

**BC'S CHILDREN IN CARE:  
IMPROVING DATA AND OUTCOMES REPORTING**

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BC Children and Youth Review  
April 2006

## TABLE OF CONTENTS

Table of Contents .....	1
Introduction .....	3
Measurement and Indicators in Canadian Provinces .....	4
Comparing Provincial Child Welfare Information .....	5
Inter-Provincial Differences in Data Reporting .....	6
Differences between Provinces in Reporting .....	6
Conclusion from Provincial Comparisons .....	9
Child Welfare Information Reporting in the United States .....	9
Outcomes Measurement: Child-Centred Data .....	10
Canadian Outcome Measurement for Child Welfare Systems .....	12
National Progress towards Agreed-Upon Indicators and Measures .....	13
Understanding BC's Children at Risk and Children-in-Care .....	15
How are the Data on Children at Risk and in Care Used? .....	16
Duration: Examples of Child-Centred Information .....	18
the Need to Understand the Diversity of Children-in-Care .....	21
Improving Data Management and Analysis .....	24
Data Linkage and the Use of Administrative Records .....	24
Statistical, Data Management and Policy Analytic Skills .....	25
An overview of BC data capacity. ....	26
Protecting Privacy .....	27
Description, Indicators, Analysis and Experimental Design Research .....	28
Conclusions and Recommendations .....	31
The Provision of Information .....	31
Organizational and Operational Concerns .....	32

## INTRODUCTION

This report will look at the use of data in reviewing progress and outcomes for children in care and children at risk in British Columbia<sup>1</sup>. This perspective is an important complement to the focus on child deaths and the reviews that should be associated with those deaths.

The systematic review of unexpected child deaths is one important way of looking into the processes by which we monitor and evaluate how the childcare system has served those children most at risk. A focus on fully understanding what might have prevented specific deaths may allow us to draw general conclusions.

There are, however, limits to this approach. While unexpected child deaths are remarkably tragic, they are also rare. If these rare events are sufficiently different from one another, or if they reflect experiences sufficiently different from the norm experienced by children at risk or in care, focusing on specific cases may not yield conclusions that can be generalized for the benefit of the majority of children-in-care. The examination of the circumstances of those deaths should, therefore, be only one part of an overall evaluation of the childcare system in the province. Indeed, an approach that monitors, assesses and continually improves the situation of children-in-care may lead to better outcomes, including fewer deaths.

This report will examine the use of data<sup>2</sup> relating to children at risk and children-in-care. It will focus on outcomes and descriptive information on the whole population of children known to the ministry, children at risk as well as children-in-care. Taking this approach, it is important to distinguish between four broad purposes that administrative systems can pursue in collecting and using data.

**DESCRIPTIVE** – the data can give us a simple description of the children who are in the care of, or known to the ministry. This information can range from the basic demographics of the children to their history with the ministry, through to more complex pictures like their family structure, interactions with the criminal justice system and

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<sup>1</sup> This falls within a provision of the Panel's Terms of Reference to "recommend any changes to improve ... monitoring and public reporting on the government's performance in protecting and providing services for children and youth in British Columbia."

<sup>2</sup> This report uses 'data on children' to mean individual-level data that can be drawn not only from the children's case files and reports, but also information that can be gleaned by linking with other data files that various public entities hold. These linked data sets might include information from the education system, the health system (including PharmaNet), and the justice system. It is also possible to look at environmental or ecological data that links the child's information to data on the neighbourhood. We contrast these child-centred data with the kind of information produced based on transactions or interactions with the ministry.

educational experience.

**ANALYTIC** – the data can be used to study a range of specific issues. As an example, we know that children-in-care have patterns of interaction with the medical system that differ from other children. One could research the issue and begin to evaluate whether the differences arise from objective needs that are different or from differing system responses. This may lead to conclusions about better ways to meet their health needs.

**MANAGERIAL** – In a well-functioning system, information can continually underpin and support a range of managerial functions. On a day-to-day basis, it can be part of reporting that allows a ministry to know the nature and extent of a caseload. More importantly, it can be part of the process of continual evaluation and improvement of service delivery.

**EVALUATIVE** – If some goals set by an organization are quantifiable, then they can serve as benchmarks and feedback to the ministry for its own operations. If a range of practices is used within the ministry, such evaluative measures can be used, for example, as part of the identification of ‘best practices,’ that work and can be emulated across broader parts of the ministry operations.

This report will look at the state of information on children-in-care and at risk within British Columbia. It will first look at other provinces to put BC's efforts into context and to ensure that any recommendations are consistent with the inter-provincial initiatives on measurement, outcomes and evaluation. Additionally, looking at the experience of other jurisdictions provides a general measure of what can be achieved.

## **MEASUREMENT AND INDICATORS IN CANADIAN PROVINCES**

Before comparing the information available across the provinces, it is important to underscore the importance of the practical obstacles facing statistical analysis of child welfare information. As an example from another jurisdiction, the United States began a major effort to collect child welfare outcomes data in 1998. One of the four guiding principles for developing the national child welfare outcomes and measures was, “The outcome measures should be based on data that are available through existing data collection systems in order to limit the

reporting burden on the States.<sup>3</sup>"

The decision to use 'existing data collection systems' (commonly referred to as 'administrative data') is the practical way to collect data that can be analyzed for small sub-populations or small geographies. Especially in a world of constrained resources and with the constant choice between spending on additional front-line workers or data collection, data collection must not over-tax the reporting agencies.

In summary, as we look at child welfare data, we need to keep in mind both what should be measured, what is or can be collected feasibly, and the capacity of the agencies to analyze and use the data.

### **Comparing Provincial Child Welfare Information**

A review of child welfare information shows a wide range in the detail and extent of statistical information generated in different provinces. In making comparisons across provinces, we should expect significant differences in what is reported and how it is reported as each province has its own legislation that defines the rules under which the agency responsible for child protection operates. Furthermore, there are differences in organizational structures and scale.

Before going on to discuss the specific differences across provinces, it is important to understand something of the origin of child welfare information systems, as that will facilitate our understanding of the types of measurements that are currently used and the inherent problems with many of them.

Across the country the basis of much of the information on child welfare comes from management information systems (MIS) that were initially designed as financial control, transaction-based systems. These systems track events / transactions / interactions but rarely are they able to look easily at the course of a single child's interactions with the child welfare system. Nor are they often able to chart routinely the course of a family with different children affected by the system.

In extreme cases, some provincial authorities cannot distinguish between one child for whom there are two reports and investigations in a year and two children each with one report and investigation.

In contrast to the event-centred reporting that is typical of MIS approaches, client-based systems are increasingly being adopted. In these systems, reports on events (e.g., reports, investigations, etc.) can still be generated; however, each event is linked to the specific child or family. Reporting can thus be generated

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<sup>3</sup> U.S. Department of Health and Human Services, Child Welfare Outcomes 2002: Annual Report to Congress, Appendix B1

on the basis of children, families or events<sup>4</sup>.

BC tends to be ahead of most other provinces in moving to data systems that are more client-centred than simple MIS reporting. This followed the Gove Report that had been highly critical of the errors that plagued file management and hand-off for Matthew Vaudreuil and recommended improvements to the computer systems to facilitate the tracking of individual cases.

Having the capacity to report on a client-centred basis does not, however, change reporting by itself. If the experience and procedures of an agency are based on a long history of event-based reporting and evaluation, then we may see that older style of reporting endure despite increased capacity or potential from a client-centred information system.

### **Inter-Provincial Differences in Data Reporting**

Notwithstanding the differences across jurisdictions, we can draw conclusions about the sophistication and extent of information provided by the various provinces. British Columbia and Alberta both stand out for the detail of their reporting on children-in-care. Alberta is particularly notable for the breadth of its reporting—particularly its reporting on children at risk. The other provinces and territories have statistical reporting that varies in quality, but none of which is as detailed as Alberta's or BC's.

