



Office of the Auditor General / Bureau du vérificateur général

**FOLLOW-UP TO THE 2006 AUDIT OF THE EMPLOYMENT AND
FINANCIAL ASSISTANCE BRANCH**

2009

**SUIVI DE LA VÉRIFICATION DE LA DIRECTION DES SERVICES
D'EMPLOI ET D'AIDE FINANCIÈRE DE 2006**

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EXECUTIVE SUMMARY

Introduction

The Follow-up to the 2006 Audit of the Employment and Financial Assistance Branch was included in the Auditor General's 2009 Audit Plan.

The key findings of the original 2006 audit included:

- With the Province in the process of changing its approach to funding, a more effective employment program to support clients on social assistance will be necessary.
- The City currently spends approximately \$19 million annually on its employment program with just over 2,300 jobs found for clients.
- Other findings contained in the EFA audit include clarifying the role of supervisors, increasing performance monitoring and oversight of staff and ensuring greater consistency across the Branch in applying its policies.

Summary of the Level of Completion

The table below outlines our assessment of the level of completion of each recommendation as of Fall 2009.

CATEGORY	% COMPLETE	RECOMMENDATIONS	NUMBER OF RECOMMENDATIONS	PERCENTAGE OF TOTAL RECOMMENDATIONS
LITTLE OR NO ACTION	0 – 24	4, 9, 10, 11, 17	5	23%
ACTION INITIATED	25 – 49	-	-	-
PARTIALLY COMPLETE	50 – 74	3, 5, 6, 7, 21	5	23%
SUBSTANTIALLY COMPLETE	75 – 99	1, 14, 18, 20	4	18%
COMPLETE	100	2, 8, 12, 13, 15, 16, 19, 22	8	36%
TOTAL			22	100%

Conclusion

Implementation of over 54% of recommendations is complete or substantially complete, with less than 23% having little or no action taken.

Significant progress has been made in improving communication, cooperation, and understanding of roles and responsibilities through a new team based service delivery structure. The Case Review Unit was specifically designed to help ensure consistency in the application of policies across the Branch, however risks still remain in ensuring a timely and comprehensive review, providing supervisors and employment specialists with training that aligns with their needs, and ensuring management tools are used consistently by all supervisors.

An excessive amount of reporting is incorporated into the performance measurement and accountability process, potentially to the detriment of its effectiveness. Although an accountability framework has been created for key positions, the accountabilities assigned on the framework are not clearly linked to the measures used in assessing performance. In addition, as noted in the 2006 audit, 43 reports are reviewed each month to monitor operations. As such, monitoring is not streamlined to focus on a few key strategic, or high risk areas, allowing for a thorough analysis and timely and effective remediation. As well, EFA must continue to measure and report to constantly changing provincial requirements, thus impeding strategic measuring toward longer-term goal. The relevance of reporting to Council has not been improved in light of the new employment model.

Finally, EFA reports on successes of programs and achievements of the Branch, but other than for the Province, does not report on areas that need improvement based on assessments against pre-defined targets. Target dates for completion of important tasks are not set in the planning process and typically most time frames listed are “ongoing” or “in progress”. This lack of pre-defined targets reduces the accountability.

Acknowledgement

We wish to express our appreciation for the cooperation and assistance afforded the audit team by management.

RÉSUMÉ

Introduction

Le Suivi de la vérification de la Direction des services d'emploi et d'aide financière de 2006 était prévu dans le Plan de vérification du Bureau du vérificateur général de 2009.

Les constatations principales de la vérification initiale de 2006 sont les suivantes :

- Comme la Province est en train de changer son approche en matière de financement, un programme d'emploi plus efficace en vue d'appuyer les clients bénéficiant de l'aide sociale sera nécessaire.
- La Ville dépense actuellement environ 19 millions de dollars par année pour son programme d'emploi, lequel a permis de trouver quelque 2 300 emplois pour ses clients.
- Parmi les autres constatations de la vérification de la direction des services d'emploi et d'aide financière (SEAF) se trouvent la clarification du rôle des superviseurs, un plus grand contrôle du rendement et une meilleure supervision du personnel, et l'assurance d'une plus grande uniformité dans l'application des politiques dans l'ensemble de la Direction.

Sommaire du degré d'achèvement

Le tableau ci-dessous présente notre évaluation du degré d'achèvement de chaque recommandation à l'automne 2009 :

CATÉGORIE	POURCENTAGE COMPLÉTÉ	RECOMMANDATIONS	NOMBRE DE RECOMMANDATIONS	POURCENTAGE DU TOTAL DES RECOMMANDATIONS
PEU OU PAS DE MESURES PRISES	0 - 24	4, 9, 10, 11, 17	5	23 %
ACTION AMORCÉE	25 - 49	-	-	-
COMPLÉTÉE EN PARTIE	50 - 74	3, 5, 6, 7, 21	5	23 %
PRATIQUEMENT COMPLÉTÉE	75 - 99	1, 14, 18, 20	4	18 %
COMPLÉTÉE	100	2, 8, 12, 13, 15, 16, 19, 22	8	36 %
TOTAL			22	100 %

Conclusion

La mise en œuvre de plus de 54 % des recommandations est achevée ou en grande partie achevée, peu de mesures ou aucune mesure n'ayant été prise dans moins de 23 % des recommandations.

Des progrès importants ont été réalisés en matière d'amélioration des communications, de la coopération et de la compréhension des rôles et responsabilités grâce à une nouvelle structure de prestation de services fondée sur l'équipe. L'Unité de l'examen des cas a été spécifiquement conçue pour aider à assurer l'uniformité dans l'application des politiques dans l'ensemble de la Direction. Toutefois, des risques demeurent toujours pour ce qui est d'assurer un examen complet et opportun, de fournir aux superviseurs et aux spécialistes de l'emploi une formation en harmonie avec leurs besoins et d'assurer que les outils de gestion sont utilisés de façon uniforme par tous les superviseurs.

Une quantité excessive de rapports est comprise dans le processus de mesure du rendement et d'obligation de rendre compte, possiblement au détriment de son efficacité. Bien qu'une structure de reddition de compte ait été créée pour les postes clés, les obligations de rendre compte assignées à la structure ne sont pas clairement liées aux mesures utilisées pour évaluer le rendement. De plus, comme il a été indiqué dans le rapport de 2006, 43 rapports sont examinés chaque mois afin de contrôler les opérations. En tant que tel, le contrôle n'est pas rationalisé afin de se concentrer sur quelques domaines stratégiques clés ou à haut risque, permettant une analyse profonde et des mesures de correction efficaces et opportunes. En outre, EAF doit continuer de mesurer des exigences provinciales qui changent constamment et s'y reporter, entravant ainsi des mesures stratégiques en vue d'un objectif à plus long terme. La pertinence de la présentation de rapports au Conseil n'a pas été améliorée à la lumière du nouveau modèle d'emploi.

Enfin, les rapports EAF concernant les succès des programmes et les réalisations de la Direction, mais autres que ceux de la Province, ne donnent aucun renseignement sur les domaines qui doivent être améliorés en fonction d'évaluations par rapport à des objectifs prédéfinis. Les échéances relatives à l'achèvement de tâches importantes ne sont pas établies dans le processus de planification et, généralement, la plupart des échéanciers indiqués sont « continus » ou « en cours ». Ce manque d'objectifs prédéfinis réduit l'obligation de rendre compte.

Remerciements

Nous tenons à remercier la direction pour la coopération et l'assistance accordées à l'équipe de vérification.

1 INTRODUCTION

The Follow-up to the 2006 Audit of the Employment and Financial Assistance Branch was included in the Auditor General's 2009 Audit Plan.

The key findings of the original 2006 audit included:

- With the Province in the process of changing its approach to funding, a more effective employment program to support clients on social assistance will be necessary.
- The City currently spends approximately \$19 million annually on its employment program with just over 2,300 jobs found for clients.
- Other findings contained in the EFA audit include clarifying the role of supervisors, increasing performance monitoring and oversight of staff and ensuring greater consistency across the Branch in applying its policies.

2 KEY FINDINGS OF THE ORIGINAL 2006 AUDIT OF THE EMPLOYMENT AND FINANCIAL ASSISTANCE BRANCH

The Branch has demonstrated several key strengths, one of which is the committed, forward-thinking Senior Management Team, which provides strong leadership for a Branch that must operate in a complex and challenging environment. This has also resulted in the Branch having a positive and cooperative working relationship with the Province, which was acknowledged in our meetings with provincial representatives.

