can pull that data to see if we are meeting Ministry standards. (Sally)

The Ministry standards Sally references here are the CPS which specify timelines for each step in an investigation and in the delivery of ongoing services. She goes on to explain how CPIN allows for external monitoring to ensure time-based contact standards have been met by workers, assessing intake and investigation workers files for the following:

Did we see the client within 7 days, if it was a 7-day investigation? Did we see them in 12 hours, if it was a 12-hour investigation? 48 hours? Did we do a service plan within the [mandated] time frame ... Just some of the ministry-set standards for child welfare. (Sally)

This monitoring occurs throughout ongoing service delivery until case closure.

Managerial staff described spending a significant amount of time in team meetings discussing ways to document information in CPIN to demonstrate compliance within the system. People explained that while all child protection work could have been completed

according to Ministry standards, ticking the wrong box in CPIN could deem the work non-compliant, thus rendering it subject to internal audit. Worker and agency compliance with time-based standards (e.g., for securing an annual dental appointment or conducted scheduled visits with a child) thus becomes the focus of internal and external audits of people's work, "Yeah, so we're looking at, you know, whether we're meeting the standards — that's part of our compliance auditing." (Rachel).

The QIPs for service delivery, for example, focus on compliance with time-based benchmarks for visits:

Did a 30-day visit happen on that Child in Care file? And if that 30-day visit happened, how do we demonstrate that? And that's by properly clicking the Contact Log, so that you can see that it's there, and then we can pull it out and say, 'yeah, we were compliant in that file. We met, you know, we were there within the 30 days.' (Joan)

CPIN is not simply an information management system, it also serves as a management tool enabling supervisors and directors to monitor and assess frontline work. As Rachel explains,

I can go into any worker and run a report and it will show me exactly, in terms of the [Child Protection] Standards, whether things are done. So, I can look at this report and know that on all of these cases, they're late on A, B, C, D, and E. It gives us a range on 'these things are coming due', so it's almost like a warning sign for workers and supervisors to say, "okay what do we need to do to get this done before it's overdue?" ... On a monthly basis (I think it's monthly now) we can get reports that say "these are the percentages for your



team. So, in terms of compliance based on this standard, you're at 26%. On this standard, you're 89%." And then you can look at trends in the agency where we need to focus our work more.

In this context, compliance is a function of whether one adheres to the latest CPIN support modules (e.g., those produced by the Child Welfare Institute, CAS-T and the MCYCS or modules produced by local Quality Assurance departments) and selects and updates correct parts of CPIN at the correct time. Indeed, as June observes sometimes, "something will come up as non-compliant on a Cognos report and you have to really drill down to figure out what ticky box was missed here, what was left out that made it non-compliant." Although compliance with time-based recording practices is interpreted by oversight bodies as representative of service quality, it tells a person very little about the experiences of children and youth, the quality and suitability of services they receive, the complexity of a worker's caseloads, nor the experiences of the workers in the field.

People noted a stark disconnect between the focus of recordings in CPIN and a clinical desire to better capture and understand the work that is occurring in the field with children, youth and families. Sean explains that the information in CPIN is not accessible nor useable for clinical auditing – a process he would like to see pursued in the agency. While it would make sense, from Sean's point of view, to draw on the data in CPIN for this purpose, he would not "want it to be [based on] standard compliance, like the Quality Improvement Plans are." Sean continued: "I want it to be something different. It needs to get at the work that's being done. How do we know that the work that's being done is having the outcome we want?" He goes on to explain that it should dovetail with the central clinical models that the agency is employing, like Signs of Safety:

We'll have a much better idea, with these different tools we're going to create, about not just the numbers of cases, but the level of complexity of these files. We'll have a better understanding of the services that we're providing to families, whether or not our clinical interventions are making a difference, and whether we're implementing the Signs of Safety model effectively. But it's going to take time.

Because compliance with measurable service standards is the central focus of Ministry oversight, it has the potential to become the central focus of child protection work – an unintended consequence that shapes people's other engagements with CPIN (e.g., the consistency and quality with which they complete the non-audited aspects of the record) as well as, potentially, with children, youth and families. With limited time and human resources, the result is that other clinically-focused activities and strategic priorities held by the agency may not be accounted for nor actioned with the same consistency as measurement and recording efforts associated with compliance-based monitoring. As Sam observes, echoing what others also noted:

The system, on one hand, is very, very, very, very like very, very focused on meeting Ministry standards, meeting Ontario standards, meeting the Child Protection Standards. Very focused--99% focused. And it's interesting to me, because a lot of programming that's coming through OACAS [the Ontario Association of Children's Aid Societies], you know, we're talking about all of these different programs they're coming with (like) programs for Black and racialized youth in care. And different Indigenous agencies getting their mandate and trying to support



those agencies. And of course, the Anti-Oppression Roundtable. And One Vision One Voice. And it just seems there's a lot of equity work happening, and that work is there, and people are trying to capture it. But the reality for CPIN is that it is, you know, if we're talking on a balance, it's just 95% standards-based.

Even though the Ministry mandates the collection of identity-based data, the inclusion of a comprehensive profile of an individual in the person record is not a mandated requirement, meaning that data in the person record cannot be reliably aggregated for analysis within the agency.