Both Ontario and Québec are anomalous. Ontario has 52 Children's Aid Societies (CASs), of which four are Aboriginal CASs. Each CAS is an independent, non-governmental agency governed by a board of directors and funded by the Ontario Ministry of Community, Family and Children's Services. While the CASs are currently moving to standardized definitions in their respective management information systems, the highly autonomous services in this regionalized structure have resulted in little consistent data on a provincial level.

Québec's reporting is also sporadic in national compilations both because that province's organization is quite different from most other province's, and because this is an area of jurisdiction where the Québec government often conducts parallel rather than joint projects.

The other jurisdictions each produce data; however, they tend to be more limited in both detail and the scope of subjects covered.

### **DIFFERENCES BETWEEN PROVINCES IN REPORTING**

Turning to examine what is reported in the various provinces, we find basics

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<sup>4</sup> For an accessible description of the difference between an MIS and what he terms a 'child tracking system,' see Nico Trocmé et al., *Outcomes for Child Welfare Services in Ontario*, Bell Canada Child Welfare Research Unit, University of Toronto, October 1999, p. 5.

shared by all provinces, but with differences as to the detail published and topics that are reported in one but not in others<sup>5</sup>. Overall, all provinces publish information about the legal status of children-in-care or the reason for their having been taken into care. In addition, most provinces report on the type of care arrangements for children-in-care. Most provinces also publish basic age and gender counts for children-in-care.

Some have information on reports, investigations and their disposition. Some report with some detail on adoptions, while for other provinces adoption reports are limited. The four western provinces tend to have more information on who is in care, particularly whether the child is Aboriginal. Saskatchewan and, to a lesser degree, Manitoba also report on families in addition to reporting on individual children<sup>6</sup>.

Alberta is unique, not only for the greater detail in its reporting, but also for giving detailed information both for 'Children in Need of Protection' as well as the subset of that group who are children-in-care. British Columbia has data that is almost as detailed as Alberta's. One aspect of the BC reporting is particularly interesting: when BC reports on the reason that children are in care, it lists up to three reasons. While this means that there are more reasons for having children in care than there are children, it is a more complete reporting and a reminder that these cases are complex and multi-faceted. Finally, and as mentioned earlier, Ontario has remarkably limited information.

Overall, we see a system where reporting is based on legal status and events. When we use the term 'event' we mean that the reports are based on a specific action related to the child. As examples, the reporting is usually of initial reports, specific investigations and dispositions of those investigations, categorization and assignment of the child. The descriptions of the children in care themselves are quite limited, as is any description of outcomes for the children or of their history or experience in care.

As a final way of looking at provincial reporting, Figure 1 shows the proportion of each province's children aged 0 – 18 who are in care. Because of differences in legislation and even ages covered, these figures are not strictly comparable;

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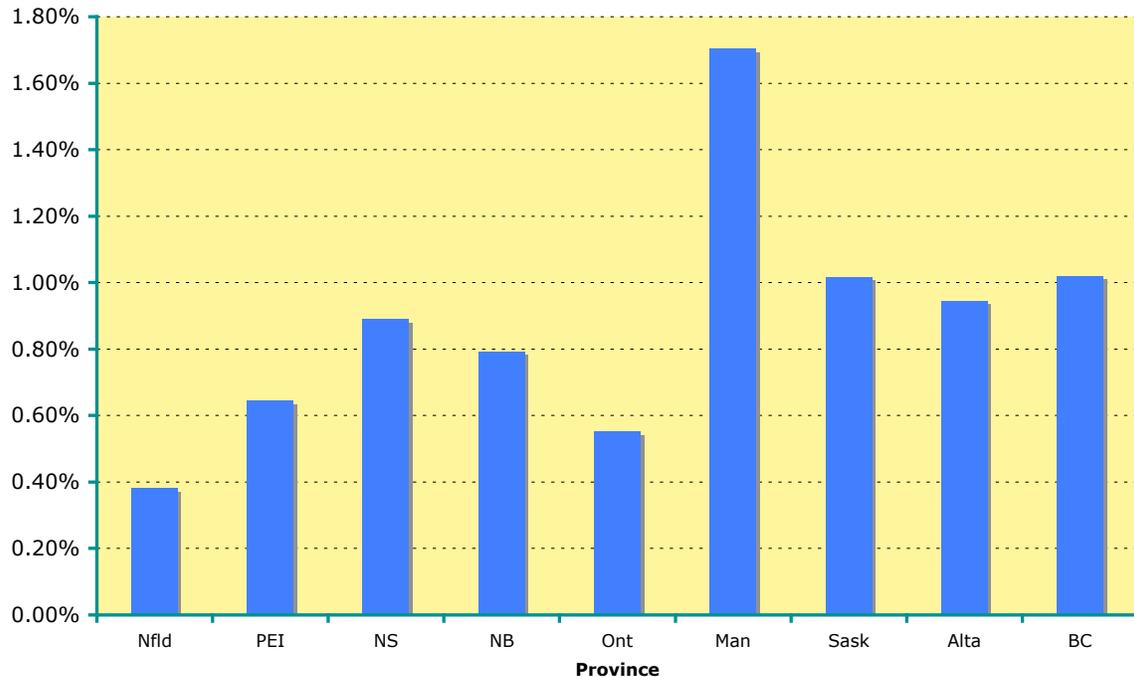
<sup>5</sup> The most recent comparative compilation of Canadian data is Child and Family Services Statistical Report, Government of Canada-- Working Group on Child and Family Services Information. This report covers data for the three years ending in the 2000/2001 fiscal year and was published in 2005.

<sup>6</sup> This may not seem to be an important difference; however, it is a very important difference analytically as the family unit and its experience is central to understanding what is likely to happen to a child. The emphasis on the individual child, as opposed to the family, tends to flow from a focus on events or interactions with child welfare agency rather than on a child-centred approach to looking at information.

however, they do serve as a reasonable comparative measure<sup>7</sup>.

**Figure 1**

**Children in Care as Percent of 0-19 Population**



This figure shows the range of the proportion of each province's children who are in care. There is no clear legal or demographic explanation for the differences, although the four Western provinces have higher Aboriginal populations and also higher rates of children-in-care. While that is true, the differing proportion of Aboriginal children does not explain the differences between those provinces. Instead, this figure points out the differing nature of patterns of practice across jurisdictions. It also underscores the importance of understanding better what outcomes are for children-in-care as well as for children at risk as there is clearly no clearly evident pattern that explains the differing rates of apprehension.

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<sup>7</sup> The proportion of children in care has been the subject of a powerful long-term trend across jurisdictions. Large proportions of children were in care in the late 1950s through the mid-1960s. The proportions declined steadily for the next 30 years before turning up through the last 10 years. From a public policy view, there are several fascinating aspects to these trends: the trend lines seem to be little affected by changes in legislation; they are not consistently correlated with macro-economic variables; and they follow similar paths across almost all Canadian jurisdictions. A simple hypothesis is changing public and professional beliefs and perceptions, more than by economics or legislation, drive the proportion of children in care.

## Conclusion from Provincial Comparisons

There are four points that are of particular relevance to looking at data on child welfare in BC:

The degree of centralization or decentralization in the systems for the delivery of child protection and welfare does not appear to have a consistent impact on data quality. Alberta, a decentralized system, has high quality reporting, while Ontario, another decentralized system, but one without centrally coordinated data standards and methods, is inadequate.

Critical mass matters. While size does not guarantee quality, the smaller jurisdictions consistently collect and disseminate only a limited range of information. As using complex administrative data sets to produce robust statistics is a difficult but necessary precursor to producing a broad range of useful indicators, it is likely that many of the smaller jurisdictions do not have the critical mass of specialists skilled needed for this type of work.