Other strengths of the EFA Branch include:

- **Frequent formal communication between staff** – This included communication from management through regularly scheduled general staff meetings, district office staff meetings, email communications, and the EFA Intranet site on MOE. Some staff indicated that the communication should be clearer in terms of the direction that the Branch is heading. Issues related to inconsistencies in the interpretation of policies have been identified during the audit and are discussed more fully under Detailed Observations.
- **Focus on training for OW staff** – Many staff indicated their satisfaction with the move to modular training. The Branch's Training Committee, which is represented by all four district offices, meets regularly to discuss, analyze, and determine the training needs of OW staff.
- **Increased focus on Performance Development Process (PDP)** – Since 2001, Senior Management has been committed to implementing the PDP across the Branch. The Branch, in consultation with Employee Services, has developed its own PDP tool for union staff. The Branch is now in the process of evaluating the implementation of the PDP to ensure consistency in the way the tool is used.

There remains a requirement to increase performance monitoring of staff. This issue is discussed later in this report.

- **Good access to policies and resource information** – All staff interviewed indicated that there was adequate access to policy and resource information.
- **Focus on succession planning** – The Senior Management Team has acknowledged that many key positions in the Branch will be vacated in the next two to five years due to retirement. The Senior Management Team has recently been reorganized and two new positions have been created with the intention of developing and preparing EFA staff to qualify for positions as staff retire.
- **Good resource and budget planning** – On a monthly basis, resource levels are analysed Branch-wide to determine gaps. When required, resources are moved around within the Branch to cover off gaps and new staff are only hired when there is a demonstrated long-term need for additional resources. A review of the 2003, 2004, and 2005 EFA budgets shows that the Branch was able to manage within its budget each year.
- **Matrix approach** – The Branch has implemented a matrix approach through its committees, workgroups and initiatives, which are represented by staff across all four district offices. Capacity management is an initiative aimed at determining best practices within the Branch and ensuring that those practices are shared across district offices, where appropriate. The Staff Investment Survey Workgroup was set up to develop an implementation plan to address the issues identified in the survey developed and administered by Community and Protective Services across all branches within the Department.
- **Good controls in place for manual cheque disbursement** – The processes, procedures, and controls that are in place for manual cheque disbursement were reviewed at each of the four district offices. It was found that EFA has a Branch-wide policy on control of manual cheque disbursement and that all district offices are following the policy.

The audit has noted several areas for improvement with respect to the management control framework of the Branch. As a part of the audit, we presented and validated these areas for improvement with the EFA management team. The six key areas that require improvement are:

- **Improved role clarity for supervisor position** – The role, responsibilities, expectations, and accountabilities for the supervisor position need to be more clearly defined and communicated by the EFA Senior Management Team and reinforced by the District Managers. There is not a consistent understanding by supervisors or staff as to what the role of the supervisor is. This has resulted in a lack of consistency in interpreting policies and administering benefits.

- **Increased performance monitoring of staff** – Many staff interviewed indicated that they do not feel that their performance is monitored and perceived a lack of accountability for performance. Based on the interviews, many staff do not have an up-to-date performance evaluation on file. As well, some staff feel that the tendency for many supervisors is to “turn a blind eye” instead of dealing with performance issues. The lack of performance monitoring makes it difficult to ensure consistent service delivery.
- **Staffing** – All supervisors indicated that the three-month probationary period is not enough time to evaluate the performance of new hires. However, it is rare that a request is made to extend the three-month probationary period to six months, which is permitted under the CUPE 503 collective agreement.
- **Training** – The focus of the Committee has been for generic OW training, however, the training requirements of other specialty groups are not considered. Family Support Workers, Residential Care Workers, and Employment Specialists would benefit from more specialized training in addition to the core OW policy and SDMT computer training that are offered on a regular and ongoing basis.
- **Continued improvement of the Employment Service Delivery Model** – The Branch implemented a new Employment Service Delivery Model in March 2006, partly in response to changes made by the Province in allocating OW employment funding. The move from activity-based funding to outcome-based funding is a major change for the City, and many staff indicated that they do not have a good understanding of this new initiative and do not fully understand the role and responsibilities of the Case Coordinators and Employment Specialists when it comes to employment. It is important to note that the success of the new outcome-based Employment Service Delivery Model will have a direct impact on the funding received from the Province in the future.
- **Increased attention to the non-mandated, non-legislated programs** – This audit reviewed the Branch’s EHSS program which is 100% funded with City money, as well as the Home Help and Home Management Programs, which are both cost shared at a rate of 80/20 with the Province’s Ministry of Health and Long-Term Care. It was found that all three of these programs are not well understood or well accessed by staff across EFA. With the exception of EHSS 100%, information about the other programs is not contained on the Branch’s Intranet site.

3 STATUS OF IMPLEMENTATION OF 2006 AUDIT RECOMMENDATIONS

2006 Recommendation 1

Ensure the consistent interpretation of policies and administration of benefits across all district offices.

2006 Management Response

Management agrees with the recommendation. For the OW Program, the Ministry of Community and Social Services (MCSS) currently tracks policy compliance through their provincial audits that result in corrective action plans that are approved and monitored. These audits also include documenting any concerns arising from overpayments of Community Start Up Benefits (CSUM). In recent provincial audits, there were no concerns raised with the administration of CSUM benefits. In relation to the auditor's concerns about the number of ERO file terminations in the West district office, a file review was conducted that confirmed that the West District Office had the same rate of terminations as the other three offices.

In early 2007, the Branch is implementing a new database (Datamart)* that will produce enhanced management reports that will assist in the tracking of benefits and services. Any anomalies will trigger a review by the supervisor who will ensure that the payment/service is legitimate as an exception as outlined in provincial legislation or Council direction and that any corrective action is taken as required. Furthermore, in early 2007, the Branch is assessing the feasibility (need, cost, program implications, and resources) of implementing a new case review unit that would complete random sample case audits for all of the EFA programs and services.

*The Datamart is an EFA database and reporting tool that provides the Branch with the necessary reporting capacity to support performance management.

Management Representation of the Status of Implementation of Recommendation 1 at December 31, 2008

Implementation of this recommendation is 100% complete.

Management: % complete ***100%***

OAG's Follow-up Audit Findings regarding Recommendation 1

This recommendation has been substantially implemented through the creation of a Case Review Unit whose mandate includes ensuring consistent application of policies across all districts. Responsibility has been assigned to the "Case Reviewer" to maintain consistency of decisions and procedures related to program delivery and compliance, and to follow-up to ensure that corrective action resolves the issues identified during the review.

The work plan of the Case Review Unit indicates that approximately three months will be spent on a targeted review, and seven months on a program review. Thus, the Case Review Unit may not identify inconsistencies timely enough to take effective remedial action.

Although the review process appears to be comprehensive, management may be overlooking important issues. For example, the targeted review considered four incorrect issuances as only one error because the errors resulted from a recurring transaction. The reported accuracy rate was therefore overstated. Rather than minimize the error, it should have been a flag that enhanced monitoring procedures may be necessary for recurring benefits. The report also indicates that Special Allowance is used as a work around to address business application challenges. Accepting a “work around” as a business practice reduces the effectiveness of the control environment, and increases the risk of inconsistent application of policies, and unreliable reporting.

Management explained that while reviewing other reports, and the CVP for other purposes, inconsistencies in application of policies may be noted. In such cases, the training committee is informed.

OAG: % complete ***80%***

Management Representation of Status of Implementation of Recommendation 1 as of Winter 2010

Management disagrees with the OAG's follow-up audit finding that implementation of this recommendation is only substantially complete.

Management explored the feasibility and value of establishing a new Case Review function, and as a result, created the Case Review Unit. Job descriptions were written, hiring was conducted, positions were filled, new staff were oriented, and the work plan was developed with reviews beginning in April 2008. The new Case Review function supplements existing practices to ensure consistency, including regular audits by the Province. The Unit's work plan ensures all municipal programs have scheduled program reviews, as well as responsive targeted reviews added throughout the year, where necessary. The addition of the new Case Review Unit contributes to a full and robust set of functions to ensure consistency.

Management considers implementation of this recommendation to be complete.

Management: % complete ***100%***

2006 Recommendation 2

Clearly define and communicate the role, responsibilities and accountabilities of the supervisor position.

2006 Management Response

Management agrees with the recommendation. The Branch in conjunction with Employee Services has already written and signed-off on the a new supervisor's job description, which reflects more accurately the supervisors' new responsibilities including a significant focus on performance management. This has been forwarded for scoping and rating and is expected to be complete by Q2 2007.

To further support supervisors with the changes, the Branch is also developing a detailed Performance Management Program (PMP) that will provide supervisors with clear expectations, the required training, tools and feedback to perform their duties. The PMP was presented to the management team (supervisors and managers) in the fall of 2006. The first iteration of the program will be implemented by the Q2 2007.

Management Representation of the Status of Implementation of Recommendation 2 at December 31, 2008

Implementation of this recommendation is 100% complete.