### **Compliance with Ministry Request for IDBD**

The process of creating a new Intake file in CPIN is guided by the Child Protection Standards, the Eligibility Scale results and the information management system itself. For example, the “New Participant Wizard” in CPIN will prompt an intake worker to record mandatory participant information, including the following mandatory fields: First/Last Name, Date of Birth, Gender, Role (e.g., responsible for alleged mistreatment or alleged victim), Aboriginal Ancestry and Address. But for the information to be useable at the organization level, the IDBD must also be recorded (and recorded more fully) in the person record. As such, and as we have already indicated, at the KH-CAS, the senior leadership team has created a Cognos report, which they describe as a “worker tracking tool” (Joan) to alert workers where their IDBD is incomplete in the person records. Without this additional work to ensure the quality, timeliness, and utility of the data in the person record, the agency would be hard-pressed to track its progress towards its own strategic directions and priorities. Furthermore, the agency would not have been able to

identify Indigenous children and families who may have wanted to receive services through Dnaagdawenmag Binoojiiyag, the nearest Indigenous Child and Family Wellbeing Agency.

Despite a stated commitment in the Government of Ontario's Child Welfare Redesign to address the overrepresentation of marginalized groups in the child welfare system with “a particular focus on Indigenous, Black, racialized and LGBT2SQ communities” (Child welfare redesign | ontario.ca), the province has provided no new infrastructural supports to allow KH-CAS staff to advance this aim. As such, the work of advancing these essential equity goals falls on the shoulders of individual agencies who undertake it in addition to the compliance-oriented data practices that are enabled by Ministry-supported data infrastructure. As Joan outlines above, even though KH-CAS has been actively engaged in a systemic effort to improve access to culturally appropriate services by diverting particular Indigenous-identified cases to Dnaagdawenmag Binoojiiyag (e.g., the agency continues to service children, youth, and families of the Curve Lake First Nation as per Memorandum of Understanding), the existing provincial tools and infrastructure prevent the agency from comprehensively identifying, monitoring, and tracking cases based on race or heritage. In this way, the Redesign's focus on prevention and diversion from care coupled with a lack of infrastructural and data resources, shapes workers' collection of and engagement with information gathered during the intake and investigative phases of service delivery. In other words, CPIN's infrastructure and data resources do not cohesively align with the Ontario Child Welfare Redesign despite the agency's best efforts to bring the Ministry's vision into fruition. This mis-alignment backgrounds KH-CAS staff's experiences of administrative burden as it means that CASS have to spend more time creating and implementing workarounds to address CPIN's con-



straints (e.g., focus on Standards) in order to thoroughly monitor the effects of their interventions.

While many people we interviewed agreed that compliance with service standards was important to the provision of child welfare services, they expressed that demonstrating compliance with the Child Protection Standards had too often become an end in and of itself, constraining time for the provision of direct services to children, youth, and families. KH-CAS staff suggested that the Ministry of Child and Youth Services was placing an unrealistic and ineffective compliance burden on their agency. In our interviews, staff spoke overwhelmingly about the predominance of compliance-focused work in service delivery, highlighting how this impeded them from what they thought “doing a really good job is” (Lucy). Many expressed being preoccupied with documenting the regulatory requirements of the CPS in CPIN. People did not discount the importance of ensuring legislative compliance; rather, they noted that the work was administratively taxing and questioned whether demonstrations of compliance with the Child Protection Standards serve as adequate assessments of service quality. Furthermore, despite the increased time dedicated to gathering and recording information in CPIN, the information required was not always useful in improving clinical practices with children and families nor in measuring progress vis-à-vis the agency’s strategic directions.

### **Strategic Goal Monitoring**

The website for the KH-CAS articulates three Strategic Directions for the agency, and within the three specified Directions, the agency outlines several actionable priorities:

**1 — Commitment to Service Responsiveness ... provide equitable and consistent services that are inclusive of the voice of children, youth, young adults, families and commu-**

**nities.**

- A. Enhance outcomes for children by working with their family, community and their circle of care to deliver the right service at the right time
- B. Champion equity and advocate on behalf of children, youth and families in our communities to address the vulnerabilities they experience
- C. Create opportunities for and embrace feedback as a learning opportunity and contribute to more informed, timely and responsive services
- D. Create a sense of belonging for children by engaging supports that includes their family, culture and community.

**2 — Commitment to Community Partnerships and Collaboration .... create dynamic services that respond to the diverse needs of children, youth, young adults and families by courageously leading and facilitating active collaboration with the community.**

- A. Understand and action Truth and Reconciliation by supporting First Nations and Indigenous communities and partners in the delivery of services to Indigenous children, youth and families
- B. Champion equity and advocate on behalf of children, youth and families in our communities to address the vulnerabilities they experience
- C. Actively engage with our partners to continue to build integrity and trust about our respective contributions and accountabilities
- D. Lead community engagement and integration of services towards better outcomes for children, youth and families



**3 — People are our Greatest Strength .... be an inclusive and interconnected workplace, where strengths and contributions of all are invited, valued and celebrated.**

- A. Promote safety and wellbeing through engagements with staff, volunteers and foster families
- B. Cultivate a strong workplace that supports inclusivity, collaboration and team work with shared accountability
- C. Strengthen organizational and leadership capacity through staff development, growth and recognition
- D. Recruit and retain a diverse workforce, including foster parents and volunteers
- E. Encourage innovative processes that support service responsiveness and create efficiencies in practice