If we are to monitor basic questions about the success of interventions that result in children's being taken into care, then the provincial government needs to be able to monitor and report on children who are deemed to be at risk but who have not been taken into care. At present, only Alberta reports consistently on children at risk as well as children in care.

Finally, while we may want more complete information from BC, it remains a robust system in terms of a capacity to collect information at least on a par with any other province.

## Child Welfare Information Reporting in the United States

As a final look at comparative information systems on child welfare, the United States has a reporting system mandated by federal legislation that produces information on each state in a consistent manner<sup>8</sup>. While this report has less detailed information on reports and investigations than the Canadian reporting, it does have consistency in what is reported and much more on aspects of the children's experience once they are in care. These reports have data measuring outcomes against the following objectives:

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<sup>8</sup> See US Government, Department of Health and Human Services, *Child Welfare Outcomes 2002, Report to Congress*.

- Reduce recurrence of child abuse and/or neglect
- Reduce the incidence of child abuse and/or neglect in foster care
- Increase permanency for children in foster care
- Reduce time in foster care to reunification without increasing re-entry
- Reduce time in foster care to adoption
- Increase placement stability
- Reduce placements of young children in group homes or institution

Canadian reporting, in contrast, focuses on abuse and neglect and the initial reasons for apprehension. In this, it is much less performance or outcomes driven than the American reporting.

The current national reporting of children-in-care across the country shows the limited nature of many of the provincial information systems. Some of this is inevitable given the different capacities of the various provincial systems and the legislations that define their sphere of activity. It also shows the focus on legal status, and cataloguing events or transactions, rather than looking at outcomes for the children in care.

Perhaps the most important result from having a consistent, national set of outcome indicators that remain relatively stable over time has been the increased profile and importance given to the performance of the various state child welfare systems. The outcomes for children are not only reported nationally to Congress, they also produce detailed state reports<sup>9</sup>. This means that there is an ongoing flow of information about how well children at risk are doing across this wide range of indicators. This, in turn, has the salutary effects that flow from regular and open reporting of outcomes. With a continuing flow of information, this may also reduce the reflexive impact (or at least put into context) of particular high-profile cases of child deaths.

**OUTCOMES MEASUREMENT: CHILD-CENTRED DATA**

In addition to the movement from event-centred to client-centred information discussed earlier, there is a broad movement to measuring outcomes in addition to measuring interventions. The need for analytic and evaluative information has produced consistent movement towards this measurement of outcomes across many government activities and interventions. These have taken several forms

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<sup>9</sup> For a regional example of the standard reporting that flows from the national outcome measures, see State of Washington, *Children’s Administration Performance Report 2002: Public and Legislative Accountability for Child Safety, Permanence and Well-Being*.

from setting public goals (as with the 'performance goals' used by ministries in the B.C. government), to encouraging broad discussions about trade-offs and priority setting by government (as with the Oregon Benchmarks project), to their use as a management and feedback tool within government operations, or as a way of communicating to the public on the multi-faceted nature of performance (as with extensive reporting of educational outcomes in some jurisdictions). Goal setting may even be a way of alerting the public of the importance of an issue and enlisting their support.

This general move to measuring outcomes has affected child welfare ministries and departments as well. The movement has been consistent across most advanced industrial nations<sup>10</sup>. Many reports mention the importance of providing broader measures of the effectiveness of the child welfare system in the face of the attention focused by high-profile cases of child deaths. This was referred to explicitly at the Canadian Conference on Child Welfare Outcomes.

Recent public scrutiny by the media and special inquests has also helped propel the movement for greater accountability. This scrutiny is particularly intense following the death of a child under the care or supervision of a child welfare agency. Media reports of these cases have largely shaped the public's view, highlighting the need for the child welfare system to explain the effectiveness of the services offered to children and families. If no explanation is forthcoming, there is a serious risk that service and policy decisions will be driven by a reactive response to individual high-profile cases. The development of child welfare outcome measurement systems would help to ensure a closer fit between public expectations and service priorities<sup>11</sup>.

Given the move to broader and more public outcome measures, where do Canadian provinces stand measuring child welfare outcomes?

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<sup>10</sup> For a review of international literature with an emphasis on the U.K. and U.S. experience, there is an Australian study by L. Gain & I Young, *Outcome Measurement in Child Protection: International Literature Review and Critical Analysis of Child Protection and Alternative Placement Outcome Measures - Final Report* Productivity Commission, Government of Australia (May 1998) [www.pc.gov.au/gsp/reports/consultancy/childprt/index.html](http://www.pc.gov.au/gsp/reports/consultancy/childprt/index.html)

<sup>11</sup> Nico Trocmé, 'Canadian Child Welfare Multi-Dimensional Outcomes Framework and Incremental Measurement Development Strategy' in *First Canadian Roundtable on Child Welfare Outcomes*. Ed J. Thompson and B. Fallon. University of Toronto Press, 1999. p. 30.

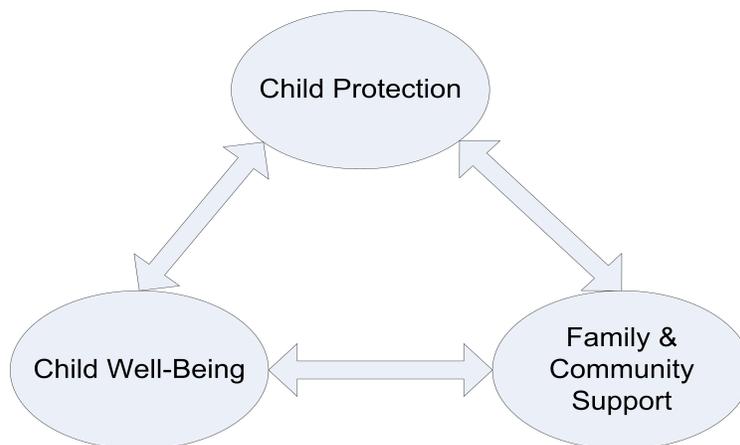
## Canadian Outcome Measurement for Child Welfare Systems

While the reporting of child welfare system outcomes may be quite limited in Canada, there is a great deal of agreement on what should be measured. Whether through the Federal—Provincial—Territorial Working Group on Child and Family Services Information, or through academic centres like the Bell Canada Child Welfare Research Unit, or in roundtables and meetings of academics and practitioners, general consensus is the rule.

Underlying the consensus is recognition that there are competing, or at least overlapping, objectives that must be balanced in a well-functioning child welfare system. In Figure 2, the three sets of objectives are portrayed in a simple graphic.

Figure 2

### Balancing Objectives in Child Welfare



While each of these broad objectives contributes to the child welfare, there is still a balance that must be struck between the competing priorities.

The tension between family or community support and child protection is one that social workers and agencies always have to balance. Over time the emphasis may shift between these two objectives as we see greater or lesser likelihood of leaving a child with his or her family, and more or less active work with the family as a unit. In BC following the Gove Report, legislated changes were made to make clear 'the child's safety and protection will take priority.' While child protection is clearly an antecedent to wellbeing, the research on foster care and other out-of-family placements is not encouraging. It is not clear

that children who are removed from a family do better. Finally, we are increasingly familiar with the tension between community support and child wellbeing as, for example, BC courts and children's agencies face the issue when Aboriginal communities seek to ensure the return of Aboriginal children from non-Aboriginal placements in which the child is thriving<sup>12</sup>.