Management: % complete *100%*

OAG's Follow-up Audit Findings regarding Recommendation 2

Roles, responsibilities, and accountabilities of the Supervisor have been clearly defined and communicated. The job description for the Supervisor was rated in August 2007 and revised in April 2008. It includes a description of overall responsibilities, along with detailed key responsibilities and duties. The Overview of Model Changes document dated October 2007 describes the realignment of EFA staff, and contains a brief description of the roles and responsibilities of each position including that of the Supervisor. An Accountability Framework has been documented for EFA for several positions including the EFA Supervisor. The Framework identifies key accountabilities for the position, along with the impact of success and the impact of failure. Although accountabilities have been defined for the Supervisor, a gap exists in the process to measure and enforce the accountabilities (see recommendation 7). Roles, responsibilities and changes to the Supervisor position were communicated via an EFA staff information session in November 2007.

OAG: % complete *100%*

2006 Recommendation 3

Develop a "tool kit" (i.e., reports, evaluation mechanisms, core training, etc.) required to be used by all supervisors to assist them in the management of their Teams.

2006 Management Response

Management agrees with the recommendation. As part of the PMP, additional tools are being developed and implemented that will provide supervisors with the resources they need to ensure that staff achieve the program, branch and departmental goals and outcomes that have been identified. This would include additional Branch specific and corporate training, management reports, tools and supports and will be implemented by Q2 2007.

Management Representation of the Status of Implementation of Recommendation 3 at December 31, 2008

Implementation of this recommendation is 100% complete.

Management: % complete **100%**

OAG's Follow-up Audit Findings regarding Recommendation 3

Improvements have been made in promoting consistent management practices by way of the Performance Management Program. The "Management and Supervisor Priorities and Reporting Overview" report outlines standards such as team meetings every 6-8 weeks, structured supervision for each staff for at least one hour every 3 months, and annual completion of the Individual Contribution Agreement (ICA), and Performance Development Program (PDP). Management indicated that all supervisors are required to report on standards related to team meetings, supervisions and PDPs. The report specifies that team meetings be documented in the Performance Monitoring Tool (PMT) which, according to management, is the main tool for supervisors. The standards documented in the report address some, but not all of the issues identified in the 2006 audit.

Some tools, such as the Companion to the Code of Conduct, and the PDP are required to be used by all supervisors, however Management cited several other reports, none of which have mandatory use by supervisors on a regular basis. Examples of reports include "Performance Area By Position", "Quarterly Performance Report", "Performance Review Template", and various Datamart reports.

Although reports, and evaluation mechanisms are available to assist supervisors in the management of their team, they do not form a cohesive toolkit that is required to be used regularly by all supervisors to ensure consistent management practices. It is also unclear whether the variety of training offered addressed the needs of the supervisors in consistently managing their teams (see recommendation 6).

OAG: % complete **50%**

Management Representation of Status of Implementation of Recommendation 3 as of Winter 2010

Management disagrees with the OAG's follow-up audit finding that implementation of this recommendation is only partially complete.

As originally committed, the Branch implemented a comprehensive Performance Management Program as outlined below, that defined and linked Branch priorities and outcomes with Program targets and measures and key performance areas by each staff position.



Excerpts from PMP Training for Supervisors/Managers Feb 6, 2007:

- How Performance Management fits into Branch “Master Plan” that aligns what we do, with whom, how (quality standards), and why (outcomes) (PMP is about measuring performance against standards & targets).
- Performance measures, monitoring, and report for 3 levels:
 - Branch level (see Performance Reports such as OMBI, Employment Outcomes)
 - Program level (see Program Overviews e.g., Family Support Program’s annual target and results for % Support in Pay)
 - Position (see Performance Monitoring Tool for performance on standards as assessed by supervisors in file reviews, discussed with staff in regular supervisions, and in annual PDPs).

As reported in the Auditor’s follow-up audit findings, the main tool for supervisors is the Performance Monitoring Tool. Use of this tool is mandatory, including quarterly work reviews that culminate in the annual performance review (PDP/ICAs are a corporate mandatory tool and process).

To respond to the Auditor’s concern that it is not a comprehensive toolkit, the information will be compiled and distributed by the end of Q2 2010. A hardcopy binder of the toolkit will be provided to the managers of the Social Service Centres for use with existing and new supervisors. As well, an electronic version will be maintained on OZONE for easy, current, self-serve access by all supervisors and managers.

Management considers implementation of this recommendation to be substantially complete. With the action stated above of adding documentation, the recommendation will be 100% complete by Q2 2010.

Management: % complete ***90%***

2006 Recommendation 4

Re-instate the Supervisors Committee as a mechanism for supervisors to meet on a regular basis to share information.

2006 Management Response

Management disagrees with the recommendation. There are already opportunities in place that support supervisor information sharing such as: weekly management team meetings; topical management committees; management specific training and development sessions; and bi annual management forums and working sessions.

Management Representation of the Status of Implementation of Recommendation 4 at December 31, 2008

Implementation of this recommendation is considered 100% complete. Further to discussion at a meeting between the City Manager and the Auditor General on November 21, 2007, the Auditor General indicated that he is satisfied with the above 2006 Management Response to Recommendation 4, but if inconsistency still exists when the follow-up audit is conducted in 2009, then the Supervisors Committee will have to be reinstated.

Management: % complete *100%*

OAG's Follow-up Audit Findings regarding Recommendation 4

The Auditor General had indicated that he was satisfied with the above 2006 Management Response to Recommendation 4, but that if inconsistency still existed when the follow-up audit was conducted, then the Supervisors Committee would have to be reinstated.

The role of the supervisor has been clearly defined and communicated (see recommendation 2). Although substantial progress has been made in setting standards, and developing tools to assist the supervisors in managing their team, gaps still remain in promoting consistent management practices among supervisors (see recommendation 3).

EFA would benefit from re-instating the Supervisors Committee.

OAG: % complete *0%*

Management Representation of Status of Implementation of Recommendation 4 as of Winter 2010

Management disagrees with the OAG's follow-up audit finding that there has been little or no action taken to implement this recommendation.

Consistent with the Auditor's observations that substantial progress has been made in the areas of standards, tools, as well as improvements in role clarity among supervisors, there are appropriate mechanisms in place to influence and bolster consistency in management practices.

Further, Recommendation 3 has been implemented and the further concerns raised by the Auditor through the follow-up assessment will be addressed by Q2 2010 with the compilation of a Performance Management Program binder and the uploading of same to OZONE for centralized, easy access by all staff.

Management considers implementation of this recommendation to be complete.

Management: % complete **100%**

2006 Recommendation 5

Develop reporting and feedback mechanisms to be used to monitor and assess staff performance and accountability in order to ensure consistent application of policies.

2006 Management Response

Management agrees with the recommendation. The implementation of other reporting and feedback mechanisms as part of the PMP (specifically the Datamart in Q2 2007), will bolster the existing performance management framework that includes:

- provincial audits and resulting corrective action plan
- consolidated verification program (every OW file is reviewed and updated annually)
- 43 pre-determined monthly and weekly Ontario Works management reports (produced from the provincial web-based Service Delivery Technology)
- monthly reports to inform management on the progress towards specific outcomes and targets, such as:
 - level of participation in employment activities (e.g. employment placements, self-employment, community placements, completed training) against MCSS Service Level Contract
 - intake levels and response times
 - number of terminations
 - number and outcomes of ODSP referrals
 - number of Consolidated Verification Reviews against MCSS target
 - number and outcome of Job Specific Skills Training

Furthermore, the Branch is continuing to set expectations and provide the necessary tools and training to supervisors and Managers to ensure that they complete individual contribution agreements (PDP) with their staff.

Management Representation of the Status of Implementation of Recommendation 5 at December 31, 2008

Implementation of this recommendation is 100% complete.

Management: % complete **100%**

OAG's Follow-up Audit Findings regarding Recommendation 5

Some steps have been taken toward the implementation of this recommendation. For example, the Performance Management Program (PMP) was implemented in

2007, with its PMT companion tool. The PMP requires quarterly reviews of files, and sets targets for each position. However gaps remain to full implementation of this recommendation as follows:

- As noted in the 2006 audit, Case Coordinators are not informed of the errors identified during the CVP file review, and there is no mechanism to link mistakes back to individuals.
- The same 43 reports as referenced in the 2006 audit are still not required to be used by supervisors. Management commented that outcomes are reviewed each month for indications of inconsistencies in application of policies.
- The environment of aggressive provincial reporting requirements described in the 2006 audit persists, making reporting to the Province's requirements a focus.
- The PDP asks whether the employee is knowledgeable of pertinent policies and includes a check box to mark whether the employee is compliant. However, the percentage of staff with completed PDPs from April to June 2008 range from 27% to 67% per EFAC Division, demonstrating that consistent use of PDPs continues to be an issue.