(Retrieved October 17, 2022 from <https://www.khcas.on.ca/about-us/mission-vision-values/>)

People at the KH-CAS are thus responsible for demonstrating compliance with the CPS, which are provincial in application, as well as for demonstrating progress towards internal agency-level strategic priorities. The Board of Directors has a strategic plan (from 2020-2023), and the agency is required to report progress towards the actioned priorities on a quarterly basis. To meet this expectation, the senior leadership team developed a strategy to collect and monitor progress towards the stated priorities, but this agency-level work is in addition to the compliance-based reporting work the agency already has to do. There are limits on the extent that data in CPIN, collected, retained, and managed largely for communication and external monitoring purposes, is suitable for tracking progress towards these internal priorities. As observed by a member of the senior leadership team, Jill: “we have

three strategic priorities, and then a number of actions underneath them ... the senior team developed this monitoring report, outlining the pieces of data we want to monitor, and there’s quite a lot. I would say, in hindsight, it’s too much. It was a very ambitious plan.”

Drawing on a range of administrative data, the senior leadership team developed indicators of progress towards each priority, but this type of holistic monitoring effort takes time – particularly when the information cannot be easily extracted from the mandated information management system for these purposes. Jill went on:

So, the Board [of Directors] is seeing volume. So, they’re seeing our number of ongoing files, they’re seeing our number of children in care, they’re seeing children in care by case type, placement days. They’re looking at our identity-based data collection. How compliant we are to that policy? We are providing them a level of Indigenous data, in terms of the percentage of Indigenous families that we’re working with and each case type. We are looking at the financials. So where do we sit [financially] at the end of each quarter. From a human resources perspective, they’re looking at sick time data, overtime data, they’re looking at the complaints data for service recipients. I’m trying to go through the list. There’s the length of time that we’re delivering services. There are placeholders for foster parent engagement, and volunteer engagement as we work to evolve those systems. What else are they looking at? They’re looking at participation in equity training.

In this way, the senior leadership team compiles evidence about its progress in its three strategic directions. This is a significant un-



dertaking, given that the agency’s strategic priorities are not compliance-based, but outcomes oriented – e.g., enhancing outcomes among children and championing equity, diversity, and inclusion – and thus more challenging to enumerate. Compliance monitoring is relatively simple (e.g., was the time-based standard met – yes or no?). However, outcomes-monitoring requires measuring changes that result from service provision, which is a much more complex empirical task. Indeed, outcomes-monitoring is not currently supported by CPIN – an issue that undermines efforts to monitor progress toward agency-level strategic priorities and the provincial Child Welfare Redesign.

While not identical, the KH-CAS Strategic Directions align with the Child Welfare Redesign initiative, which focuses on shifting the ways child, youth, and family services are being delivered by centering prevention, early intervention, and permanency in service delivery (Child welfare redesign | ontario.ca). Introduced in 2020, the Redesign strategy looks to achieve “seven successful outcomes for families as well as Ontario’s overall child and family services system” (Child welfare redesign | ontario.ca). For families these successful outcomes include:

- **Safety:** children and youth are safe, achieved by the least intrusive means;
- **Voice:** children, youth and families are respected, have their voices heard and their needs met;
- **Permanency and stability:** children and youth are safely connected to their families, communities and cultures; and
- **Wellbeing:** children, youth and families are supported in their communities to thrive while meeting key developmental and educational milestones.

And for the child welfare system more broadly, these successful outcomes also include:

- **Quality:** children and youth are supported to grow through high quality, consistent services that meet their needs;
- **Decreasing disparities for overrepresented groups:** such as reducing the number of days in care for Black, racialized, First Nations, Inuit, Métis and LGBT2SQ youth; and
- **Sustainability:** the sector is sustainable, efficient, effective, accountable and flexible enough to adjust to the new reality following COVID, like digital service delivery

Jill explains that Ontario’s Child Welfare Redesign is about ensuring Ontario children, youth, and families have what they need to thrive:

Our ministry is saying to us, ‘work with community partners in a different way so that you actually don’t have to get involved; that services should be delivered in the community.’ And so, for us that also means that we’re keeping families together in a different way and connected to their natural connections in their communities ... how do we work with them to mitigate the risk that we don’t then have to remove that child from their home. So, we’re talking, we don’t use these words all the time, but we’re talking about what we’re doing, those are our ultimate goals. So, from a service delivery perspective, that’s what I’m looking at: What’s our volume? What are we doing? How is it shifting? How are we delivering service in a different way?



Planning for and assessments of permanency were identified by KH-CAS staff as particularly important practices when striving to achieve priority outcomes during the provision of child protection services. As such, the KH-CAS conducts “permanency planning meetings with every child that comes into care” (Rachel). These meetings serve to plan for, assess, and document whether “we’ve achieved some level of permanency. So, whether it’s, you know, kinship, back to the bio family, adoption, legal custody...those pieces” (Lucy). Permanency plans include the tasks required to achieve the intended level of permanency, and the roles and responsibilities of all involved (CPS 2016, p. 15).