Despite the abstract tension between potentially competing objectives in measuring child welfare outcomes, there is now an agreement between the federal-provincial-territorial (FPT) officials responsible for child welfare. This agreement has been a long time coming as there have been discussions on this initiative for a decade. While that represents slow progress, a substantial part of the issue in agreeing on measures has been questions about the capacity of all provincial and territorial information systems to generate accurate, comparable data. As most provinces move to substantially improved information systems, one of the benefits is enhanced ability to report outcome measures.

### **National Progress towards Agreed-Upon Indicators and Measures**

In 1996, Deputy Ministers of Social Services asked Directors of Child Welfare to proceed with the development of a national strategy for measuring and reporting on child welfare outcomes. A matrix of outcome indicators was agreed to and the project is now testing the capacity of various jurisdictions to produce data that are consistent and can form part of a common database.

The indicators that have been selected fall within four major categories and, although not all of the indicators have been fully defined, there is a solid base in place.

The general Outcome areas and the specific indicators are summarized in Table 1

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<sup>12</sup> This paragraph is a brief summary of material from the keynote address, The Importance of Process in Developing Outcome Measures by Nico Trocmé at the National Outcome Symposium (2003) of the Centre of Excellence for Child Welfare.

Table 1

National Outcomes Measures Child Welfare Matrix for Children or Families Receiving Child Protection Services

Outcome Area	Indicator	Definition
Child Safety	Recurrence of child maltreatment (child)	Children who experience a recurrence of verified maltreatment by family within 12 months of receiving child protection services
	Recurrence of child maltreatment (family)	Families who maltreat their children within 12 months of child protection services
	Serious injury	Children who sustain injuries that result in receiving significant medical intervention
	Death	Children whose death is a result of accident, suicide or homicide
Child Well-Being	School performance—A	Children who are at an age-appropriate grade level
	School performance—B	Children who advance at least one grade from one year to the next
	Development measure improvement	To be developed
Permanence	Moves in care	Number of significant placement changes per year
	Movement into care	Children who enter care from protection services
	Time to permanent placement	Days from taken into care to permanent placement
Family & Community Support	Family moves	Changes of address by family receiving protection services
	Aboriginal placement matching	Number of Aboriginal children in foster care placed with Aboriginal families
	Parenting capacity	To be developed

While this set of outcomes is not entirely complete and, even when complete, will still face limitations because different provinces' legislation has differing definitions of some of the variables, this is still a robust and very useful basis for reporting child welfare outcomes. The set of indicators also reflects priorities that differ somewhat from the US indicators that were described above (pp. 8,9).

As we turn to looking at BC's capacity and experience with reporting on children at risk and children-in-care, the national consensus on outcome indicators should be kept in mind.

## UNDERSTANDING BC'S CHILDREN AT RISK AND CHILDREN-IN-CARE

We now turn from the consideration of the role of outcome indicators in child welfare nationally to looking at the capacity and practice in BC.

First we should note that BC has recent experience in producing indicators of child wellbeing. Three editions of *Measuring Success: Report on Child and Family Outcomes in BC* were produced starting in 1997 and ending in 2003<sup>13</sup>. These provided a broad array of outcomes measures for children in the province; however, there is little on the outcomes of children-in-care apart from three indicators:

- Confirmed reports of child abuse
- Percentage of children-in-care adopted
- Percentage of at-risk children supported to stay at home

These are useful data; however, they do not give us sufficient information to understand how well these children are progressing in comparison with other children. These reports do, however, provide very useful benchmarks for comparing outcomes for different groups of children.

We have seen from the review of the capacity of the provincial and territorial systems across the country that BC is one of the leaders in terms of its ability to produce accurate information about children-in-care. Over the past two decades, BC has improved its information systems on children-in-care<sup>14</sup> and is in

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<sup>13</sup> These reports had minor changes in title over time—the initial title was *Measuring Our Success: A Framework for Evaluating Population Outcomes*. They can be accessed at [http://www.llbc.leg.bc.ca/Public/PubDocs/bcdocs/336424/measure\\_success.pdf](http://www.llbc.leg.bc.ca/Public/PubDocs/bcdocs/336424/measure_success.pdf) (second edition) or at [http://www.mcf.gov.bc.ca/publications/measure\\_success/msindex\\_2002.htm](http://www.mcf.gov.bc.ca/publications/measure_success/msindex_2002.htm)

<sup>14</sup> There is a useful overview of the changes in the detail of available data in a report published in 2001. Office of the Provincial Health Officer, Ministry of Health (BC), *Children and Youth in Care: An Epidemiological Review of Mortality, British Columbia, April 1974 to March 2000*, A Technical Report of the Office of the Provincial Health Officer May 2001, p. 7.

the process of taking another step to a still-more-sophisticated information system.

The current systems can be used to generate information on a specific child and pull together all of the computerized information onto a single record. In making this statement, we should stress that this examination has been of the systems' capacity to produce analytic or descriptive information. This report did not examine the information systems capacity at an operational level for the social worker or case manager dealing with a particular file.

The process of producing analytic information is not seamless: information that is not a part of a well-established reporting cycle still has to be carefully compiled and generated through the merging and manipulation of various files. Even fairly routine reporting is not fully automated, and information requests that are not part of routine reporting can be labour intensive to produce.

In summary, there is significant potential for analysis and monitoring in the current information available within the Ministry of Children and Family Development (MCFD). While the data and information systems are not ideal for such analysis, the province still remains well ahead of many other Canadian jurisdictions.

#### **HOW ARE THE DATA ON CHILDREN AT RISK AND IN CARE USED?**

The surprise in MCFD's data and reporting systems is not information that is absent or unusable—this is not the case—instead, the gap between what could be reported and what is reported is its most notable aspect.

The regular reports of the ministry largely consist of event-centred or caseload reporting with little that would be described as outcome measures. If we take a recent example, *Children in Care Trends & Indicators (September 2005 Report)*, every one of the 30 charts and 9 tables is event or finance-centred reporting. Almost none looks at outcomes for children themselves, although tables do look at issues like the agency responsible and the care options. There is significant detail on protection reports, investigations, children-in-care and discharges, often with trends over time or geography. But these are the core transactions of the ministry and their detail makes all the more puzzling the absence of more detail on the children's paths or their outcomes<sup>15</sup>.

The lack of routinely reported descriptive information extends to demographic descriptions of who is at risk and who is in care. While the ministry reports on the authority used for apprehensions, it is far more difficult to find out things like the age distribution, the length of time in care, the number of episodes of being in

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<sup>15</sup> MCFD information that is produced is often difficult to access. In contrast to the limited availability of detailed MCFD information, many other agencies of government make detailed reports and statistics available. Particularly good examples are the Ministry of Education and Vital Statistics in the Ministry of Health.

care and other types of information that would facilitate a better understanding of who is in care and what range of histories in care are typical. Again, this sort of information can be produced as some of it was, for example, for a presentation to the Hughes Review Panel<sup>16</sup>.

There are two notable exceptions to the lack of descriptive or outcomes information, one very important analytically: MCFD routinely differentiates between Aboriginal and non-Aboriginal children in its reporting. This is a very useful because it points out the very differential numbers of Aboriginal children who are in care or “known to the ministry,” and underscores the importance of policies that address that situation. It also shows by example how important it is to know more about the children who are in care or have dealings with the ministry.

The other exception is MCFD's report on its website “Children Involved with the Ministry—Results.”<sup>17</sup> This site reports on the following indicators:

Percent of Aboriginal children-in-care served by Delegated (i.e., Aboriginal) Agencies.

Percent of Aboriginal children in MCFD care placed with Aboriginal caregivers.

Percent of children in permanent care without plans for permanent adoption or alternative placement.

Percent of children in care who ‘age out’ and immediately apply for Income Assistance

Recidivism rates for families in the child welfare system.

Recidivism rates for Aboriginal families in the child welfare system.