Accountability has been outlined in the Accountability Framework for each supervisor and management position, and performance is assessed and reported for each position through the City's PDP, and through EFA's PMP. However, the areas of accountability, the performance indicators, performance measures and reporting all appear to be independent of each other. For example, performance measures on the PDP ICA document are to be listed by the supervisor. They are not pre-defined to ensure they link back to the targets and accountability framework. Documents and process are not linked to form a clear, cohesive, and effective system of performance management and accountability. See recommendation 7 for further explanation.

OAG: % complete

60%

Management Representation of Status of Implementation of Recommendation 5 as of Winter 2010

Management disagrees with the OAG's follow-up audit finding that implementation of this recommendation is only partially complete.

The Branch developed and implemented a branch-wide Performance Management Program (PMP) that established new, and integrated existing, reporting and feedback mechanisms for monitoring and assessing staff performance.

Regarding the specific outstanding items identified above:

- Management agrees with the auditor that an opportunity exists with CVP file reviews. A method to link CVP feedback back to individual staff is in the final stage of development and will be implemented in all four Social Service Centres by the end of Q2 2010.
- In addition to the mandatory performance management reports to be used by all supervisors as described in Recommendation 3, there are 43 other reports, primarily canned reports produced by the provincial application SDMT. These support supervisors with the day-to-day operations of their programs. The reports include information such as intakes, client participation and subsequent reviews within timeframes, payments, caseload by worker, terminations, that show trends and variations that can assist with deployment and planning. Where the data is at a worker level, it would be another mechanism available to the supervisor to evaluate performance of the staff working in that program area.
- Reviewing the PDPs completed over a three-month period is not representative of the branch's actual completion rate with PDPs being an annual requirement. Management has received training and have centralized the tracking of completed PDPs by division. The list is forwarded to managers on a quarterly basis, with follow-up by the Administrator. As a result of these actions, the Branch has improved its completion rate three-fold from 2007 to 2008. Consistency of the tool and process has also been enhanced through the PMP's identification of key performance areas for every position in the Branch. These performance areas by position are pre-defined, are reviewed quarterly by supervisors, and therefore make the process of an annual evaluation simpler and more consistent. To improve this alignment even further, the Branch will send a memo by the end of Q2 2010 to remind supervisors and managers that staff performance results from the PMP are to be reflected in the annual PDP document.

Management considers implementation of this recommendation to be substantially complete.

Management: % complete *75%*

2006 Recommendation 6

Provide supervisors with the training and skills required to adequately manage staff.

2006 Management Response

Management agrees with the recommendation. The supervisors' training and skill development is a work-in-progress and is evolving as the responsibilities and skills of the supervisor change. Since 2003, the supervisors have attended the following mandatory training and development sessions to increase competencies in the areas

of leadership, accountability, role of a coach, effective relationships, decision-making and problem solving:

- supervisors accountability framework in a matrix management environment (2 days)
- working sessions to develop performance standards for completing the ICA (1/2 day)
- change management session (1 day)
- Phase One: Provincial Management Development Program (10 days)
- situational leadership and decision making training (1 day)
- dialogic model for managers (1/2 day)
- review and evaluate ICA tools (1/2 day)
- Phase Two: Management Development Program (5 days)
- refresher on system reports and screens to assess staff performance (1 day)
- performance management (1/2 day)

On a case-by-case basis, supervisors have also been encouraged to participate in the various corporate training sessions as identified either by their manager or themselves. To complement the existing training and to support the new PMP, a supervisor's training continuum is being developed to help supervisors manage in the new outcome based culture. The management team endeavours to balance the supervisors' training needs with the operational requirement of having supervisors on site to provide leadership and direction.

Management Representation of the Status of Implementation of Recommendation 6 at December 31, 2008

Implementation of this recommendation is 100% complete.

Management: % complete *100%*

OAG's Follow-up Audit Findings regarding Recommendation 6

It is unclear whether the variety of training provided to supervisors was the result of a systematic and comprehensive gap analysis of the supervisors' skill sets. Management explained that needs were assessed through a variety of informal methods including operational compliance reviews, feedback, observation, team meetings, and self-assessment. Lacking is evidence that the various sources used to identify training needs impacted a prioritized action plan to ensure the skills and knowledge gaps were addressed in a timely manner.

The approved minutes from the 2009 planning session of the Training Committee outline the planning process which begins with identifying gaps in knowledge areas branch wide and considers risks identified from City and Provincial audits. Had such a formalized planning process been used to identify supervisor training needs, and had the results and assessments been documented, evidence would have

been available to demonstrate due diligence in ensuring supervisors had the training they needed to adequately manage staff. However, the documents provided by management did not demonstrate such due diligence.

Management provided the following documents to evidence training available to supervisors:

- Training Committee work plan
- Yearly training events summary
- Yearly training by position
- A listing of training by staff position

Management indicated that a training needs assessment was conducted and the needs were incorporated into the training listed for the supervisor on the “Training by Position” report. However, there is no documentation of the needs assessment.

OAG: % complete *50%*

Management Representation of Status of Implementation of Recommendation 6 as of Winter 2010

Management disagrees with the OAG's follow-up audit finding that implementation of this recommendation is only partially complete.

The Auditor's observations support management's position that supervisors have been provided with the training and skills required to adequately manage staff.

Management acknowledges improvements can be made in the documentation of the process and links between supervisor training needs assessments and training provided or promoted (i.e., corporate training). The 2010 training work plan includes this improved link between assessed training needs and training planned for staff.

Management considers implementation of this recommendation to be complete.

Management: % complete *100%*

2006 Recommendation 7

Through the Branch's Senior Management Team, establish and enforce a tone of accountability across the Branch.

2006 Management Response

Management agrees with the recommendation and is committed to ensuring accountability in the Branch. The Branch has successfully achieved all of its provincial targets for employment activities, Enhanced Eligibility Review/Family Support and the Consolidated Verification Program. This success is attributable to many initiatives introduced over the past several years such as the development of

accountability frameworks, setting, monitoring and correcting progress toward program specific outcomes and the provincial targets.

Management agrees that furthering accountability across the Branch is helping to ensure that provincial employment targets (outcomes to be finalized '07-'08) and other Branch objectives are met. To further clarify the expectations and outcomes, the Branch is in the process of developing, in collaboration with the staff, a program-by-program outcome measures as a component of the PMP.

The Branch is also committed to the 2006 Corporate Performance Measurement and Reporting Framework as evidenced by our significant involvement in OMBI and ongoing submissions of a high number of measures for the Quarterly Performance Reports to Council.

Management Representation of the Status of Implementation of Recommendation 7 at December 31, 2008

Implementation of this recommendation is 100% complete.

Management: % complete *100%*

OAG's Follow-up Audit Findings regarding Recommendation 7

Steps have been taken toward promoting a tone of accountability across the Branch. Accountability has been assigned and documented, targets have been set, some performance measurement is taking place (see recommendation 5) and results are communicated to staff. However, each of these pieces is performed independently of the other. There is no clear link between the accountabilities assigned to a position and indicators that are used to measure performance. Similarly, there is no clear link between the performance indicators and the results that are communicated. The following reports contain relevant information/are used in the accountability and performance measurement process:

- Accountability Framework
- Staff Performance Areas by Position
- PMP-Priorities and Reporting Overview
- Overview of Model Changes
- PDP ICA Template
- PMP Quarterly Performance Report
- 32 Program Overviews
- Report Card

The process of defining, assigning, measuring and reporting of accountability within the Branch needs to be streamlined. That there are so many disparate documents used in the accountability and performance measurement process leads

to a gap in clarity of how employees are held to account for specific responsibilities in their charge. For an accountability framework to be effective, employees need to be held accountable to those key areas identified in the framework. Specifically, employees need to understand they will be assessed on the degree to which they've successfully managed the areas of accountability assigned to them. It is not evident that this understanding has been created.

OAG: % complete

60%

Management Representation of Status of Implementation of Recommendation 7 as of Winter 2010

Management disagrees with the OAG's follow-up audit finding that implementation of this recommendation is only partially complete.

The Branch set the tone for accountability, starting with senior management, and continued with the supervisory level that supports, monitors, rewards or corrects performance at the staff level. The PMP communicates, monitors and reports performance on accountabilities for positions; ongoing improvements are part of staff performance management.

The Auditor notes that employees need to understand they will be assessed, and the degree to which they've successfully managed the areas of accountability assigned to them. This has been achieved through implementing a branch-wide Performance Management Program that defines performance expectations and accountability at three levels: branch, program/service and staff position.

From Fall 2006 into Spring 2007, supervisors were consulted and engaged in developing the performance management indicators, tools and processes. Accountability for three levels of performance was defined, communicated, monitored and reported through performance management reports and ICAs / PDPs.