Annually all CASs are required to publicly report “5 sanctioned performance indicators” (Sean) in three key areas: “the safety of children and youth in local communities, the permanency of their living arrangements and the well-being of children and youth in care” (Retrieved from: Ontario’s Children’s Aid Societies performance indicators | Ontario.ca). As such, KH-CAS staff actively track and monitor key permanency outcome data as a means to improve the quality of services on an ongoing basis, which is recorded on a “tracking sheet” and stored on the F: Drive: “So, a worker could go into the F drive to see what the [permanency planning] minutes were. We weren’t, to be honest, we weren’t really sure where to put them, whether they should be on CPIN, and how to do it” (Lucy). As noted earlier, CPIN does not function to support staff members’ development of permanency plans.

Other service outcome data, such as the results from the Ontario Looking After Children (or OnLAC) Assessment and Action Record (AAR), which is administered annually to children and youth in Extended Society Care are also stored on the F: Drive. Like many of the other sources of information noted above, the AAR results are not effectively integrated

into CPIN. As Louise explains:

The OnLAC forms are sent, I understand, from the ministry and we keep them on a separate- like they’re not part of CPIN at all. We have a whole separate spot on our F-Drive where we store them. And then they get sent to Ottawa.

Completion of the annual AAR for children and youth in Extended Society Care is mandated, and so child protection workers are prompted to enter the AAR results each year as a demonstration of compliance with this annual data collection process. But the way the results are added to CPIN locally does not allow frontline workers to easily integrate these data in ongoing planning and service delivery efforts nor to easily aggregate for monitoring progress towards the agency’s strategic priorities. As Lucy noted during an interview, the integration of OnLAC results in CPIN for purposes of ongoing evidence-informed clinical practice and for strategic planning and reporting remains a goal:

In terms of strategic planning, eventually we will be working towards being able to pull data from the Ontario’s Looking After Children, (so, OnLAC) which the children’s service worker does once a year, with the children in care, children and youth in care. So, NAME and I are now working at how do we embed OnLAC in our data for those children’s service workers so that it’s meaningful ... There are, I think there’s 200, sort of data points on the AAR. And so, part of our plan is: what are the ones we need to pull? Do we need to pull different ones for different age groups, and then how do we bring that data alive for- because it’s not helpful to pull up once a year, because once a year gives you that snapshot, so how do we progressively



pull it? So, if you had a child say on the, you know, the mental health scale scored this, what did they score the next year and the following year. You know, 60% of our eight-year-olds are behind in grade 3 math. So, like, if that's something we continue to see then how do we build supports?

Having enhanced access to fulsome and up-to-date information about children and youth and their outcomes, as well as an ability to progressively extract data to get a full picture of service users, are viewed as essential to planning and service delivery. Directors and supervisors use this information to assess decision-making related to program development and budgeting, and the effectiveness of service planning and delivery in the lives of children, youth, and families. However, many people noted that CPIN's focus on Standards makes it challenging to extract and utilize data in a way that supports the agency's strategic goals. People expressed that CPIN's standardized capabilities limited what they could do with existing data and prevented them from assessing the full scope of their efforts. In this way, data related to service outcomes – even those identified as provincial priorities – is notably absent in CPIN despite being the focus of public reporting and Ontario's Child Welfare Redesign, more broadly.

There are similar challenges monitoring the agency's stated efforts to champion diversity, equity and inclusion, given that the preoccupation from the Ministry has been compliance – e.g., has identity-based data been collected within the mandated time-frame – yes or no? Beyond simply reporting on whether the identity-based data were collected or not, CPIN does not enable directors or managers to query person-level records to identify and monitor equity-gaps in academic achievement (for example) nor to assess whether agency-level interventions to im-

prove educational outcomes for Indigenous youth in care are having the desired effects. Rather, the information management system functions to ensure agencies simply comply with the directive to collect these data but does not incentivize adding this information to the person record, which would allow the agency to review, analyze and use these data. Without this additional step (adding the information to the person-record), there is no way for the agency to do more than assess whether the IDBD have been collected or not. As Alex notes:

There are some Ministry directives that say “thou shall collect identity-based data and thou shall document it here.” The problem is, you may have heard this from other interviewees, is that we can't really access that [data] in any meaningful way. So, that data just lives in CPIN. We can pull compliance and show how many IDBDs have been done but we can't actually look at the meat of that data. They [child protection workers] have to also put [the IDBD] on the person record. There is no requirement for us to do that. Like, workers would enter their data into CPIN. What I'm interested in is person record data ... Really looking at, you know, race and ethnicity in CPIN on the person record. You know, language, religion, those kinds of pieces. So, Quality [Assurance] will pull that information for me. Then we will look at it together. So, I don't have access to be able to pull that [information myself].

