



Okanagan Service Delivery Area

Family Service Practice Audit

Report Completed: January 2015

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INTRODUCTION

This section of the report provides information about the purpose and methodology of the Family Service (FS) practice audit that was conducted in the Okanagan Service Delivery Area (SDA) from May to September, 2014.

1. PURPOSE

The FS practice audit is designed to assess achievement of key components of the Child Protection Response Model set out in Chapter 3 of the Child Safety and Family Support Policies. Chapter 3 contains the policies, standards and procedures that support the duties and functions carried out by delegated child protection social workers under the *Child, Family and Community Service Act*.

The audit is based on a review of the following FS records, which represent different aspects of the Child Protection Response Model:

- Non-protection incidents
- Protection incidents (investigation and family development response)
- Cases

2. METHODOLOGY

Four samples of FS records were selected from lists of data extracted from the Integrated Case Management (ICM) system on May 1, 2014, using the simple random sampling technique. The data lists consisted of closed non-protection incidents, closed protection incidents, open FS cases, and closed FS cases. The data within each of the four lists were randomized at the SDA level, and samples were selected at a 90% confidence level, with a 10% margin of error.

Table 1: Selected Records for FS Practice Audit in Okanagan SDA

| Record status and type | Total number at SDA level | Sample size |
|---------------------------------|---------------------------|-------------|
| Closed non-protection incidents | 610 | 60 |
| Closed protection incidents | 546 | 59 |
| Open FS cases | 265 | 52 |
| Closed FS cases | 80 | 36 |

More specifically, the four samples consisted of:

1. Non-protection incidents created after April 2, 2012, that had been open for at least 4 months, and closed between October 1, 2013, and March 30, 2014, where the response was *offer child and family services, youth services, refer to community agency, no further action, or request service: CFS* and *Request Service: CAPP*. Closed was determined based on data entered in the closed date field in ICM.
2. Protection incidents created after April 2, 2012, that had been open for at least 4 months, and closed between October 1, 2013, and March 30, 2014, where the response was *investigation or family development response*. Closed was determined based on data entered in the closed date field in ICM.

3. Open FS cases that were open on March 31, 2014, had been open for at least 6 months, and had an associated protection incident that was created after April 2, 2012, where the response was *investigation* or *family development response*.
4. Closed FS cases that were closed between October 1, 2013, and March 30, 2014, and had an associated protection incident that was created after April 2, 2012, where the response was *investigation* or *family development response*.

The sampled records were assigned to two practice analysts on the provincial audit team for review. The analysts used the FS Practice Audit Tool to rate the records. The FS Practice Audit Tool contains 30 critical measures designed to assess achievement of key components of the Child Protection Response Model using a scale with *achieved* and *not achieved* as rating options for measures FS 1 to FS 10, and a scale with *achieved*, *not achieved*, and *not applicable* as rating options for measures FS 11 to FS 30. The analysts entered the ratings in a SharePoint-based data collection form that included ancillary questions and text boxes, which they used to enter additional information about the factors taken into consideration in rating some of the measures.

The audit sampling methods and ICM data extracts were developed and produced with the support of the Modelling, Analysis and Information Management Branch.

In reviewing sampled records, the analysts focused on practice that occurred during a 12-month period (May 2013 – April 2014) leading up to the time when the audit was conducted (May - September, 2014). This was approximately one year after implementation of both Chapter 3 of the Child Safety and Family Support Policies and the ICM system. Chapter 3 contains child protection policies, standards, and procedures, including Structured Decision Making (SDM) tools, some of which were embedded in ICM at the time that this audit was conducted.

Quality assurance policy and procedures require that practice analysts identify for action any incident or case record that suggests a child may need protection under section 13 of the *Child, Family and Community Service Act*. During this audit, practice analysts watched for situations in which the information in the records suggested that a child may have been left at risk of harm. When identified, these records were brought to the attention of the appropriate team leader (TL) and community services manager (CSM), as well as the executive director of service (EDS).

SERVICE DELIVERY

This section provides an overview of the SDA, including a discussion of strengths and challenges and service delivery to Aboriginal children, youth and families within the SDA.

3. OVERVIEW OF SDA

3.1 Geography

The Okanagan SDA is situated down the length of the Okanagan Valley and surrounding region, and contains urban areas and outlying rural and Aboriginal communities. Its borders extend from Salmon Arm in the north to the U.S. border in the south, past Princeton in the west, ending just before Rock Creek in the east. Communities and services within the SDA are located primarily along Highway 97, which runs from Vernon in the north, through Kelowna, and down to Penticton and Osoyoos in the south. Communities are located in close proximity to each other, with the exception of Princeton, which is still only a 1.5 hour drive from Osoyoos.