Accountabilities, and more importantly, how that accountability contributes to client, program and branch successes are further reinforced through training and supervision. For example, the PMP links performance in staff client service areas (i.e., assessments, action plans, monitoring activities) with improved outcomes for clients, which contributes to program/services achieving targets for employment measures such 'exiting OW for employment', which contributes to the Branch's goals and priorities, such as reduced reliance on social assistance.

Management considers implementation of this recommendation to be complete.

Management: % complete

100%

2006 Recommendation 8

Use a consistent approach during the three-month probationary period for new hires to ensure that new hires are adequately and consistently mentored, monitored and assessed by supervisors.

2006 Management Response

Management agrees with the recommendation. By the end of Q4 2007, the Branch will deliver clear messaging about expectations, and will develop and implement tools to ensure that an assessment of new staff is done consistently. This will include a how to use the newly completed code of conduct companion guide that assists managers and supervisors in explaining in very clear terms how the code of conduct applies to EFA.

Management Representation of the Status of Implementation of Recommendation 8 at December 31, 2008

Implementation of this recommendation is 100% complete.

Management: % complete *100%*

OAG's Follow-up Audit Findings regarding Recommendation 8

Probationary Period Standards Document describes expected knowledge, aptitude, and caseload management ability for internal and external new hires during each of the three months of the probationary period.

OAG: % complete *100%*

2006 Recommendation 9

Extend the three-month probationary period to six months (as allowed under the terms of the CUPE 503 collective agreement) when it is determined that more time is necessary to assess performance.

2006 Management Response

Management agrees with the recommendation. As per recommendation #8, with the systematic application of an assessment tool and clearer expectations of how to monitor newly hired staff's performance, supervisors will be better able to identify the need for, on an as needed basis, the extension of the probationary period based on an assessment of performance.

Management Representation of the Status of Implementation of Recommendation 9 at December 31, 2008

Implementation of this recommendation is 100% complete.

Management: % complete *100%*

OAG's Follow-up Audit Findings regarding Recommendation 9

It is not evident that supervisors are aware that they have the option to extend the three-month probationary period to six months when more time for assessment is needed. Management explained that there have been instances where probation has been extended, but the option of extending the probationary period cannot be found in relevant documentation and templates. Although the supervisor's job

description makes reference to this option, it is not indicated on the Probationary Period Standards document (described in recommendation 8), nor can it be found in the City of Ottawa 2009 ICA-Unionized Employees performance assessment template.

Management commented that it would be difficult to instruct supervisors on exactly what circumstances warrant an extension, and that experience and judgement is used. However, the opportunity exists to include with the performance assessment, or along with the Probationary Period Standards, an area or checkbox for the supervisor to document whether, based on their judgement, an extension is necessary.

OAG: % complete

20%

Management Representation of Status of Implementation of Recommendation 9 as of Winter 2010

Management disagrees with the OAG's follow-up audit finding that there has been little or no action taken to implement this recommendation.

As acknowledged by the Auditor, the supervisor job description was revised in 2006 and includes reference to the option to extend probation as needed.

To respond to the AG's concern that the option of extending the probationary period is not found in relevant documentation and templates, management will prepare a memo by the end of Q2 2010 to all supervisors that will:

- Provide them with a revised Branch Probationary Period Standards document that outlines the option to extend as per the collective agreement;
- Add a requirement that supervisors must indicate on the PDP whether or not the extension of the probationary period is being recommended on all reviews of a probationary type.

With the follow-up noted above, management considers implementation of this recommendation to be complete.

Management: % complete

100%

2006 Recommendation 10

Coordinate OW policy training and SDMT computer training with start date of new hires.

2006 Management Response

Management agrees with the recommendation. It is an important practice to ensure efficiencies by deploying trained staff as early as possible and by maximizing the number of trainees per session. For these reasons, the EFA Branch, in collaboration with Employee Services, has developed an efficient staffing process of batching competitions by positions thereby permitting the scheduling of training to coincide

with the start dates of most new hires. In those instances where there may be a short gap between hires, EFA Centres have other orientation and short-term training approaches that help staff prepare for the core training.

Management Representation of the Status of Implementation of Recommendation 10 at December 31, 2008

Implementation of this recommendation is 100% complete.

Management: % complete **100%**

OAG's Follow-up Audit Findings regarding Recommendation 10

The 2006 audit noted that some new Case Coordinators waited weeks before receiving the training they needed to do their jobs, and were left to observe and shadow other EFA staff. Improvements have not been implemented to this regard. The practice of planning and coordinating staffing needs so that new employees are hired around the same date, and the practice of coordinating training to coincide with the start date of the new employees is not documented in policies or procedures. Minutes from Staffing Committee meetings demonstrate that meetings are held approximately monthly to assess and coordinate staffing needs. However, it is not evident that training is consistently scheduled to coincide with the start date of the new hires.

Minutes from the June 13, 2008 meeting of the Staffing Committee include projected staffing needs by September 30. An example of a training schedule dated December 19, 2008 includes "OW/SDMT Student Orientation" September 24, 25 and October 8-10, 2008, but has "SDMT new worker" training in May and August 2008. The dates of the training schedule do not appear to have been set to coincide with the start date of the new hires.

OAG: % complete **0%**

Management Representation of Status of Implementation of Recommendation 10 as of Winter 2010

Management disagrees with the OAG's follow-up audit finding that there has been little or no action taken to implement this recommendation.

The Branch has developed an efficient staffing process of batching competitions by positions and schedules training to coincide with the start dates of most new hires.

The documentation provided to demonstrate the link between hiring and training requires some further explanation:

- New worker training is intended for staff requiring a refresher, staff returning from extended leave and new staff joining the branch. The training work plan/schedule is developed at the start of the year with tentative dates as placeholders for new worker training. The Training Committee then meets monthly to review and adjust the work plan as necessary.

- The Staffing Committee meets monthly to review staffing needs based on current vacancies as well as projected attrition at all four sites for the next three months. Where vacancies and projections indicate that hiring is required, competitions are batched by position type i.e., up to 10 Case Coordinators.
- Once the decision to proceed with the hiring of new staff is taken (by the Staffing Committee), the date of the returnees are known (Staffing Committee reps) and those requiring a refresher (Training Committee members consult with their colleagues) are identified, only then can actual dates for the new worker training be determined to accommodate all those requiring the training.

Management considers implementation of this recommendation to be complete.

Management: % complete ***100%***

2006 Recommendation 11

Develop an internal training package for newly hired Employment Specialists to ensure they receive adequate skills training to be effective in their new role.

2006 Management Response

Management agrees in principle with the recommendation. In the case of the Employment Specialists (ES) they play a similar role to the Case Coordinators (CC) in that they both deliver employment and financial assistance to varying degrees. The CCs have a larger focus on financial eligibility/assistance as well as managing the employment requirements of clients who have been on social assistance for less than 12 months and those not referable to ES but who remain active on their caseloads.

The ES' specialize in the delivery of employment programs and services but also have financial responsibility to determine eligibility for certain benefits. As such OW Policy and Procedure and SDMT/ systems training is provided to staff in both positions. ESs also receives generic Branch training and refreshers as identified in recommendation #13. The Service Delivery Model training planned for early 2007 (see recommendation #15) will also benefit the ES. In Q4 2008, once the training is complete and the outcome measures and corresponding changes to the Service Delivery Model have been introduced, EFA will consult with the Employment Specialist to determine if there is a training gap.

Management Representation of the Status of Implementation of Recommendation 11 at December 31, 2008

Implementation of this recommendation is 100% complete.

Management: % complete ***100%***

OAG's Follow-up Audit Findings regarding Recommendation 11

A new employment structure was approved in February 2007. Employment Specialists (ES) were assigned to "Income Maintenance" teams to support Case Coordinators. Further staffing changes included a realignment of various positions (Employment Manager, Placement Developers, Matchers) into "Employment Placement" teams to work together to achieve the placement objectives of the branch. An overview of the changes in the service delivery model is outlined in the "Overview of Model Changes" document.

Management indicated that training specifically focused on the ES is no longer relevant given the new team based delivery structure. Corporate and other training such as CPI, domestic violence, safety, and SDMT training is scheduled fairly uniformly across positions in the training plan. However, if the ES is to play a specific and meaningful role on the team, there is likely to be a knowledge and skill set specific to the ES for which training (such as employment focused training) should be provided. For example, the minutes from the 2009 Training Committee Planning Session include a note that new ES hires might benefit from training in specific job search skills related to resume writing, cover letters, etc. Although responsibility was assigned for this, no deadline was specified, and it is not listed on the "2009 Training by Staff Position" document.

The realignment of staff brought on by the new employment structure promotes increased communication within the Branch leading to improved effectiveness of operations. However, it does not address the issues this recommendation is intended to resolve. Training specific to Employment Specialists has not been provided or scheduled in the annual training plan.