These indicators are important first steps in better understanding children and families in the system. What is notable about this set is the clear connection to some of the current initiatives and changes in government policy. In particular, the importance of issue relating to Aboriginal children-in-care and how the Aboriginal community will be involved in trying to serve those children better is addressed in some of the indicators.

Given the detailed information on the ministry's actions and some descriptive information that is produced as the ministry feels it needs it, why is it so important to profile the ministry's client base and profile the users of its services? Some of the answer arises from the earlier discussion about the importance of focussing on the children themselves and understanding their outcomes and life course as it relates to interventions of the ministry. Another fundamental reason for looking at the children themselves is to understand better the workings of the ministry

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<sup>16</sup> MCFD, Presentation to Hughes Review Panel, Jan. 28, 2006.

<sup>17</sup> [www.mcf.gov.bc.ca/about\\_us/results.htm](http://www.mcf.gov.bc.ca/about_us/results.htm)

itself as it affects the children.

To make clearer the importance of understanding the characteristics of the children, consider the current dominant reporting based on ministry actions on children coming into and leaving care. There are detailed descriptions of protection reports (recently about 30,000 annually, down from 35,000 at the beginning of the decade), the percentage of reports investigated (just over half, down from earlier levels but with more focus on investigating higher risk reports), the percentage of investigations found in need of protection (about one-third, up from one-quarter earlier), entrance into care or the use of out of care options (the latter totals about 280 cases), admissions to care (about 4,000 annually down from 5,500 early in the decade), discharges from care (under 4,000) and the number 'aging out' (about 700).

These statistics provide an overview of movements in and out of the system and of the number of children typically affected by the child welfare system. It is also typical event-centred or transaction-based reporting that does not tell us much about the clients or children themselves. To contrast the event-centred view of entrance and exit from the system, consider the following figures that look at average duration in care. They exemplify the dramatically different picture that can emerge from understanding better the characteristics of children in care, in addition to what we learn looking at event data.

#### **DURATION: EXAMPLES OF CHILD-CENTRED INFORMATION**

Figures 2 and 3 were generated by taking all of the records for children who were in care at any time between April 1997 and October 2005<sup>18</sup>. Figure 2 looks at all of the cases or spells<sup>19</sup> of children's being in care over that period and then displays a cumulative frequency distribution—showing the proportion of cases accounted for by periods shorter than time series running from 1 month through to the full 100+ months. Figure 3 takes a point in the middle of the time period and takes a snapshot or cross-section of all the children in care at that time. It displays the length of time in care over the 100+ months for every child who was in care at the end of April 2001. As with figure 2, the results show the cumulative distribution for all the children in care at that time.

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<sup>18</sup> The graphs were produced using Ministry of Children and Family Development statistical data. They were produced as part of the Child in Care Outcomes Project of the Office of the Child and Youth Officer with assistance from UBC's Human Early Learning Partnership. They are as yet preliminary, and the methodology still needs to be verified for accuracy.

<sup>19</sup> Note that some of the children will be counted more than once; in this figure each of their 'spells' in care is treated as a separate case. This is also one of the distinctions between simple MIS record keeping that routinely cares about interactions and will, therefore, count each event for a single child and client-centred systems that routinely look at both aspects: the number of children and the number of spells.

Figure 2

Duration of Spells of Care—Percent of Spells Less than 'X' Months '97 – '05

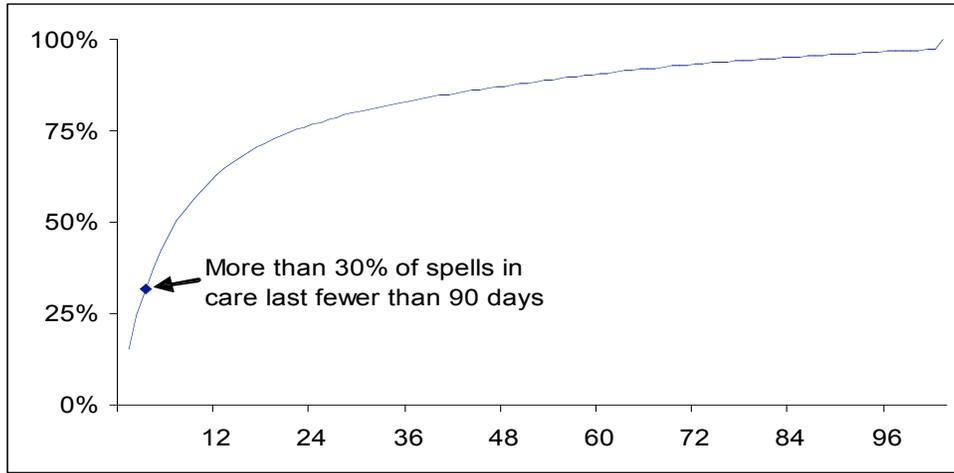
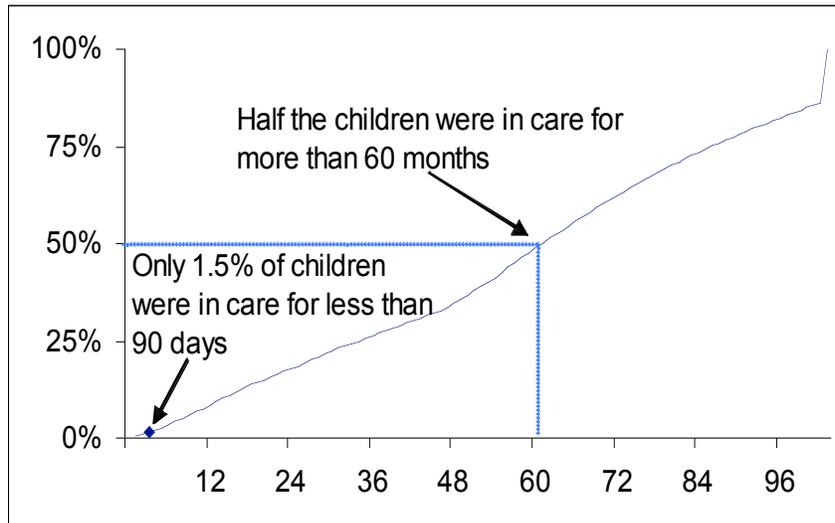


Figure 3

Average Length of Time in Care for All in Care April 2001



Figures 2 and 3 appear to tell two different stories.

Figure 2 says that the majority of spells of time in care are fairly short—30% last less than 90 days, while 60% are less than a year. This sounds like the picture of a system that dominantly serves children through short spells in care, after which they return home or go to another form of care, while some may return for another spell later.

Figure 3 appears to show a very different story—at any given time, the proportion of children who have been or will be in care for less than 90 days is very small (1.5%). Half of the children will be in care for more than five years in the eight years studied. More than 10% of the children are represented in the sharp rise at the right / upper end of the line—these are children who were in care for the entire 8+ years looked at in the study.

With such different appearances, are these figures inaccurate or misleading?

No. The only bias<sup>20</sup> in the figures is a systematic underestimation of the length of time in care in figure 3. As an example, for a young child who came into care shortly before the reference month (April 2001), only her period in care during the study would count and her maximum stay would have been just over 50 months. Conversely, a child who had been in care for a long period but who aged out after the reference date would also only show a maximum of just over 50 months. Without that anomaly that reduces some long-term spells in care, the differences between the two figures would be even greater.

The difference is an example of the difference between taking a client or child-centred approach to the data and looking primarily at events.

Looking at the event data—the type of reporting that dominates MCFD's reporting—we can miss the fact that there are a substantial number of children who are in care for quite extended periods of time. In contrast, taking these two different perspectives on the same data set, gives us a much more complete view of the whole system than using one alone. In this case, using both data sets generates an important policy hypothesis: children in care consist largely of two quite different situations—a group who enter and leave care relatively rapidly (although some will re-enter), and another group who remain in care for extended periods of time.