The SDA's economy is based mostly on a combination of seasonal fruit production, wineries and tourism. Accordingly, both the population and the economy expand during the summer and contract during the winter. The unemployment rate also rises and falls with the seasons.

3.2 Demographics

As shown in Table 2, the Okanagan SDA has a population of approximately 359,051 people, representing 7.7% of the provincial population. Children and youth under 19 years of age number about 65,732, representing 7.3% of the provincial child population. The Aboriginal population in the SDA is approximately 19,200. Within the Aboriginal population, there are about 7,095 children and youth under 19 years of age, representing approximately 10.8% of the SDA child population.

Table 2: Total Population and Child Population by Age Cohort and Aboriginal Status

| Okanagan SDA Population | Okanagan SDA Child Population by Age Cohort and Aboriginal Status | | | | | |
|-------------------------|---|--------|-------|-------|--------|---------|
| | Total | 0 - 18 | 0 - 2 | 3 - 5 | 6 - 12 | 13 - 18 |
| All | 333,995 | 64,560 | 8,855 | 9,125 | 22,755 | 23,825 |
| Aboriginal | 19,200 | 7,095 | 930 | 1,000 | 2,705 | 2,460 |

Source: Statistics Canada 2011 National Household Survey (NHS)

Table 3 shows the Okanagan SDA child population by age cohort and the percentage of the provincial child population represented by each cohort. For example, the table shows that 3 to 5 year-old children in the SDA comprise 7.4% of all 3 to 5 year-old children in the province.

Table 3: Child Population by Age Cohort and Percentage of Provincial Child Population

| Okanagan SDA Child Population by Age Cohort | Percentage of Provincial Child Population |
|---|---|
| 0 - 2 | 6.7% |
| 3 - 5 | 6.9% |
| 6 - 12 | 7.3% |
| 13 - 18 | 7.5% |

Source: Statistics Canada 2011 National Household Survey (NHS)

3.3 Service Delivery

Services in the Okanagan SDA are organized by LSA. There are three LSAs: North Okanagan, Central Okanagan, and South Okanagan. There is one CSM responsible for the North Okanagan, one CSM responsible for the South Okanagan, and two CSMs responsible for the Central Okanagan. The North and South LSAs each contain approximately 25% of the SDA's caseload and staff, and the services in these two LSAs are largely integrated. The Central Okanagan LSA, which contains Kelowna and the surrounding area, has the largest population and approximately 50% of the caseload and staff. One of the CSMs in the Central LSA is responsible for intake, child protection investigation and family services, and the other is responsible for children and youth with special needs (CYSN), child and youth mental health (CYMH) and youth justice (YJ) services. Both CSMs have responsibility for guardianship services and resources. The CSM responsible for the North LSA is also responsible for adoption services across the SDA.

The service delivery structure in the SDA reflects a leadership value of collaboration across service lines. For example, when YJ or CYSN staff are co-located with staff from other service lines, they report to an administrative supervisor in their geographic location but also have access to a clinical (program) supervisor located elsewhere.

There is a host of agencies providing contracted services across the SDA. In the interest of building close, collaborative relationships, some of the contracted service staff also work in MCFD offices. For example, there are contracted staff members from Roots and Interior Health, as well as a contracted psychiatrist, currently working in MCFD offices within the SDA.

3.4 Staffing

Table 4 provides a count of the full time-equivalent (FTE) positions within each LSA at the time that the audit was conducted. The table shows that the ratio of team leaders to other professional staff (excluding the CSMs and EDS) was approximately 1 to 6, and the ratio of administrative staff to professional staff (including the CSMs and EDS) was approximately 1 to 5, for the SDA as a whole, at the time that this audit was conducted.