OAG: % complete

20%

Management Representation of Status of Implementation of Recommendation 11 as of Winter 2010

Management disagrees with the OAG's follow-up audit finding that there has been little or no action taken to implement this recommendation.

Management developed and implemented employment model training by May 2007, through which training was delivered to all Employment Specialists (ES). As well, the training was extended to other roles, such as Case Coordinators, in order to improve their understanding of each other's roles and to improve collaborative and shared case management.

As acknowledged by the Auditor, other service delivery model changes have taken place, such as integrating the role of the ES into generic caseload work, enhancing the shared case management approach and integrating quality client service for OW clients.

Further to what was required by the original recommendation in 2009, additional 100% provincial funding announced for Enhanced Employment Services for

Vulnerable Persons, has provided a new opportunity for specific training in 2010 for all ESs related to supporting this more vulnerable population.

Management considers implementation of this recommendation to be complete.

Management: % complete **100%**

2006 Recommendation 12

Provide periodic refresher training on the City EHSS 100% program to ensure that the policy and administration of this program is well understood across the Branch.

2006 Management Response

Management agrees with the recommendation. EFA will be reviewing its EHSS 100% program in Q4 2007 to assess the benefits of centralizing the services with a specialized team. Once the review is complete, refresher training will be provided to those who deliver the program.

Management Representation of the Status of Implementation of Recommendation 12 at December 31, 2008

Implementation of this recommendation is 100% complete.

Management: % complete **100%**

OAG's Follow-up Audit Findings regarding Recommendation 12

The 2006 audit noted a lack of training or refresher training for staff on the EHSS program. It explained that staff, including Crisis Workers who administer benefits under EHSS were not familiar with the details of the program.

The 2008 Training Summary included EHSS training scheduled in November 2008. The targeted audience included Crisis/EHSS Case Coordinators and Supervisors. This training has been marked "completed". The 2009 Training Summary included EHSS Training in February 2009. The targeted audience for this training includes EHSS applicable staff and supervisors. Crisis Workers are not specifically mentioned. This training is marked "completed." Management explained that EHSS training includes new as well as refresher training.

OAG: % complete **100%**

2006 Recommendation 13

Expand the mandate of the Training Committee to address the training needs of all EFA staff, not just the training needs of staff delivering the OW program.

2006 Management Response

Management agrees with the recommendation. The training committee coordinates core/generic Branch training while the leads/managers of the various pilots and

smaller programs are responsible for the coordination of their specialized training. In 2006, centralizing training began for all staff in the SAP training database and at this time have recorded almost 2000 entries by individual, program, type of training and hours. EFA will continue to populate this list and ensure that it reflects training from all sources including those that are provided to specialties such as from the Province, the Ontario Municipal Social Services Association and community agencies. This information and the subsequent analysis of the data will permit the Branch to better understand the training needs of all staff.

Management Representation of the Status of Implementation of Recommendation 13 at December 31, 2008

Implementation of this recommendation is 100% complete.

Management: % complete 100%

OAG's Follow-up Audit Findings regarding Recommendation 13

As in the 2006 audit, the mandate of the EFA Training Committee per the Terms of Reference, encompasses all EFA centres and programs. The approved minutes of the November 6, 2008 Training Committee, 2009 Planning Session demonstrate that the Committee's discussions on training have been expanded to include a Branch-wide focus. The following discussions noted in the minutes demonstrate a consideration of the training needs of all staff:

- Plan to identify gaps in knowledge areas Branch wide;
- Plan for policy related training for EHSS;
- Discussion around specific training for Employment Specialists, including general job search techniques.

In addition, the 2009 Training Committee work plan references Branch wide training on EFA staff/program requirements. However, the timeline for each item on the work plan is "ongoing". Although ongoing training and assessment is critical to the effectiveness of the Branch, the lack of target dates for the completion of specific training reduces the effectiveness of the work plan in ensuring that training needs are addressed in a timely manner.

OAG: % complete 100%

2006 Recommendation 14

Evaluate and assess the implementation of the new Employment Service Delivery Model to ensure its future effectiveness, including the development of performance measurement targets.

2006 Management Response

Management agrees with the recommendation. The Employment Service Delivery Model is and will continue to be a work-in-progress. The need to evaluate and

assess our performance is necessary to respond to the ever-changing mandate/directives of the Province. Under the previous Act, (General Welfare Assistance) there was no performance funding components to the program. With the proclamation of the Ontario Works Act in 1997, municipalities were mandated to provide a very specific list of employment activities for clients to participate in for which funding would be provided. Municipalities were required to submit a yearly service agreement that specified the targets to be met with the corresponding funding levels based on the number of individuals participating by type of activity. Each year there would be changes either to, the funding, the type of employment activities to be delivered or the directives.

More significant changes are being introduced in 2006 and 2007, as MCSS will be shifting from funding clients who are taking part in employment activities to funding clients who achieve employment outcomes. This will include outcomes such as clients having more earnings, more clients leaving for employment and lastly 80% will be based on outcomes related to increasing a client's employability. The latter is in recognition that many clients have barriers and need to increase their basic competencies if they are to successfully exit social assistance. It is not expected that this provincial initiative will be fully implemented until 2008. The work to be completed is the finalizing of the outcomes, identifying the measures, developing the necessary valid reports, and confirming the funding model. In response to the evolving provincial direction, the Employment Service Delivery Model continues to undergo constant evaluation and adjustments.

Management Representation of the Status of Implementation of Recommendation 14 at December 31, 2008

Implementation of this recommendation is 100% complete.

Management: % complete **100%**

OAG's Follow-up Audit Findings regarding Recommendation 14

Management explained that the Province mandates employment outcome measures against which EFA must report. The Province requires that Management set targets for the measures, and assign points based on the likelihood of meeting the targets.

Because points are assigned to those indicators expected to be successful, the evaluation is biased. Areas that are expected to be less successful may be overlooked. Three out of the four measures for which no points were assigned in the April 2009 Employment Outcomes Measures Report had targets that were not met in the prior two periods. As well, successful reporting to the Province may not coincide with success of the program. The April 2009 report assigned 500 out of 700 points to the measure of amount of employment earnings at exit. This weighting may not accurately reflect the key objectives of the program. As well, management has expressed concerns with the reliability of the data used in this report.

Management indicated that EFA's own outcomes and measures are contained in the 32 Program Overviews. The Program Overview reports on a number of factors, but does not demonstrate an assessment against standards or targets.

The Branch also reports on its achievements on the "Report Card". The report card does not measure and report on the degree to which pre-determined targets were met. It should be noted that nothing on the Report Card indicates a need for improvement. Indicators, and means to capture statistics were to be developed per the 2008 Home Support Services Implementation work plan, but the time frame indicated for these is "work in progress".

As noted in the 2006 audit, unreliable provincial data coupled with a lack of internal means for tracking the data, makes it difficult to assess effectiveness of the Service Delivery Model.

Management explained that service delivery is continually adjusted to accommodate changes in several variables. There appears to be a lack of a long term, consistent goal toward which these short-term changes align.

OAG: % complete

85%

Management Representation of Status of Implementation of Recommendation 14 as of Winter 2010

Management disagrees with the OAG's follow-up audit finding that implementation of this recommendation is only substantially complete.

As stated, the Ministry of Community and Social Services requires municipalities to set employment outcomes based on the provincial point system. The degree to which the targets are met dictates the level of 80/20 provincial cost sharing municipalities will receive toward employment funding; this envelope is less than 10% of the overall EFA gross budget. The Province supports maximizing this funding so that municipalities can reinvest in employment services and programs that help clients find and keep jobs, thereby reducing costs and increasing self-reliance. Consistent with the original management response, the Branch has worked with the Province to finalize outcomes, confirmed the funding model with the Province, developed reports and has implemented a process to monitor outcomes against set targets.

Management recognizes that there are other important areas requiring monitoring, therefore additional indicators were developed to track results in those areas, as reflected in the 32 one-pagers i.e., ODSP referrals, job specific skills training completion, participation in workshops. All 32 one-pagers have standards and many have targets that are rolled up for an annual review for planning purposes, evaluation and changes where necessary. This review, as well as the implementation of new provincial initiatives (i.e., enhanced employment supports for vulnerable clients), does mean that adjustments/service improvements are made so programs are more responsive and effective. This recognizes changing

demographics and evolving needs of residents; however the branch's long-term objectives of helping clients prepare for, find and keep employment and reducing costs and promoting self-sufficiency remain constant.

Contrary to many municipalities, Ottawa's OW caseload decreased significantly in 2007 & 2008 over 2006, resulting in savings of \$28.6M gross and \$5.7M net over the two-year period, due in part to a low unemployment rate as well as the implementation, monitoring and adjustments to a variety of successful programs and services delivered by City staff.

Management considers implementation of this recommendation to be complete.