Further, acknowledging that large numbers of children (half the case load at any time) are or will be in care for an extended period underscores the importance of being able to answer questions about how those children are doing, not only in the terms of the child protection system, but also in terms of their progress towards being well-functioning adults.

In summary, looking at child-centred as well as event-centred information gives a broader understanding of children-in-care and their situation. It also prompts a

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<sup>20</sup> The word 'bias' appears a number of times in this report. In every case, it is used in the statistical sense: "a systematic distortion of a statistical result due to a factor not allowed for in its

broader examination of issues that should be researched.

Finally, this extended example was not chosen because it revealed anything remarkably novel about BC's children. Rather, it is simply a particularly graphic example of how much more we can learn by looking at the ministry's current data from a child-centred perspective.

## **THE NEED TO UNDERSTAND THE DIVERSITY OF CHILDREN-IN-CARE**

**Aboriginal Children** We have mentioned already one very important example of the ministry's looking at characteristics of children in need of protection or in care: MCFD consistently looks at the Aboriginal status of the children involved in reports, investigations and in care. The information underpins an ongoing flow of information in the ministry that reports on the situation of Aboriginal children and the ministry's response to them.

Some of the reports are as simple as looking at traditional event-centred reporting, this time divided into Aboriginal and non-Aboriginal children. This allows the ministry to look at differentials by likelihood of reporting and, given a report, the likelihood of admission to care for the two groups. It also makes it straightforward to look at what differences exist between Aboriginal and non-Aboriginals in terms of the basic characteristics that define the number of children in care, specifically:

Differentials in frequency of protection reports.

Differentials in rate of admissions given a prior protection report, and

Differentials in average duration in care.

The simple reports also let the ministry see whether there are systematic differences between the two groups in the reasons for being in care (interestingly, there is almost no significant difference on this score).

Looking at the differences between Aboriginal and non-Aboriginal children's experiences with MCFD keeps the issue in front of both line workers and administrators in the ministry. In addition, it means that changes that differentially affect Aboriginal children will be noticed much sooner. As an example, ministry staff were able to tell rapidly that protection reports increased when designated Aboriginal agencies took over responsibility for more children. This probably reflects greater confidence in the community, or at least a greater willingness to trust delegated Aboriginal agencies.

**Mortality Rates and the Medically Fragile** To evaluate progress, looking at children-in-care on their own is not always sufficient. We should compare children in care with other children if we are to evaluate the effectiveness of program interventions and understand how well we are doing in BC. This benchmarking is basic to setting goals and measuring progress. Inter-provincial

comparisons are one way to create benchmarks although, as we have seen, there are enough legal and definitional differences across jurisdictions that restrict comparability.

Another comparison group is the general child population in the province. This is a reasonable approach; however, it is not a complete solution because children-in-care are not a random sub-sample of the child population. They are entering care in most cases precisely because their background is not typical. This 'adverse selection' means that we should not expect the children-in-care to have the same outcomes as others across all measures.

There have been few systematic, detailed comparative analyses of children-in-care. Attempts to make such analytic comparisons are more challenging because of the different characteristics of children-in-care.

One recent study comparing children in care to others in the province made the importance of understanding differences between various children in care very clear. In 2001, the Provincial Health Officer published a report, *What do the Mortality Data Show? Health Status of Children and Youth in Care in British Columbia*. This report looked at deaths among the children-in-care population and compared them to deaths among the general child population of the province.

It has been known for many years that children-in-care have had mortality rates between 3.5 and 4 times that of the general child population in BC. As the report notes, however, "most children who come into care are already economically disadvantaged, are medically fragile or severely disabled, or have been injured psychologically or emotionally—factors that put them at increased risk of dying at a younger age.<sup>21</sup>" Not content to stop there and conclude that we cannot know whether the higher death rate is an inevitable result of the differences between the two groups (particularly the high expected death rate among the medically fragile), rather than the result of being in care itself, the report does a very detailed analysis of the differences between the different types of children in care.

By looking at and analyzing the different mortality rates among the different children in care, the report can estimate the mortality rates for children in care who are not medically fragile. Further, they show the relative risk for different age groups, gender and ethnicity. This allows us to examine a range of important issues about service delivery. To give one important example, here is the conclusion about Aboriginal children:

Aboriginal youth in care (age 15 – 18) had a higher death rate than non-Aboriginal youth (relative risk = 2.7). In the younger (0 to 14) age groups, however, death rates for Aboriginal children-in-care were lower than those of non-Aboriginal children. For all age groups combined, the overall death

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<sup>21</sup> BC Ministry of Health, Provincial Health Officer, *What DO the Mortality Data Show?* p. 2

rates were about the same for Aboriginal and non-Aboriginal children and youth in care. This differs from the general population, where Status Indian death rates have traditionally been two to three times the provincial rates in all [child] age groups<sup>22</sup>.

While this conclusion is important substantively (Aboriginal children-in-care have mortality rates the same as non-Aboriginal children-in-care), and an important issue for further examination is raised (Why the higher mortality rates for older Aboriginal children in care?), it also shows us the importance of understanding and differentiating between different types of children-in-care. Having a solid database and a commitment to looking at the outcomes for different types of children-in-care, we can understand far better what is happening<sup>23</sup>.

In summary, these two extended examples have been presented to show, in concrete terms, the importance of making two major changes in analysis and reporting:

Moving to client or child-centred information analysis and presentation in addition to the event or interaction-centred measurement that dominates child welfare reporting.

Being able to analyze and report on different types of children-in-care rather than dealing with the children as a group.

Together these changes in emphasis can deepen our understanding of children in care and improve our analytic, policy making and evaluation capacity.

**Children at Risk** A major difference in child welfare reporting in Alberta is its emphasis on looking at children at risk as well as just children who have been taken into care. This is the most important comparative group for any analysis of the outcomes of ministry policy and actions as a basic measure of the success of ministry investigations and decision-making should lie in comparing outcomes between children who have or have not been taken into care.

British Columbia has the capacity to follow outcomes of both children-in-care and the larger group of children at risk. They should begin to analyze outcome differentials.

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<sup>22</sup> Provincial Health Officer, p. 8.

<sup>23</sup> Parenthetically, it is useful to note that even the Provincial Health Officer, who has a responsibility for examining mortality in BC, concludes in this report that there are other measures that should accompany any examination of deaths: “Death rates tell us whether children are surviving their childhood years, but deaths are only the most severe (fatal) outcome that children experience. We need to find additional, practical ways to measure the health and well being of all children and youth, including those in care, as well as the outcomes and effectiveness of the programs and services they receive.” (p. 31)

## IMPROVING DATA MANAGEMENT AND ANALYSIS

Before concluding with recommendations for managing data, reporting on outcomes for children-in-care, and the analytic work to support better program delivery, we will look at some of the practical issues that must be confronted. These include:

The capacity of the current system to produce and manage complex data sets (particularly is they are produced through merged data sets and record linkage)

The statistical and social research capacity to analyze complex data sets (particularly longitudinal data sets), and

The requirements imposed by the need to protect individual privacy and record confidentiality, particularly with the detailed information available through data merging and data warehouse initiatives.

### DATA LINKAGE AND THE USE OF ADMINISTRATIVE RECORDS

We have already seen that MCFD has data on its protection reports, investigations and children-in-care that put it ahead of many other jurisdictions in Canada. While the data could be used more both to describe and understand better the children known to the ministry, there is another step that can be taken to get far more detailed information on the children and families the ministry deals with. The next step is the linkage of data from other government records to create a far more complete record of the child or family and the ministry's actions.