Others echoed Alex's comments, noting the importance of fulsome and up-to-date person records, and highlighting specific challenges when information about identity is not recorded in a consistent and query-able part of CPIN. Alex noted that KH-CAS has been



actively striving to embed equity in service planning and delivery through a focus on identity-based data collection and the tracking of service outcomes for marginalized communities. Unfortunately, it has been challenging to link the identity of service users to service outcomes in CPIN without undergoing an onerous manual file crawl:

[The file crawl is], yeah, very painful. I mean, it's interesting but it's very painful because it's literally contact log by contact log. You're reading through and making connections and understanding what happened. Okay that case closed. Okay, let's go back and find the verification conference note. What did we verify? Okay. So, like, it's a lot of manual clicking and digging through and reading ... you'd be surprised how often it was mentioned just in some random case note. Like, that, you know, grandma was visiting from whatever territory. Grandma was at the home visit today, visiting from whatever First Nation, you know, participated in the discussion today. Like, something like that and you'd be like, 'what?' Just references like that. Even a case that I supervised, we were looking at, like, we were doing a permanency planning conference, and at one point one of the supervisors in the conference said but that mom's Indigenous. I said no she's not, like, nowhere, I don't have that anywhere in our records. Are you sure? Oh my god. He was like she was a child in our care. I supervised at that time. I absolutely recall distinctly that she's Indigenous. We had no idea, as a supervisor and the worker on that file. That is stuff I look for, and that I care about, and I am digging for, to understand and it was in fact in her person record it said she was white. So, it's that kind of stuff that's just

buried in notes that wasn't translated into any other place where it can be tracked or followed through time.

Here, Alex explains that, although KH-CAS is seeking to address the overrepresentation of racialized and marginalized children, youth, and families in the care system, they are unable to use existing provincial resources that have not been designed with this strategic goal in mind. In this case, individual agencies develop practical resources to compensate for a lack of infrastructural and data resources (e.g., manual file crawls to enhance equitable outcomes).

While manual file crawls are "one of the ways you can get at stuff," KH-CAS does not have the resources (e.g. staffing) to do these "deep dives" (Sean). Resource deficiencies coordinate the everyday work of supervisors and directors who are required to meet local and provincial expectations in the absence of the sufficient resources to ensure that no service need goes unmet. As a rural agency, KH-CAS faces compounding challenges, including limited local community partnerships, social services, mental health services, and foster homes, requiring directors and supervisors to constantly negotiate "balancing service delivery, staffing complement, and how we support family, with whether or not we actually have the funds to do that" (Jill). In this context, planning for and ongoing assessments of "case complexity" (Sean), an accurate profile of all outside resources, the development of a service quality indicator tool (e.g. "clinical auditing tool" [Sean]), and an "engaged and thoughtful" foster recruitment campaign (Ellie), are viewed as particularly important when seeking to achieve this delicate balance.



## Things People Want to do With Child Welfare Data

At this point in Phase 2 of our research, the interviews we facilitated have uncovered various aspirations (or data desires) that our key informants – KH-CAS managers and directors – have expressed in relation to the data practices that organize their work and the experiences of the youth they serve. Most of these data desires were directly related to CPIN. For this report, we have synthesized shared data desires into five categories. These categories represent what our informants would like to be able to do with (or in relation to) data and data systems, but are currently unable or struggling to achieve:

1. Improved useability and functionality for managers and front-line workers
2. Improved utility for service delivery and supervision
3. An increased capacity to assess and monitor service quality and client outcomes
4. Realize a better balance between administrative burden and direct service to children and families.
5. More data and functionality that is linked to and supportive of Equity, Diversity, and Inclusion (EDI) initiatives

In the following section, we will unpack these five aims and share some of the specific aspirations people expressed within each category:

### Improved Useability and Functionality for Managers and Frontline Workers

In several interviews, we heard people express an interest in improving CPIN and adopting more user-friendly infrastructures for managing information. Louise dreams about “a sim-

pler way to find information...more straightforward.” She said that if data systems were as easy to navigate as her phone, “there’s so much information we could be using.” Jamie similarly described the information management infrastructure they use as “very frustrating” and “not logical.” Jamie aspires for a system that is “accessible to workers’ mobile[s]...where everything’s in one place.”

Besides navigating CPIN, we also heard people discuss the frustrations of trying to use CPIN to synthesize data and generate reports. Jill mentioned the challenge of “extracting” information and how she would like to be able to just “hit a button” and – without calling on IT services or tech support – get the information she is trying to extract. Jill wishes for data systems that are “not as complicated, and [do not] require [a higher] level of expertise” than what she has now. She went on:

I think anybody should be able to use it, and I think that we should be able to extract the data from it in a way that is truly meaningful, and not requiring us, every time I ask a question, I get, ‘well that’s going to require a manual crawl, right?’

Jill explained why she thinks such an improvement would be helpful, saying that it would allow her and other people in a similar role to “make meaningful decisions without additional work,” such as going through the manual or getting someone else involved who has more technical expertise.

In Alex’s “dream world,” they would also like to “be able to pull a lot of stuff on [their] own,” as in accessing and analyzing data without the support of people with the specialized technical expertise. Alex believes that if the technologies and tools were easier to use, supervisors and their staff would “be able to get those more nuanced pictures” of the people they are working with. As Alex said, “having



access to that at my fingertips would be really helpful.” If CPIN was more functional and usable, they could understand their clients better when the situation calls for it.

Along the same lines, Ellie wishes that CPIN were more “intuitive,” joking that she wishes “it would just file things on its own.” When asked what about it she might change in particular, she replied:

It’s not that there’s any one area in CPIN that doesn’t sort of make sense, but it’s so onerous and such a chore to get anywhere. So, it should be much more simple ... and really focus on the narrative and focus on the work, not whether you ticked a certain box or not.