Management: % complete *100%*

2006 Recommendation 15

Improve the working relationship between Case Coordinators and Employment Specialists through increased communication and training.

2006 Management Response

Management agrees with the recommendation. Before 2000, employees delivering employment programs were at different sites than those delivering financial assistance. The EFA Branch has since integrated employment and financial services in each of the four existing sites (previously 9 sites) as a one point of service strategy. This as well as other Branch initiatives, has significantly improved the understanding and acceptance of each other's roles and responsibilities.

Furthermore, with the new Service Delivery Model, more clarification and details will be provided specific to expectations and contributions toward outcomes (four training modules will be delivered in 2007). As previously stated in recommendation #14, there will be ongoing reviews of the model with a focus on enhanced communication and further opportunities for integration.

Management Representation of the Status of Implementation of Recommendation 15 at December 31, 2008

Implementation of this recommendation is 100% complete.

Management: % complete *100%*

OAG's Follow-up Audit Findings regarding Recommendation 15

The realignment of staff into teams whereby the Employment Specialists work with and in support of the Case Coordinators addresses the intent of this recommendation.

The Overview of Model Changes document clearly describes the roles and responsibilities of the Case Coordinator and the Employment Specialist, along with the structure of the new team based model. The new structure includes a ratio of one Employment Specialist per team to support 8-10 Case Coordinators.

OAG: % complete
100%

2006 Recommendation 16

Develop an exit interview process to collect data on clients terminating OW due to employment to identify, which employment programs and initiatives are leading to desired outcomes.

2006 Management Response

Management agrees with recommendation. Over the past year, the Branch has piloted a termination checklist and process (includes contacting participants who have likely exited for employment reasons) in two of its four sites with favourable results. Therefore EFA will introduce this termination approach consistently across the Branch in Q3 2007. The Branch also has other mechanisms such as outcome measures by program, an employment readiness tool and questionnaires/surveys. This composite approach to gathering data all contribute to the identification of which employment programs and initiatives are successful.

Management Representation of the Status of Implementation of Recommendation 16 at December 31, 2008

Implementation of this recommendation is 100% complete.

Management: % complete
100%

OAG's Follow-up Audit Findings regarding Recommendation 16

A "Case Closure Checklist" is completed when a case is closed. The checklist requires the identification of "termination reason."

OAG: % complete
100%

2006 Recommendation 17

Link the new outcome-based measures to the City's Quarterly Performance Report.

2006 Management Response

Management agrees with the recommendation. The Ministry of Community and Social Services introduced performance-based funding in the early 2000's by setting targets related to clients participating in employment-related activities (i.e. job search, training and education, employment placements, community placements). Since 2002 the EFA Branch has consistently met its targets as contracted between the City and the Province in the yearly Ontario Works Service Plan. Between 2006 and the end of 2007, the Province will be finalizing new measures and reports that will be employment outcome based. One aspect of finalizing these measures, is improving the integrity of the reports as this was tabled as an issue. As a result the Province has created a joint Data Integrity Workgroup that is working on

improving the reports. As these measures (pertaining to approximately 22,000 participants improving in the areas of earnings, employment and employability), are released in 2007, EFA will build them into the various reporting documents including the City's Quarterly Performance Report.

Management Representation of the Status of Implementation of Recommendation 17 at December 31, 2008

Implementation of this recommendation is 75% complete. Staff continue to work with the Province and other municipalities to test reliability of the higher-level employment outcome measures. Projected completion date is Q2 2009.

Management: % complete 75%

OAG's Follow-up Audit Findings regarding Recommendation 17

The new outcome based measures have not been linked to the City's Quarterly Performance Report. Management explained that this recommendation was not implemented due to issues surrounding the reliability of the Province's outcome measures, due to the potential changes to be made in the City's reporting, and because Council has not requested a change in reporting. Management explained that although reporting to Council is not on outcome-based measures, the reporting to Council on budget impacts and variances is linked to the outcomes of the Branch. For example, last year the budget was reduced by \$1.2M because of successful outcomes that lead to a reduced caseload.

Given that the program is 80% funded by the Province, Management should consider whether it would be proactive and responsible to inform Council of the relevant data that is being tracked that would indicate the success of the programs, and whether the City is at risk of receiving reduced funding from falling short of the Province's targets.

OAG: % complete 0%

Management Representation of the Status of Implementation of Recommendation 17 as of Winter 2010

Management disagrees with the OAG's follow-up audit finding that there has been little or no action taken to implement this recommendation.

Audit status reporting throughout the follow-up period outlined actions taken by management to assist the Province in resolving the data integrity and validity issues with their measures. In April, ABFC will receive an update that the Province did not fulfil a promise to resolve the issues nor was there a sense of future attention to the issues. Despite this, management moved forward with a measure that was proven to be stable and solid, and therefore has been incorporated into the Branch's Quarterly Reports to Council effective Q2 2010 on Q1 data.

With regard to the Auditor's concerns above that go beyond the original recommendation, the Branch has participated where invited to provide input and

feedback on corporate performance reporting, including the Quarterly Report to Council, and looks forward to changes to this reporting which are expected in late 2010/early 2011. Successfully meeting outcomes has resulted in cost-savings to the City (described above by the Auditor as a budget reduction) as a result of effective employment programs that contributed to reductions in the OW caseload. Examples of this progress are often reported in the analysis accompanying the measures in the Quarterly Reports to Council.

If there are increases in the caseload, and therefore increased costs beyond what was forecasted during the budget process, management will prepare a staff report to be brought before Standing Committee and Council.

Management considers implementation of this recommendation to be complete.

Management: % complete *100%*

2006 Recommendation 18

Develop a process to review and update (if necessary) policies for EHSS 100%, Home Help and Home Management programs on a regular basis.

2006 Management Response

Management agrees with the recommendation. The Branch began a policy and procedure review of the EHSS Program in 2006 and will build into a review of Home Help and Home Management workplan. To ensure that this is completed on a regular basis, EFA will build in a bring-forward mechanism to indicate that a general review is due on one of the programs based on a staggered four-year cycle. The mechanism will be in place by Q3 2007.

Management Representation of the Status of Implementation of Recommendation 18 at December 31, 2008

Implementation of this recommendation is 100% complete.

Management: % complete *100%*

OAG's Follow-up Audit Findings regarding Recommendation 18

According to management's status update, a review of policies and procedures for Home Help and Home Management was to occur in the first or second quarter of 2008, with a revision period of four years or earlier as needed. However, it is not evident that the review has taken place. A 2008 Policy and Procedure summary lists the number of communications (updated directives, transition directives, bulletins, memos, etc.) received from the Province regarding policies for each of 2005, 2006, 2007 and 2008. The document also lists the number of EFA communications to staff. Management explained that with each change mandated by the Province, EFA reviews the policy, and may make additional changes as needed. The document demonstrates that communication and updates are taking place, but does not

demonstrate that a comprehensive and systematic review of policies took place, or are scheduled to take place.

The Branch is adopting a new automated policy review system. A designated individual will be responsible for printing a report each quarter that will list which policies are due for review. The report will then be emailed to the policy “owner”. The review date defaults to one year in the future, but can be modified. A screenshot of an example of the new system demonstrates that an owner will be assigned to the policy, and that the review date will be populated. Management has indicated that the new system is not yet in place. IT has created the report and is in the testing phase.

OAG: % complete *80%*

Management Representation of Status of Implementation of Recommendation 18 as of Winter 2010

Management disagrees with the OAG's follow-up audit finding that implementation of this recommendation is only substantially complete.

The new Case Review Program developed and implemented a three-year review cycle for the EHSS 100%, Home Help and Home Management programs.

Consistent with the review team's work plan, Home Support Services is scheduled for a full end-to-end program review in 2010. Residential Services was reviewed in 2008 and the EHSS 100% review was completed in 2009. The three-year cycle will begin again with Residential Services scheduled for review in 2011.

As an enhancement to noting the timeframes for review in the Program Review work plan, the Branch is leveraging the new “intranet content management software” that allows for a review date and author to be attached to policies so electronic reminders will be produced in the way of reports. As described, the Branch is awaiting report development to support full use of this functionality. This enhancement is beyond the scope of the original recommendation.

Management considers implementation of this recommendation to be complete.

Management: % complete *100%*

2006 Recommendation 19

Provide complete information on EHSS 100%, Home Help and Home Management programs on the EFA Intranet site.

2006 Management Response

Management agrees with the recommendation. The EFA Branch has one of the largest Intranet sites in the corporation. The site provides frontline staff with an efficient self-serve mechanism to access the provincial and municipal information and tools they need on a daily basis to complete their tasks. Once a review of the

programs mentioned above has been completed, EFA will ensure that the information is posted on the Intranet. The Branch will continue to post all documentation related to all of its programs on the Intranet.