As examples, if MCFD records were linked to those of the Ministry of Education (MEd), then the child's academic records that are reported to MEd could be linked to the child's MCFD records. This makes possible analyses of graduation rates, grade progress and, most intriguing from a research perspective, results from the Foundation Skills Assessment that had been administered in grades 4, 7 and 10. This assessment gives a consistent, province-wide measure at levels of literacy and numeracy skills. These linkages could look both at the current performance of a child who is in care, but can also track her performance over time whether she continues in care or not. This would make possible analyses of the effect of spells in care on subsequent educational performance—an important outcomes indicator.

We can begin to understand the wealth of analytic information available through data linkage from other examples of data sets that have or might be linked to the files of children-in-care. They include:

Medical Service Plan records of interactions with the health care system,

PharmaNet records of prescriptions,

Motor Vehicle Branch records (this may seem an unusual choice, but motor vehicle accidents are the leading non-natural cause of death of children-in-care from 1985 – 2000)

Income Assistance records,

Post-secondary records,

Criminal justice data,

MCFD records of siblings or other family members,

Family MSP records.

This list may trigger equal measures of eagerness to learn what they can tell us about how children-in-care are doing or what we can learn about effective policies, and concern at the implications of linking these data sets. Data linkage appropriately raises questions about the privacy and confidentiality of the information that is to be linked. In narrow terms, we have to consider whether such linkage is possible under the Freedom of Information and Protection of Privacy Act (FOIPPA) in BC. Before looking at those issues, however, we will describe some of the technical challenges.

While it may sound straightforward to link different government data sets on individuals together, that is in fact a very difficult task. Unless records reside in a common data system that was designed and managed to link together and keep unified records (commonly called a 'data warehouse'), or a consistent and unique identifier is used accurately across a number of different records, then matching records is a very difficult task. In fact, there has been an active technical literature among statisticians looking at the mathematical and statistical aspect of record linkage<sup>24</sup>.

Doing record linkage properly requires a considerable degree of sophistication and experience with documenting and understanding the details and statistical biases inherent in most administrative data sets.

## **Statistical, Data Management and Policy Analytic Skills**

We need to consider the capacity of different potential data users. We saw from the review of the various provinces' ability to produce even event-centred information was limited. While in the case of Ontario this was clearly the result of

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<sup>24</sup> The fundamental issues seem simple—maximize correct linkages, minimize erroneous linkages and know how statistically reliable estimates produced from the linked data are—but are very complex in practice.

a decentralized system with almost no centralized oversight or analytic capacity, in many of the other provinces the problem was, in part, related to a lack of sufficient analytic skills.

## **AN OVERVIEW OF BC DATA CAPACITY.**

**MCFD** The ministry has maintained a capacity to manage its diverse data sets and report consistently on an array of event data. There is an analytic team that is deeply familiar with the origins and limitations of the data that are reported through the ministry's administrative systems<sup>25</sup>. With improved information systems in the ministry, there may be increased opportunity for further analysis within the ministry.

It is not as clear that the ministry currently has the advanced statistical skills needed for the analysis of complex time-series data. Time-series data and complex, merged data files call for sophisticated statistical approaches if accurate and statistically significant results are to be produced.

**Child and Youth Officer (CYO)** This office has a small statistical analysis capacity. On the other hand, the current incumbent has substantial technical skills.

The CYO has another important asset: legislation that can compel other agencies of government to provide their data to the office, and a willingness to exercise their power in that respect.

While these two assets are substantial, the small scale of the analytic operation is an issue. Losing even one key person could have a crippling effect. Further, the scale is insufficient to manage and document the merging of complex data sets.

**BC Stats** This group has long experience working with and linking complex data sets. Their expertise is largely technical and complements the subject-area knowledge and skills of MCFD and the CYO. They can manage the statistical challenges in linking files, documenting data and creating secure, anonymized linked files. BC Stats also has legislated data protection safeguards and sanctions in the Statistics Act, but its real asset may be its data culture and long commitment to protecting the privacy of the files it manages.

BC Stats does not have the subject area expertise of either MCFD or CYO and is distant from the realities of frontline practices of social workers that affect data quality and reporting bias. In addition, BC Stats performs analyses of complex data that can inform policy making, but it is not a policy analytic group. Further its legislation prevents it from creating and managing a linked file that would be

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<sup>25</sup> It may sound dismissive to note the ministry's familiarity with the way its administrative data are collected; however, it is very important that data analysts understand the limitations and potential biases in their data.

used for other than research purposes.

**Other BC Government Agencies** There are a number of groups within government with substantial experience and expertise in social data and research. In the Ministry of Health we have already seen some of the expert analytic skills available in the Office of the Provincial Health Officer in its 'Epidemiological Review of Mortality' among children-in-care. The Ministry of Health also has built substantial expertise in the issues around building a data warehouse.

The Ministry of Education has built and maintained an excellent student identification and information management system that underpins an extensive array of reports. As opposed to some of the analytic expertise in Health, Education's real strength is in straightforward data management and reporting. This is an important resource whose expertise should be drawn upon as a complex database is developed.

Vital Statistics was involved in the review of mortality and has expertise on the complexity of mortality data. In addition, it has been very successful at publishing large volumes of technical data in a manner that is accessible and used by a large audience among the sophisticated non-specialist public.

**Academic Researchers** BC has a number of sophisticated research organizations that have high-order methodological skills. The most prominent is probably the Population Health and Learning Observatory (PHLO) at UBC. There are also BC precedents for using academic institutes for the creation and storage of complex linked data sets, notably UBC's BC Linked Health Data Base or, on a smaller scale, Edudata Canada at UBC.

All of these academic organizations seek to harness the advanced skills readily available among faculty members and researchers. They have been successful, particularly when used for specific, large analytic projects.

## **PROTECTING PRIVACY**

When linking large or sensitive data sets is at issue, one must address the issues of privacy and the security of the information that has been linked.

In BC the FOIPPA legislation lays out principles rules that affect creating or using linked files. Within these rules, there is an important distinction for the current issue. If linked files are to be used for the administration of government programs (e.g., efficiencies or more effective program delivery), there are a series of tests that would govern the creation and use of such a linked file. On the other hand, if the linked files are only used for research, the anonymity of individual files is protected and the results of the linkage are not harmful to the individuals whose files are linked, then there is a general exemption for research (it is under these provisions of Section 35 that the academic institutes have been given access to files as their only objective is clearly research).

In practical terms, this means that if a data warehouse has been created for the better administration of a program, then researchers should also have full access to the data (while respecting confidentiality in the way they manage and analyze the data). Researchers should also be able to link files for purely research purposes, although in those cases, people in the program area must not have access (without permission from the privacy commissioner) to the data, even if that access would improve program delivery.

Looking again at the practical aspects, the importance of protecting privacy sometimes leads to a clash of values in operational ministries as program staff are frustrated at not being allowed to see information that may help them deliver services to their clients. This is the reason that having a 'data culture' sensitive to the imperatives of confidentiality and of avoiding unintentional 'residual disclosure' is so important.

## DESCRIPTION, INDICATORS, ANALYSIS AND EXPERIMENTAL DESIGN

### RESEARCH

As a final look at types of data and data analysis relevant for MCFD, we will look briefly at varying levels of complexity and sophistication in information and social research.

The title of this section describes something of a hierarchy of sophistication. At the beginning is **Descriptive Information** based on the accurate and timely collection and presentation of data. Currently, the ministry is ahead of many other similar ministries across Canada in its ability to collect reliable and timely information about protection reports, investigations, and movements in and out of care. Much of the discussion in the early part of this paper was, however, directed at the need to present descriptive information that is more child-centred, rather than event-centred. This will increase understanding among the interested public and, perhaps, contribute to a more sophisticated view by policy makers. It also will reveal patterns that prompt further analysis and study. As an example, Alberta's reporting on children in need of protection as well as those in care, gives a fuller picture of the ministry's core clients. It also sets the stage for asking analytic questions about the effectiveness of interventions.