Table 4: Staffing by LSA

| Position | North Okanagan | Central Okanagan A | Central Okanagan B | South Okanagan | Total |
|---|----------------|--------------------|--------------------|----------------|--------|
| Community Services Manager | 1 | 1 | 1 | 1 | 4 |
| Team Leader | 6 | 5 | 6 | 7 | 24 |
| Child Protection Social Worker [includes 2 After Hours staff] | 15 | 26.5 | | 22.5 | 64 |
| Social Worker Assistants | | 2 | | 1 | 3 |
| ECD Coordinator | | | | | |
| FGC/OCC | 1 | 2 | | | 3 |
| Guardianship Social Worker | 4.1 | 5.5 | 3.5 | | 13.1 |
| Resources Social Worker | 4.75 | 2 | 5 | 4 | 15.75 |
| Adoption Social Worker | 6 | | | | 6 |
| Child and Youth Mental Health | 5.5 | | 15.6 | 8 | 29.1 |
| Child and Youth with Special Needs | 1.85 | | 4 | 2 | 7.85 |
| Youth Services/Youth Justice | 2.8 | | 6.25 | 3.5 | 12.55 |
| Administrative Support | 9.85 | 11 | 4 | 10.75 | 35.6 |
| Total | 57.85 | 55 | 45.35 | 59.75 | 217.95 |

Source: Operational Performance & Strategic Management Report: July 2013

3.5 Strengths and Challenges

With a population approaching 400,000, the SDA is spread over several communities in close proximity to each other. This demographic feature has resulted in good quality services that are delivered within a mostly rural, collaborative and interdependent service culture.

Many staff members in the SDA have worked for the ministry for a long time and have developed high levels of clinical expertise. This experience often helps when working with complex cases. Staff members in the contracted agencies are also relatively experienced and well-compensated for their work, and the local university contributes to an available pool of qualified community services staff, all of which provides stability for the contracted services sector.

In terms of challenges, the SDA is characterized by fast-growing communities. This population growth, coupled with seasonal population expansion and contraction, makes it challenging to predict and justify adequate staffing levels within standardized staffing formulas.

Commercial expansion in the SDA is often characterized by development along highways, as opposed to concentrated development in communities and central business districts. This creates challenges for children, youth and others who don't have vehicles with which to access businesses, commercial and recreational services, and employment.

While there is a wide range of specialized services within the SDA, it is sometimes hard to recruit and retain specialized practitioners, such as psychiatrists, nurses and pediatricians. And while the Okanagan is considered a desirable place to live, these service specialists are often attracted to larger urban areas with greater compensation options.

3.6 Service Delivery to Aboriginal Children and Families

All teams within the SDA have the capacity and mandate to work with Aboriginal clients. There are dedicated Aboriginal teams in the North, Central and South Okanagan LSAs that provide services for clients who identify as Aboriginal and choose to receive services from Aboriginal teams. The Central Okanagan LSA also has a specialized Métis services team. Non-Aboriginal teams also work with people of Aboriginal ancestry when they don't culturally-identify as Aboriginal or choose not to receive services from an Aboriginal team.

There are no delegated Aboriginal agencies (DAAs) within the SDA. There is an Aboriginal agency, The Okanagan Nation Alliance, which provides voluntary support services for Aboriginal people throughout the SDA. The ministry funds some of the family, child and youth support programs provided by The Okanagan Nation Alliance. In addition, the responsible CSMs and the EDS meet with Aboriginal bands once every two months to promote partnerships and to address protocol and service delivery issues.

OKANAGAN FAMILY SERVICE PRACTICE AUDIT

This section provides information about the findings of the FS practice audit that was conducted in the Okanagan SDA starting from May to September, 2014.

4. FINDINGS AND ANALYSIS

The findings are presented in tables that contain counts and percentages of ratings of achieved and not achieved for all of the measures in the audit tool (FS 1 to FS 30). Some of the tables have notes underneath indicating the number of records for which a measure was not applicable.

Each table presents findings for measures that correspond with a specific component of the Child Protection Response Model and is labelled accordingly. Each table is also followed by an analysis of the findings for each of the measures presented in the table.

There were a combined total of 207 records in the four samples selected for this audit. However, not all of the measures in the audit tool were applicable to all 207 records in the selected samples. The “Total” column next to each measure in the tables contains the total number of records to which the measure was applied.

4.1 Report and Screening Assessment

Table 5 provides compliance rates for measures FS 1 to FS 4, which have to do with obtaining and assessing a child protection report. The rates are presented as percentages of all records to which the measures were applied. The records included the selected samples of 60 closed non-protection incidents and 59 closed protection incidents.