As many of our informants told us, CPIN – like other information management systems – has considerable functionality, if you know code and have expertise in information and communications technology (ICT). However, for supervisors and managers whose expertise may not include these ICT skills, CPIN is not viewed as user-friendly. Lucy went further to suggest that it is not only difficult to use, but also fragile: “You can click a button and really screw things up.”

When we interviewed Michelle, she agreed with improving the usability of these infrastructures and ensuring “easy access to information” about what clients are going through. However, unlike many of our other interviewees’ who focused on improving their own access, Michelle discussed the importance of making sure information in CPIN is accessible and legible to other people with whom that information may be shared. She described her desire for information management that “make[s information] clearly written for people to find, because again youth move all over the place and when they’re moving to different agencies and things like that, sometimes that information isn’t easy to find.” Michelle

clarified that CPIN was created to help all the agencies share the information they needed, but they “all use it differently [and] that’s a challenge when finding information.” For Michelle’s aspirations to be realized with CPIN, she believes that there needs to be more consistency in the ways that people input information.

Joan expressed a similar aspiration to Michelle’s. Because of the inconsistency with which different people input information into CPIN, Joan explained that “you end up with a dog’s breakfast of stuff.” She described simple things like phone numbers or postal codes that become illegible or hard to work with because of people’s personalized inputting conventions. Joan wishes that CPIN would “lock down some of that stuff...so that we could get better quality data out.” Joan lamented at this functional issue because she believes it would be quite simple to redesign CPIN’s interface so that it compels users to input data in a more standardized form. However, Joan pointed out that “they haven’t seemed to develop that part of the platform.” She does not understand why.

### **Enable Service Delivery and Supervision**

Another data desire we heard from many was about the processes and infrastructure that facilitate service delivery and supervision. Specifically, people expressed a desire for ICT that facilitates a clearer understanding of their clients and community. Rachel explained that “in a dream world, the data that we pull would really help us understand the population that we work with...how we can do better, where we can do better.” Rachel believes that this would allow her “to compare [her data] to other communities” and to identify “where [they] need to do better.”

When discussing how service delivery and supervision could be improved, Sophie had some more specific feedback. She believes that the system and what is included and



accessible in CPIN needs to be more “comprehensive.” For example, she cited a lack of information that could help with “family preservation work” as a significant barrier to her work:

Most agencies have their own version of our [family preservation] program. They may call it something different but it’s ultimately the same thing, and including that in the CPIN would [be helpful] because it’s not there, there’s no tab for it. There’s no way to track data. You would not be able to determine if an ongoing family had access that we were supervising unless you went in and looked for the contact logs, because there’s no way to sort of indicate.

Sophie explained that if this information were included in the CPIN infrastructure, it would be more accessible across organizations: “In a perfect world, the whole system of the work that we’re providing would be done, entered and tracked and managed within CPIN.”

Another specific data desire that would improve service delivery and supervision relates to getting rid of duplicate entries in CPIN. Duplicate entries make it more difficult for service providers to search for and find comprehensive information on clients. Jill explained how duplicates come to exist in the system:

If upon putting the information in CPIN we didn’t get the spelling of the last name, right, there could be multiple records in the system for the same family. I don’t even know what the magnitude right now, but my guess is there’s probably tens of thousands of duplicates. So, if you don’t know how to do the search extremely well, you could be missing out on information.

Ensuring that records are consolidated pro-

vides a more comprehensive representation of clients. Jill told us that from “a service provider perspective, at the frontline, [this is] really important.”

### **Capacity to Monitor Service Quality and Outcomes**

The previous section described interviewees’ desires for an improved CPIN system that would enhance service delivery and supervision capacities. Building on these concerns, we heard from several service managers and directors about their aspirations for more robust monitoring capacity to ensure the quality of service delivery. According to some of the people we spoke with, this can be achieved by broadening the kinds of information that is input and stored in CPIN. Sam told us about their concerns regarding what the data management system captures and what it might miss:

I feel like the work and the fantastic things that we do aren’t captured by the system ... There [is] no capturing of anybody other than those pink dress box, blue, square-shouldered box, and nothing outside of the range of those standards and nothing outside of exactly what you were supposed to do gets captured.

Sam explained that what is collected in CPIN was designed to conform with the Ontario Child Protection Tools Manual, the Ontario Child Protection Standards Manual, and the Eligibility Spectrum of Ontario. Although Sam saw these as important, they hoped for a data management system with a broader scope; they expressed the desire for a more functional CPIN that could help them monitor more than just what is expected with the current standards.

Sally was also concerned about her capacity to use CPIN to monitor service quality and



outcomes. She described her desire for more data-driven service delivery as a way to ensure she can meaningfully monitor her programs. That said, Sally echoed others' concerns when she said, "we haven't even got to the point where there's enough integrity in our data to start" to monitor programs. However, in her ideal world, Sally would like to see a system in which "people would believe more in the power of having this data – in terms of how it could determine our services." Currently, Sally understands data to be used to measure "whether we met this or that within a certain timeline." She pointed out though that this "probably doesn't give us an accurate representation of whether kids are safe, or families are doing well, or that parents get what they need...to parent well." She would like to see data "measur[ing] meaningful outcomes... [and] guid[ing] us to do better." With more robust data, engaged critically, both Sam and Sally's desires could be realized.