In essence, more sophisticated and detailed reporting of a wider range of relatively simple descriptive statistics can serve as a foundation for information-based policy discussions inside and outside the ministry.

The report discussed **Outcome Indicators** at length. There are benefits for the ministry from making clearer the array of objectives it must pursue and measuring itself against those goals. The pan-Canadian use of indicators will let the ministry put its efforts in a wider context and should reduce the pressure to pursue laudable but unreachable goals (e.g., outcomes for children-in-care that are indistinguishable from those for the general child population).

Using outcome indicators is not a panacea. It can lead to actions based on concern for the outcome reporting results, or to biased reporting; however, well-chosen indicators can provide both direction and measurement to a system.

Data **Analysis** covers a wide range of activities from descriptive analysis through to very sophisticated analysis of complex data sets. The Provincial Health Officer's report on children in care mortality data provides a good example of how straightforward, detailed analysis of a specific data set can substantially further our understanding of the situation of children in care.

There is both real scope and a clear need for more analytic monographs on children in care and others known to the ministry. A few examples will show the range of possible studies and the varying complexity entailed:

The Health Officer's Mortality report showed young Aboriginal children-in-care had lower mortality rates than young non-Aboriginal children, while the pattern was reversed for older children in care. Are there consistent patterns that would tell us what is causing this difference? Can we learn from the lower mortality rates in either group?

Linking with educational data would let us chart the progress of children-in-care and other children in school. What are the systematic differences between the two groups? Using the Foundation Skills Assessments what can we learn about the progress of the ministry's children through the education system?

There is a dramatic increase in the number of children-in-care after those children reach puberty / teenage years. What accounts for the increase? What proportion of the increase do children with whom the ministry had little or no contact earlier in their lives account for? Is some of the change accounted for by longer or more frequent spells in care?

Using much more sophisticated techniques we can look at the impact of changes in policy and practice. As an example of such a 'natural experiment,' the number of mothers on Income Assistance increased very dramatically in the early-mid 1990s. This was at a time of steady or declining unemployment rates. Analyzing the relationship between children-in-care and Income Assistance families over that period could be revealing because of the absence of the usual confounding effects of poor macro-economic performance.

The potential analyses listed here are given as examples only, but they do show something of how research resulting in specific monographs could enhance our

understanding of children in care.

Finally, we have **Experimental Design** or randomized trials research. This is the most sophisticated type of policy research where a change in policy is put into effect for a randomly selected part of the client or population base. In the best case, only a single type of variable is changed and the effects are then monitored over an extended period of time.

In social policy areas in Canada, there have been few extensive and rigorous experiments, however, there is experience through endeavours like the Self-Sufficiency Project that looked at income supplements for single parents who moved from income assistance to full-time work. These kinds of research projects provide strong evidence; however, they also tend to be very lengthy (some follow participants for longer than a decade) and exceptionally expensive when done properly.

The objective of each of these analytic tools is to produce better evaluative and managerial information. Understanding what produces better outcomes and having a deeper understanding of the situation and life path of children who are in care or at risk in BC will improve the situation for those who most need that help.

## **CONCLUSIONS AND RECOMMENDATIONS**

BC currently has and disseminates event-based information on children-in-care that is among the most detailed in the country. Despite this admirable position, there are ways in which the ministry's current information could be improved.

### **The Provision of Information**

**While reporting on and analyzing deaths among children in care is important, we need to find additional practical ways to measure the health and well-being of all children in care as well as the effectiveness of interventions and the programs they receive.**

**The reporting from the ministry tends to be event or transaction driven. This should be complemented by the production of more child-centred information that focuses more on the child's experience and outcomes than on ministry activities.**

**In one important area that could be seen as event driven, the ministry should report more information. Despite the national consensus on the importance of Permanence as a measure of child welfare agencies' performance, BC disseminates little on the frequency of placement changes or the rapidity with which permanent placements are found for children who are taken into care. The ministry should report on this issue, even if that is in advance of a well-defined national measurement.**

**Alberta reports on both the larger group, children in need of protection, and on the narrower children-in-care (broadly, children in need of protection who have had a change in guardianship or who have been apprehended). The ministry should examine a similar reporting of a broader group of children at risk, to increase public understanding of the ministry's responsibilities and as an initial measurement of the impact of ministry action.**

**Regular reporting from the ministry should reflect and explain the diversity of children-in-care. The routine reporting of Aboriginal and non-Aboriginal children in care creates a much better picture of the ministry's actions and the status of Aboriginal children in the province. This procedure should be extended to other**

categories of children-in-care. As a specific example, any reporting of mortality or utilization of health care services should differentiate between those who are in care at least partly because of their medical condition and those who are in care for other reasons.

The ministry should move to using more outcome measures. There is substantial national agreement on appropriate outcome measures and BC should begin to publish its results for those indicators. BC should not wait for final national indicators; neither should it restrict itself only to the national outcome indicators. The ministry should publish indicators consistent with the progress to national outcome indicators as soon as they are available in BC.

While MCFD has considerably more information on children-in-care and children at risk than it regularly makes available publicly, it should routinely release more descriptive information on these children and the ministry's programs. There are several other ministries that can serve as good exemplars of the regular release of detailed program information and statistics.

### **Organizational and Operational Concerns**

Scale and the range of expertise in a single research group matter if quality data management, reporting and analysis are to be conducted. For MCFD, this means that it is important that a strong central analytic capacity be maintained as operational functions are regionalized or devolved to other authorities. MCFD simply does not have the scale of, for example, the health ministry that has Regional health authorities that are large enough to conduct sophisticated analyses on their own.

As BC adopts more outcome indicators for children-in-care, this should involve linking to other governmental administrative records like education, health, income support programs, criminal justice and even tax records. While there are large potential benefits to such linkages, there are also major issues of ensuring confidentiality and gaining access to records.

In the absence of the creation of a cross-ministry data warehouse for the social policy ministries, the linked data that are needed for comprehensive outcomes reporting, analysis and research can only be obtained through the creation of

linked files that are created solely for research purposes. This means that they must be created and managed separately from operational files.

All parties could benefit from a cross-ministry initiative to create and manage a linked research data file for children at risk and in care. Within government, the expertise required to create, document and protect such a file is resident in BC Stats, while MCFD has the greatest familiarity with the source of the principal data and should lead in analyzing and publishing results. The Child and Youth Officer has specific research interests and expertise, as well as the legislative basis needed to ensure access to a range of government databases. Updated, anonymized data files should be created by BC Stats for use by MCFD and CYO for its analytic and some reporting activities. An alternative to using BC Stats as an organizer and custodian of the data is to create or work with an academic organization as Health does with UBC.

BC's university researchers are becoming increasingly familiar with both the confidentiality concerns and methodological issues involved in analyzing large administrative data files. MCFD should support further cooperation with academic institutes and specialists by facilitating access to anonymized data that can be used for sophisticated analysis. Sponsored research may be a cost effective way for the ministry to gain further insight into issues related to its clients and operational practices.

While experimental design research projects can yield sophisticated information, sponsorship of such major projects should be evaluated on a case-by-case basis.

Finally, the BC Cancer Agency has a promising model for integrating research on best practices with its own protocols and practices. In addition to doing its own research and analysis, it constantly reviews research findings from other agencies, researchers and jurisdictions to stay abreast of best, proven practices. It routinely reviews and adjusts its own protocols to align with those findings. There is a role, either within MCFD or in a sponsored research institute, to conduct a parallel exercise—not doing primary research but constantly reviewing and evaluating other research to find ways to improve practices constantly for BC's children.

## INTERVIEWS CONDUCTED

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