Table 5: Report and Screening Assessment (N = 119)

| Measure | Total | # Achieved | % Achieved | # Not Achieved | % Not Achieved |
|---|-------|------------|------------|----------------|----------------|
| FS 1: Obtaining a Full and Detailed Report about a Child or Youth’s Need for Protection | 119 | 114 | 96% | 5 | 4% |
| FS 2: Conducting a Prior Contact Check (PCC) | 119 | 66 | 55% | 53 | 45% |
| FS 3: Assessing the Report about a Child or Youth’s Need for Protection | 119 | 69 | 58% | 50 | 42% |
| FS 4: Timeframe for Assessing the Report about a Child or Youth’s Need for Protection | 119 | 42 | 35% | 77 | 65% |

FS 1: Obtaining a Full and Detailed Report about a Child or Youth’s Need for Protection

The compliance rate for this critical measure was **96%**. The measure was applied to all 119 records in the samples; 114 of the 119 records were rated as achieved and 5 were rated as not achieved. Records rated as not achieved contained insufficient detail about the reports. In 4 of the records rated as not achieved, social workers had received voicemail messages with concerns about the safety of a child and did not appear to have followed up with the callers to gather

complete information, or to clarify how the reported concerns affected the safety of the child. Regarding the records rated as not achieved, the analysts who conducted the audit were able to confirm that the immediate safety of the children was not affected.

FS 2: Conducting a Prior Contact Check (PCC)

The compliance rate for this critical measure was **55%**. The measure was applied to all 119 records in the samples; 66 of the 119 records were rated as achieved and 53 were rated as not achieved. Records rated as not achieved either did not have PCCs or the PCCs did not adequately summarize past service involvement or the relevance of past service involvement to the reported concerns.

FS 3: Assessing the Report about a Child or Youth’s Need for Protection

The compliance rate for this critical measure was **58%**. The measure was applied to all 119 records in the samples; 69 of the 119 records were rated as achieved and 50 were rated as not achieved. Of the records rated as not achieved, 43 did not have screening assessments, 5 had blank screening assessment forms, and 2 had incomplete screening assessments.

FS 4: Timeframe for Assessing the Report about a Child or Youth’s Need for Protection

The compliance rate for this critical measure was **35%**. The measure was applied to all 119 records in the samples; 42 of the 119 records were rated as achieved and 77 were rated as not achieved. Of the records rated as not achieved, 50 did not have completed screening assessments, and 27 had screening assessments that were not completed within the required 24-hour timeframe. Of the 27 screening assessments that were not completed within the required timeframe, 18 were completed within 30 days and 9 were completed more than 30 days after the reports had been received. Regarding the records rated as not achieved, the analysts were able to confirm that the immediate safety of the children was not affected.

4.2 Response Decision

Table 6 provides compliance rates for measures FS 5 to FS 10, which have to do with assigning a response priority and making a response decision. The rates are presented as percentages of all records to which the measures were applied. The records included the selected samples of 60 closed non-protection incidents and 59 closed protection incidents.

Table 6: Response Decision (N = 119)

| Measure | Total | # Achieved | % Achieved | # Not Achieved | % Not Achieved |
|---|-------|------------|------------|----------------|----------------|
| FS 5: Assigning an Appropriate Response Priority | 119 | 63 | 53% | 56 | 47% |
| FS 6: Timeframe for Assigning an Appropriate Response Priority | 119 | 47 | 39% | 72 | 61% |
| FS 7: Making an Appropriate Response Decision | 119 | 119 | 100% | 0 | 0% |
| FS 8: Making a Response Decision Consistent with the Assessment of the Report | 119 | 109 | 92% | 10 | 8% |
| FS 9: Timeframe for Making an Appropriate Response Decision | 119 | 67 | 56% | 52 | 44% |
| FS 10: Supervisory Approval of the Response Decision | 119 | 25 | 21% | 94 | 79% |

FS 5: Assigning an Appropriate Response Priority

The compliance rate for this critical measure was **53%**. The measure was applied to all 119 records in the samples; 63 of the 119 records were rated as achieved and 56 were rated as not achieved. To receive a rating of achieved, the final response priority section of the screening assessment form must have been completed. Of the 56 records rated as not achieved, 50 did not have completed screening assessments, 3 had screening assessments that indicated a “high” response priority even though “urgent” action was needed to ensure the children’s safety, and 3 had completed screening assessments that were inappropriately screened out for a protection response. Regarding the 3 records that were screened out for a protection response, the analysts were able to determine that there had been subsequent protective or supportive interventions that addressed the safety factors. As for the other records rated as not achieved, the analysts were able to confirm that the immediate safety of the children was not affected.