Regardless of the quality of data and how staff intend to use it, Joan brought up a more primary concern: monitoring what data is being collected and what can be done better is difficult in a system where staff are overwhelmed and undertrained. Joan described the issues she sees with CPIN as follows: "People haven't had the training that they need" and people are not reporting comprehensively because of the "overwhelming busyness of the job." Joan steered our attention away from improving the data management systems and reminded us that more resources and support is needed so that staff offering frontline service have the capacity and understanding to participate in data collection, inputting, analysis, and reporting. Joan aspires towards a data system that can be easily monitored such that a supervisor could point to a lack and tell their staff that "this is where we're really falling down in terms of data completeness", for example. By supporting workers, they be-

come better allies for working with data and data management systems. This leads into the following section on people's data desires: reduce the administrative burden on workers.

### **Reduce the Administrative Burden on Workers**

Lucy brought up a particular limitation to supervising with CPIN in terms of revising or fixing data that has been entered inaccurately, even just correcting a typo. Lucy compared CPIN to an older system (called E Forms) that allowed her to directly revise people's mistakes. With CPIN though, "to fix the mistake, it's a pain in the butt to actually fix it." Because it is quite arduous, Lucy was not always able to justify assigning a frontline worker the potentially "demoralizing" extra work of fixing the mistake in CPIN. She explained:

When I was supervising frontline, I had to really think before I sent something back. So, in E-Forms, if I was reading someone's report or home study or safety whatever it was, and there were some typos and grammatical errors, I could just fix them. [Now,] I have to send it back; I can't fix them. So I have to decide, okay they spelled 10 words wrong, and they've missed some punctuation, am I going to send that back to them? ... Or am I just going to approve it?"

Reforming or adapting CPIN so that it is easier to edit entries is one of the ways that the administrative burden put on workers could be reduced.

Earlier we indicated, Steven told us about the way he imagines CPIN as "a machine that CAS is feeding." He used this metaphor to suggest that he feels like he is supporting CPIN, "as opposed to the machine supporting us." In Steven's dream world, the data practices associated with his job would be reformed so it no longer feels like he is "feeding the



machine.” In order to realize this aspiration, Steven feels like it might be enough if he just “didn’t have to feed it as much.” He explained how data practices have changed with the adoption of CPIN:

It’s exponential growth as far as expectations and standards and regulations and paperwork or computer files. And do this. And do that. I mean, I’ve heard the Minister go on, “We’ve developed a system so the worker spends 70% of the time out in the field and 30% on paperwork.” Well, that’s bullshit—absolute bullshit. It’s more like the other way around.

For CPIN to work better for Steven, it either needs to be more user-friendly or it needs to refine the kinds and amount of data about which he and his staff are required to report.

When asked about her data desires, Debbie echoed Steven’s frustrations about the amount of time it takes to input information into CPIN. As an example, she told us about the data practices involved in reporting on an investigation case:

If there’s 5 kids and 2 parents, you have to put like, there will be like, essentially like 30 lines, and you will have to go through each line individually to review it. Like, why can’t I just— like it can take you like an hour to do things. I counted one day in terms of like creating a contact log, it’s like 23 different clicks. Like, click, click, click, click, click, click, click, [laughter] 23! And then it’s just like this is ridiculous, like I got, like, carpal tunnel from doing contact logs. [laughter]

Debbie explained the consequences of what she described as the “high administrative burden” of inputting information for her job: “It just takes away from people being able to

work with families. It really does.” Debbie acknowledges the value of data practices that support the work she and her colleagues do. However, when the administrative burden is too high, it can instead eclipse their ability to do meaningful work with families.

Sean agreed with Debbie that “the administrative burden on staff has gone through the roof [since] CPIN came into effect.” Sean expressed a desire for a system that “was developed by people in the field rather than people who don’t really know how the work is done.” He believes that if people like him, in the field, were designing the data practices involved, CPIN would not be as “cumbersome” to use. Sean echoed Debbie’s concern that when supervisors and their staff are spending more time on inputting or managing data, “they’re spending less time with kids and families and that’s what they need to be out [doing]. You don’t want your staff sitting there on their computer every day. You want them out-and-about.” Though the data practices that Sean and his staff were busy with are meant to support families, Sean believes that they do not support people if they make it harder for staff to interact with clients. He sees these kind of face-to-face engagements as “the only way we’re gonna make any change. That’s it.” To support supervisors like Sean, Debbie, and Steven, it is important to ensure that data practices actually support client engagement and service delivery, and do not just feel like feeding the machine.

### **More Data and Functionality Linked to and Supportive of EDI Functions**

An unexpected finding of the project so far has been around interviewees’ strong desires to do EDI work and their inability to use CPIN for such initiatives. Participants cited CPIN’s limited functionality and a lack of data that might support EDI initiatives – specifically data about client’s identities that might help managers and supervisors support staff



working directly with those facing structural barriers due to racism, sexism, ableism, homophobia, transphobia, and other systemic forms of discrimination. We asked Alex, for example, about the personal level data that is being collected and whether managers/supervisors are able to link it with outcomes as a way of investigating patterns that may relate to clients' identities. As we indicated earlier in this report, Alex explained that this is "not yet" possible, but their aspirations for CPIN and other data systems is that it would include the data and the technical features that would facilitate these kinds of analyses. Discussing gender identity and sexual orientation, Alex told us:

There's no way for me to pull [data from CPIN] and look at what our overall, you know, queer service population looks like. No idea...so, having places and access to stuff like that would be really important. Just grounding, you know, data in CPIN in equity would be super great.