Management Representation of the Status of Implementation of Recommendation 19 at December 31, 2008

Implementation of this recommendation is 100% complete.

Management: % complete **100%**

OAG's Follow-up Audit Findings regarding Recommendation 19

The intranet contains detailed information on the EHSS program including a description of the program, the needs it serves to meet, who qualifies, how to apply as well as verification standards and file management. The intranet also describes the Home Help and Home Management programs, although the information on these programs is much less extensive.

OAG: % complete **100%**

2006 Recommendation 20

Develop a file review function for EHSS 100%, Home Help and Home Management programs to ensure ongoing integrity and compliance.

2006 Management Response

Management agrees with the recommendation. An additional mechanism is required to review the EHSS, Home Help and Home Management Programs. As stated in recommendation 1, the Branch is considering the implementation of a new case review unit that would complete random sample case audits on all of the EFA programs and services. The determination of the value of this function will be completed in Q4 2007.

Management Representation of the Status of Implementation of Recommendation 20 at December 31, 2008

Implementation of this recommendation is 100% complete.

Management: % complete **100%**

OAG's Follow-up Audit Findings regarding Recommendation 20

Significant progress has been made toward the implementation of this recommendation.

A communication to all EFA staff dated May 22, 2008 describes the new Case Review function, and indicates that the initial reviews confirmed by the EFA Management Team include "Establishing a review function for other programs i.e., Residential Support Services, EHSS 100%, Home Support Services."

An extract from the Case Review Work plan for 2008 and 2009 demonstrates that a review of EHSS was scheduled to occur between April and October 2009, and a review of Home Support was scheduled to occur between April 2010 and “tbd”. Home Support is the amalgamated program that includes the former Home Help and Home Management programs.

The draft table of contents of the EHSS review and the draft list of cases requiring clarification or corrective action for review were examined.

Given that the Home Support Review has been scheduled, but has not yet been conducted, this recommendation has not been implemented completely.

OAG: % complete *85%*

Management Representation of Status of Implementation of Recommendation 20 as of Winter 2010

Management disagrees with the OAG's follow-up audit finding that implementation of this recommendation is only substantially complete.

A file review function for EHSS 100% and Home Support programs was established in 2008 with the introduction of the Case Review team. As noted above by the Auditor, the process is established and the reviews are being completed within the timeframes identified in the workplan. The Home Support program review is scheduled to begin in April 2010 with an end date to be determined once the review is scoped.

Management considers implementation of this recommendation to be complete.

Management: % complete *100%*

2006 Recommendation 21

Review the Home Management Program and explore organizational changes (e.g., centralization of Home Management Counsellors in the EFA district offices) to maximize staff utilization and value to the community.

2006 Management Response

Management agrees with the recommendation. One possible outcome of a review of the Home Management Program would be to relocate the Home Management Counsellors in the EFA Centres. Therefore, in collaboration with the stakeholders, EFA will conduct a review of the existing program in Q4 2007 and will introduce any required changes to ensure a cost effective and efficient service delivery model.

Management Representation of the Status of Implementation of Recommendation 21 at December 31, 2008

Implementation of this recommendation is 100% complete.

Management: % complete *100%*

OAG's Follow-up Audit Findings regarding Recommendation 21

Organizational changes were explored through a brainstorming exercise in August 2007 that raised issues in accountability and the service delivery model. This resulted in a proposal that Home Help and Home Management Programs be integrated to achieve increased accountability and efficiencies; increased ease of access to the program; and increased quality service to clients.

The Home Support Services Implementation Work Plan for 2008 address the issues identified in the 2006 audit related to online access in the community centres, and the inequity in case load between HMC's and Case Coordinators. However, specific target dates for implementation have not been listed. Most of the time frames on the work plan are listed as "ongoing" which results in reduced accountability to resolve the issues in a timely manner.

The 2006 audit noted issues related to time devoted to community centre staff meetings and activities, and a lack of performance accountability of HMCs due to infrequent meetings with program managers. These issues have not been resolved. The 2007 Service Delivery Model Proposal still requires infrequent meetings (every three months) between the HMC and the Program Supervisor, and requires attendance at EFA team meetings every month, or every four months depending on whether they are at a centre full time.

The new service delivery model, and the activities listed on the 2008 Implementation Work Plan address some, but not all issues raised in the 2006 audit related to this recommendation.

OAG: % complete

60%

Management Representation of Status of Implementation of Recommendation 21 as of Winter 2010

Management disagrees with the OAG's follow-up audit finding that implementation of this recommendation is only partially complete.

The Branch reviewed the Home Management program and explored organizational changes. Organizational changes for this business area were implemented. The workplan items that are referenced as "ongoing" are indicative of activities that continue throughout the year.

In terms of specific concerns regarding accountability and performance management of Home Management Counsellors (HMC): the 2007 Service Delivery Model Proposal is a static document, and therefore does not reflect current supervisory activities; currently the Home Support Services supervisor has frequent, scheduled meetings with each HMC (one per HMC every 6-8 weeks, or more often if needed); as well, HMCs attend monthly team meetings with the supervisor and All Staff Meetings once per quarter. In addition to regular meetings, the supervisor has frequent phone and email consultations with the HMCs to ensure accountability and monitor performance.

Management considers implementation of this recommendation to be complete.

Management: % complete **100%**

2006 Recommendation 22

Develop an assessment tool to determine financial eligibility for Home Management Services.

2006 Management Response

Management disagrees with the recommendation. An assessment tool for the Home Management program already exists. The vast majority of residents receiving home management services are ODSP and OW clients. The assessment tool used for those who are not in receipt of social assistance (low income) is the same as the one used to assess low-income applicants for the Home Help Program.

Management Representation of the Status of Implementation of Recommendation 22 at December 31, 2008

Implementation of this recommendation is considered 100% complete. Further to discussion at a meeting between the City Manager and the Auditor General on November 21, 2007, the Auditor General indicated that he is satisfied with the above 2006 Management Response to Recommendation 22 however, he will be looking for evidence in the 2009 follow-up audit that there is an assessment tool and will verify that the tool is being used to complete assessments on low-income applicants.

Management: % complete **100%**

OAG's Follow-up Audit Findings regarding Recommendation 22

An assessment tool was in use during 2007, 2008, and 2009. An example of an assessment template was examined. It contained fields to calculate the client's monthly income and monthly needs in order to determine the net assistance required. Completed templates from 2007, 2008, and 2009 were observed for the Home Support and EHSS programs, demonstrating that the assessment tools was in use during that period.

OAG: % complete **100%**

4 SUMMARY OF THE LEVEL OF COMPLETION

The table below outlines our assessment of the level of completion of each recommendation as of Fall 2009.

CATEGORY	% COMPLETE	RECOMMENDATIONS	NUMBER OF RECOMMENDATIONS	PERCENTAGE OF TOTAL RECOMMENDATIONS
LITTLE OR NO ACTION	0 – 24	4, 9, 10, 11, 17	5	23%
ACTION INITIATED	25 – 49	-	-	-
PARTIALLY COMPLETE	50 – 74	3, 5, 6, 7, 21	5	23%
SUBSTANTIALLY COMPLETE	75 – 99	1, 14, 18, 20	4	18%
COMPLETE	100	2, 8, 12, 13, 15, 16, 19, 22	8	36%
TOTAL			22	100%

5 CONCLUSION

Implementation of over 54% of recommendations is complete or substantially complete, with less than 23% having little or no action taken.

Significant progress has been made in improving communication, cooperation, and understanding of roles and responsibilities through a new team based service delivery structure. The Case Review Unit was specifically designed to help ensure consistency in the application of policies across the Branch, however risks still remain in ensuring a timely and comprehensive review, providing supervisors and employment specialists with training that aligns with their needs, and ensuring management tools are used consistently by all supervisors.

An excessive amount of reporting is incorporated into the performance measurement and accountability process, potentially to the detriment of its effectiveness. Although an accountability framework has been created for key positions, the accountabilities assigned on the framework are not clearly linked to the measures used in assessing performance. In addition, as noted in the 2006 audit, 43 reports are reviewed each month to monitor operations. As such, monitoring is not streamlined to focus on a few key strategic, or high risk areas, allowing for a thorough analysis and timely and effective remediation. As well, EFA must continue to measure and report to constantly changing provincial requirements, thus impeding strategic measuring toward longer-term goal. The relevance of reporting to Council has not been improved in light of the new employment model.

Finally, EFA reports on successes of programs and achievements of the Branch, but other than for the Province, does not report on areas that need improvement based on assessments against pre-defined targets. Target dates for completion of important tasks are not set in the planning process and typically most time frames listed are “ongoing” or “in progress”. This lack of pre-defined targets reduces the accountability.

6 ACKNOWLEDGEMENT

We wish to express appreciation to the staff and management for their cooperation and assistance throughout the audit process.