FS 6: Timeframe for Assigning an Appropriate Response Priority

The compliance rate for this critical measure was **39%**. The measure was applied to all 119 records in the samples; 47 of the 119 records were rated as achieved and 72 were rated as not achieved. Of the records rated as not achieved, 50 did not have completed screening assessments, 21 had response priorities that were not assigned within the required 24-hour timeframe, and one did not have a response priority assigned. Of the 21 records with response priorities that were not assigned within the required timeframe, 13 had response priorities that were assigned within 30 days, 6 had response priorities that were assigned between 30 days and 6 months, and 2 had response priorities that were assigned more than a year after the reports were received. Regarding the records rated as not achieved, the analysts were able to confirm that the immediate safety of the children was not affected.

FS 7: Making an Appropriate Response Decision

The compliance rate for this critical measure was **100%**. The measure was applied to all 119 records in the samples; all of the records were rated as achieved. To receive an achieved rating for this critical measure there had to be a documented response decision in the record. Critical measure FS 8 (below) was then used to assess whether the response decision was consistent with the information gathered.

FS 8: Making a Response Decision Consistent with the Assessment of the Report

The compliance rate for this critical measure was **92%**. The measure was applied to all 119 records in the samples; 109 of the 119 records were rated as achieved and 10 were rated as not achieved. All 10 records rated as not achieved were incidents that were assigned a non-protection response even though they contained section 13 concerns that required a protection response. Regarding the records rated as not achieved, the analysts were able to confirm that the immediate safety of the children was not affected.

FS 9: Timeframe for Making an Appropriate Response Decision

The compliance rate for this critical measure was **56%**. The measure was applied to all 119 records in the samples; 67 of the 119 records were rated as achieved and 52 were rated as not achieved. In the 52 records rated as not achieved, response decisions had not been determined and documented within the required 5-day timeframe. Specifically, 16 had response decisions that were documented within 30 days, 24 had response decisions that were documented between 30 days and 6 months, and 12 had response decisions that were documented more than 6 months after the reports had been received. Regarding the records rated as not achieved, the analysts were able to confirm that the immediate safety of the children was not affected.

FS 10: Supervisory Approval of the Response Decision

The compliance rate for this critical measure was **21%**. The measure was applied to all 119 records in the samples; 25 of the 119 records were rated as achieved and 94 were rated as not achieved. Of the records rated as not achieved, 48 did not have supervisory approvals and 46 had not been approved by supervisors within 24 hours of completing the screening assessment, as required. Of the 46 response decisions that were not approved by supervisors within the required timeframe, 21 were approved within 30 days, 16 were approved between 30 days and 6 months, and 9 were approved more than 6 months after the screening assessments were completed.

4.3 Safety Assessment and Safety Plan

Table 7 provides compliance rates for measures FS 11 to FS 15, which have to do with completing a safety assessment, making a safety decision, and developing a safety plan. The rates are presented as percentages of all records to which the measures were applied. The records included the selected sample of 59 closed protection incidents augmented with 10 closed non-protection incidents that were assessed by the practice analysts who conducted this audit as requiring a protection response. The notes below the table provide the numbers of records for which the measures were assessed as not applicable and explain why.

Table 7: Safety Assessment and Safety Plan (N = 69)

| Measure | Total | # Achieved | % Achieved | # Not Achieved | % Not Achieved |
|--|-------|------------|------------|----------------|----------------|
| FS 11: Completing the Safety Assessment Process | 69 | 30 | 43% | 39 | 57% |
| FS 12: Completing the Safety Assessment Form | 69 | 10 | 14% | 59 | 86% |
| FS 13: Making a Safety Decision Consistent with the Safety Assessment | 69 | 43 | 62% | 26 | 38% |
| FS 14: Involving the Family in the Development of a Safety Plan* | 58 | 15 | 26% | 43 | 74% |
| FS 15: Supervisory Approval of the Safety Assessment and the Safety Plan | 69 | 44 | 64% | 25 | 36% |

*11 records were assessed as not applicable because safety factors were not identified in the safety assessments

FS 11: Completing the Safety Assessment Process

The compliance rate for this critical measure was **43%**. The measure was applied to all 69 records in the augmented sample; 30 of the 69 records were rated as achieved and 39 were rated as not achieved. Of the records rated as not achieved, 15 had no information indicating that the safety assessment process had been completed, and 24 had safety assessments that were not completed during the first in-person meeting with the family, or the children had not been seen, as required. Regarding the records rated as not achieved, the analysts were able to confirm that the immediate safety of the children was not affected.