Alex was not the only interviewee who expressed this aspiration. Sam shared a similar data desire but in relation to serving Black and Indigenous communities who access their services. Sam told us that CPIN does not

"really let us capture the way we want to do the work." They referenced several initiatives that were introduced to support marginalized communities but suggest that CPIN does not facilitate this kind of work. Sam and her team "are putting notes in CPIN to capture [Ministry] standards, and to make sure [these] standards are met." However, Sam believes that this approach is too limited in its scope to be "equity based." Joan echoed Sam's concern for gathering race-based data. She wishes that her and her colleagues' data practices uncovered where they are "seeing [an] overrepresentation of say, Black families or Indigenous families." Until KH-CAS's compliance with identity-based data recording improves and better training or technical support is made available, Joan and other managers or supervisors do not have the resources to "go looking and comparing" how equity-seeking communities might have different service delivery outcomes than others.



# Conclusion

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Digital data practices have flourished in Ontario's child welfare system in response to the managerial and legislative objectives faced by public social service providers today. These new, digital practices are not neutral. In this report, we have begun to uncover some of the ways that digitization impacts service provision and the experiences of clients and staff involved in social welfare interventions. Throughout Phases One and Two of the institutional ethnographic research project that generated the information in this interim report, we have begun to trace some of the socio-technical and policy relations that orient people's digital engagements with data in Ontario's child welfare system.

A major focus of this report has been the role that CPIN plays in the child welfare system, exploring how it might support the diversion of youth from experiencing youth homelessness. Preliminary findings suggest that the potential value of CPIN and other digital supports for facilitating clinical practice and monitoring systemic trends are compromised by methodological and infrastructural challenges. Several of the KH-CAS staff who we interviewed felt that CPIN and the digital requirements that have become part of their work seemed to support Ministry oversight or accountability more than it allowed them to support the children, youth, and families with whom they were working. In some cases, interviewees went beyond exploring how digi-

tal infrastructures are insufficient to remind us of ways that they can even be damaging, such as by contributing to the over-surveillance of groups that already face heightened state-driven monitoring.

Through our interviews with systems analysts, researchers, directors, managers, and social workers, we have spoken with many people using CPIN and have found that although it is designed to help frontline workers share data on the youth that they are supporting, there are still obstacles that make it difficult for many workers to actualize the legislative mandate of the Child and Family Services Act: 'to promote the best interests, protection and well-being of children' (R.S.O. 1990, c. C.11, s. 1). Working with CPIN and improving staff's technical proficiency with the technology is one step towards achieving this mandate. However, our investigation has uncovered that more resources and support is needed to accompany the technological approaches to improving the child welfare system in Ontario.

Our aim in this interim report has been to ensure that stakeholders at the KH-CAS are aware of our preliminary findings as this research continues. We have described the data assets and infrastructure commonly used by senior staff at KH-CAS and explored how CPIN, the information management system used by these staff, orients people's day-to-day work. By reflecting together on the data



assets and infrastructure involved in the work done by KH-CAS staff, we have captured a range of compliance-based data practices that workers found overwhelming or ineffective. As we continue this research, we will engage more people in interviews – notably seeking out youth to share their perspective on the data practices involved in their care. We hope that our findings can do more to highlight how contemporary trends in digitization within Ontario’s child welfare system are struggling to match clinical practice objectives and agency strategic directions. Our future research will look more into the aspirations that our interviewees expressed for their work and data practices, inquiring into how their needs can be met – with digital supports or in other ways – while fulfilling Ontario’s legislative mandate to protect and support youth in care.

### Area of Focus for Ongoing Research

As a result of a member-checking exercise conducted with the agency in December, 2022 regarding the findings conveyed in this report, we have identified the following socio-technical relations for further exploration (i.e., via observation, key informant interview, and document review) in 2023:

1. Develop a deeper understanding and assessment of people’s use of CPIN to enable economic management and reporting. One of the stated strategic pillars of the Child Welfare Redesign is system accountability and sustainability, and responses to the results in this report suggest

that CPIN is not, in its present form, realizing this objective. Our team wants to better understand how CPIN currently shapes economic information management and assess whether it is enabling local modernization efforts in relation to the strategic pillar on system accountability and sustainability.

2. Undertake a sustained analysis of the Information Technology (IT) ticketing process, especially ticketing prioritization and resolution. During the member-checking exercise in December we learned that tickets are not resolved in a timely manner – even where a failure to do so potentially threatens child safety.
3. Develop a fuller understanding of the process for making changes to or fixes in CPIN. During the member-checking discussion, we learned that CPIN is regularly taken offline so that the Business Intelligence and Practice Division (PIPD) can make changes. Concerns associated with the temporary loss of access to CPIN include potential safety risks related to weekend placement changes that may not be properly recorded and increased administrative burden because recordings need to be back-dated and uploaded to CPIN at a later date.



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