FS 12: Completing the Safety Assessment Form

The compliance rate for this critical measure was **14%**. The measure was applied to all 69 records in the augmented sample; 10 of the 69 records were rated as achieved and 59 were rated as not achieved. Of the records rated as not achieved, 17 did not have completed safety assessment forms (this includes 2 forms that were blank) and 42 had safety assessment forms that were not completed with the required 24-hour timeframe. Of the 42 forms that were not completed within the required timeframe, 4 were completed within 7 days, 10 were completed between 7 and 30 days, 14 were completed between 30 and 90 days, 9 were completed between 90 days and one year, and 5 were completed more than a year after the safety assessment process had been completed. Regarding the records rated as not achieved, the analysts were able to confirm that the immediate safety of the children was not affected.

FS 13: Making a Safety Decision Consistent with the Safety Assessment

The compliance rate for this critical measure was **62%**. The measure was applied to all 69 records in the augmented sample; 43 of the 69 records were rated as achieved and 26 were rated as not achieved. Of the records rated as not achieved, 17 did not have completed safety assessments and 9 had inappropriate safety decisions. The records assessed as having inappropriate safety decisions had “safe” as the decision even though there were safety factors identified in the

assessments. Regarding the records rated as not achieved, the analysts were able to confirm that the immediate safety of the children was not affected.

FS 14: Involving the Family in the Development of a Safety Plan

The compliance rate for this critical measure was **26%**. The measure was applied to 58 of the 69 records in the augmented sample; 15 of the 58 records were rated as achieved and 43 were rated as not achieved. To receive a rating of achieved, a safety assessment had to have been completed. Of the 43 records rated as not achieved, 17 did not have completed safety assessments, 21 had safety assessments and safety plans but there was no information indicating that copies of the plans had been provided to the parents as required, and 5 did not have safety plans. Regarding the records rated as not achieved, the analysts were able to confirm that the immediate safety of the children was not affected.

FS 15: Supervisory Approval of the Safety Assessment and the Safety Plan

The compliance rate for this critical measure was **64%**. The measure was applied to all 69 records in the augmented sample; 44 of the 69 records were rated as achieved and 25 were rated as not achieved. Of the records rated as not achieved, 17 did not have completed safety assessments and 8 did not have documented supervisory approvals of the safety assessments and safety plans.

4.4 Vulnerability Assessment

Table 8 provides compliance rates for measures FS 16 to FS 18, which have to do with completing a vulnerability assessment form and determining the vulnerability level. The rates are presented as percentages of all records to which the measures were applied. The records included the sample of 59 closed protection incidents augmented with the 10 closed non-protection incidents that required a protection response.

Table 8: Vulnerability Assessment (N = 69)

| Measure | Total | # Achieved | % Achieved | # Not Achieved | % Not Achieved |
|---|-------|------------|------------|----------------|----------------|
| FS 16: Completing the Vulnerability Assessment Form | 69 | 48 | 70% | 21 | 30% |
| FS 17: Timeframe for Completing the Vulnerability Assessment Form | 69 | 13 | 19% | 56 | 81% |
| FS 18: Determining the Final Vulnerability Level | 69 | 49 | 71% | 20 | 29% |

FS 16: Completing the Vulnerability Assessment Form

The compliance rate for this critical measure was **70%**. The measure was applied to all 69 records in the augmented sample; 48 of the 69 records were rated as achieved and 21 were rated as not achieved. Of the records rated as not achieved, 18 did not have vulnerability assessments and 3 did not have documented supervisory approvals of the vulnerability assessments.

FS 17: Timeframe for Completing the Vulnerability Assessment Form

The compliance rate for this critical measure was **19%**. The measure was applied to all 69 records in the augmented sample; 13 of the 69 records were rated as achieved and 56 were rated as not achieved. Of the records rated as not achieved, 18 did not have vulnerability assessments and 38 had vulnerability assessments that had not been completed within the required 30-day timeframe. Of the 38 records that had vulnerability assessments that were not completed within the required timeframe, 16 had assessments that were completed between 30 and 90 days, 11 had assessments that were completed between 90 and 180 days, 7 had assessments that were completed between 180 days and one year, and 4 had assessments that were completed more than a year after the reports had been received.

FS 18: Determining the Final Vulnerability Level

The compliance rate for this critical measure was **71%**. The measure was applied to all 69 records in the augmented sample; 49 of the 69 records were rated as achieved and 20 were rated as not achieved. Of the records rated as not achieved, 18 did not have vulnerability assessments and 2 had vulnerability assessments with vulnerability levels that were not consistent with the information gathered. Specifically, one assessment had a vulnerability level of “moderate” which was inconsistent with ratings in the vulnerability assessment that indicated a “high” vulnerability level, and another had a vulnerability level that did not take into account the historical child protection concerns. Regarding the records rated as not achieved, the analysts were able to confirm that the immediate safety of the children was not affected.

4.5 Protection Services

Table 9 provides compliance rates for measures FS 19 to FS 20, which have to do with making an appropriate decision about the need for protection services and obtaining supervisory approval of the decision. The rates are presented as percentages of all records to which the measures were applied. The records included the selected sample of 59 closed protection incidents augmented with the 10 closed non-protection incidents that required a protection response.

Table 9: Protection Services (N = 69)

| Measure | Total | # Achieved | % Achieved | # Not Achieved | % Not Achieved |
|---|-------|------------|------------|----------------|----------------|
| FS 19: Making an Appropriate Decision on the Need for Protection Services | 69 | 51 | 74% | 18 | 26% |
| FS 20: Supervisory Approval of the Decision on the Need for Protection Services | 69 | 56 | 81% | 13 | 19% |

FS 19: Making an Appropriate Decision on the Need for Protection Services

The compliance rate for this critical measure was **74%**. The measure was applied to all 69 records in the augmented sample; 51 of the 69 records were rated as achieved and 18 were rated as not achieved. In the records rated as not achieved, one or more of the following criteria was met: the decision not to provide ongoing protection services appeared inconsistent with the information gathered; there was insufficient information in the assessments and notes to determine whether

ongoing protection services were needed; there were unaddressed protection concerns documented in the record. The analysts who conducted the audit referred one of the 18 records rated as not achieved to the appropriate team leader for action because the information in the record suggested that the child may have been in need of protection services. The CSM and EDS were also notified.

FS 20: Supervisory Approval of the Decision on the Need for Protection Services

The compliance rate for this critical measure was **81%**. The measure was applied to all 69 records in the augmented sample; 56 of the 69 records were rated as achieved and 13 were rated as not achieved. All of the records rated as not achieved were missing supervisory approvals of the decisions on the need for protection services.

4.6 Strengths and Needs Assessment

Table 10 provides compliance rates for measures FS 21 and FS 22, which have to do with completing a family and child strengths and needs assessment and obtaining supervisory approval for that assessment. The rates are presented as percentages of all records to which the measures were applied. The records included the samples of 52 open FS cases and 36 closed FS cases augmented with 11 closed protection incidents that had both family development response assessment and protection phases.

Table 10: Strengths and Needs Assessment (N = 99)

| Measure | Total | # Achieved | % Achieved | # Not Achieved | % Not Achieved |
|--|-------|------------|------------|----------------|----------------|
| FS 21: Completing a Family and Child Strengths and Needs Assessment | 99 | 49 | 49% | 50 | 51% |
| FS 22: Supervisory Approval of the Family and Child Strengths and Needs Assessment | 99 | 44 | 44% | 55 | 56% |

FS 21: Completing a Family and Child Strengths and Needs Assessment

The compliance rate for this critical measure was **49%**. The measure was applied to all 99 records in the augmented samples; 49 of the 99 records were rated as achieved and 50 were rated as not achieved. Of the records rated as not achieved, 50 did not have completed family and child strengths and needs assessments (this includes 3 that had blank assessment forms). Regarding the records rated as not achieved, the analysts were able to confirm that the immediate safety of the children was not affected.

FS 22: Supervisory Approval of the Family and Child Strengths and Needs Assessment

The compliance rate for this critical measure was **44%**. The measure was applied to all 99 records in the augmented samples; 44 of the 99 records were rated as achieved and 55 were rated as not achieved. Of the records rated as not achieved, 50 did not have completed strengths and needs assessments and 5 did not have supervisory approvals.

4.7 Family Plan

Table 11 provides compliance rates for measures FS 23 to FS 26, which have to do with developing a family plan, integrating the safety plan into the family plan, and obtaining supervisory approval for the family plan. The rates are presented as percentages of all records to which the measures were applied. The records included the selected samples of 52 open FS cases and 36 closed FS cases, augmented with 11 closed protection incidents that had both family development response assessment and protection phases.

Table 11: Family Plan (N = 99)

| Measure | Total | # Achieved | % Achieved | # Not Achieved | % Not Achieved |
|---|-------|------------|------------|----------------|----------------|
| FS 23: Developing a Family Plan with the Family | 99 | 57 | 58% | 42 | 42% |
| FS 24: Integrating the Safety Plan into the Family Plan | 99 | 58 | 59% | 41 | 41% |
| FS 25: Timeframe for Completing the Family Plan and Integrating the Safety Plan | 99 | 36 | 36% | 63 | 64% |
| FS 26: Supervisory Approval of the Family Plan | 99 | 50 | 51% | 49 | 49% |

FS 23: Developing a Family Plan with the Family

The compliance rate for this critical measure was **58%**. The measure was applied to all 99 records in the augmented samples; 57 of the 99 records were rated as achieved and 42 were rated as not achieved. Of the records rated as not achieved, 41 did not have completed family plans and one had a family plan that did not appear to have been developed in collaboration with the family. Regarding the records rated as not achieved, the analysts were able to confirm that the immediate safety of the children was not affected.

FS 24: Integrating the Safety Plan into the Family Plan

The compliance rate for this critical measure was **59%**. The measure was applied to all 99 records in the augmented samples; 58 of the 99 records were rated as achieved and 41 were rated as not achieved. Of the 58 records rated as achieved, none had unresolved elements from the safety plans associated with preceding closed incidents that needed to be integrated into the family plan, and of the 41 records rated as not achieved, all were missing family plans.

FS 25: Timeframe for Completing the Family Plan and Integrating the Safety Plan

The compliance rate for this critical measure was **36%**. The measure was applied to all 99 records in the augmented samples; 36 of the 99 records were rated as achieved and 63 were rated as not achieved. Of the records rated as not achieved, 41 did not have family plans and 22 had family plans that were not completed within the required timeframe. The analysts who conducted the audit were looking for family plans that had been completed within 15 days of completing the FDR

assessment phase, as required. The analysts were also looking for family plans completed within 30 days of completing the FDR protection phase or INV, when the case remained with the original child protection worker, or within 30 days from the date of transfer to a new child protection worker. Of the 22 records rated as not achieved, 3 had plans that were completed between 30 and 60 days, and 3 had plans that were completed between 180 days and one year, after the FDR assessment phase had been completed. Of the remaining 16 records rated as not achieved, 6 had plans that were completed between 30 and 90 days, 7 had plans that were completed between 90 and 180 days, and 3 had plans that were completed between 180 days and 6 months after the FDR protection phase or INV had been completed or the case had been transferred.

FS 26: Supervisory Approval of the Family Plan

The compliance rate for this critical measure was **51%**. The measure was applied to all 99 records in the augmented samples; 50 of the 99 records were rated as achieved and 49 were rated as not achieved. Of the 49 records rated as not achieved, 41 did not have family plans and 8 did not have supervisory approvals of the family plans.

4.8 Vulnerability Re-assessment and Reunification Assessment

Table 12 provides compliance rates for measures FS 27 and FS 28, which have to do with the completion of either a vulnerability re-assessment or a reunification assessment and the timeframe for completing either assessment. The rates are presented as percentages of all records to which the measures were applied. The records included the selected samples of 52 open FS cases and 36 closed FS cases, augmented with 11 closed protection incidents that had both FDR and protection services phases. The note below the table provides the number of records for which the measures were assessed as not applicable and explains why.

Table 12: Vulnerability Re-assessment and Reunification Assessment (N = 99)

| Measure | Total | # Achieved | % Achieved | # Not Achieved | % Not Achieved |
|--|-------|------------|------------|----------------|----------------|
| FS 27: Completing a Vulnerability Re-Assessment or a Reunification Assessment* | 96 | 40 | 42% | 56 | 58% |
| FS 28: Timeframe for Completing a Vulnerability Re-Assessment or a Reunification Assessment* | 96 | 26 | 27% | 70 | 73% |

* 3 records were rated not applicable because the FDR protection services phase was open for less than 4 months

FS 27: Completing a Vulnerability Re-assessment or a Reunification Assessment

The compliance rate for this critical measure was **42%**. The measure was applied to 96 of the 99 records in the augmented samples; 40 of the 96 records were rated as achieved and 56 were rated as not achieved. Of the 56 records rated as not achieved, 35 did not have a required reunification assessment and 21 did not have a required vulnerability re-assessment.

FS 28: Timeframe for Completing a Vulnerability Re-assessment or a Reunification Assessment

The compliance rate for this critical measure was **27%**. The measure was applied to 96 of the 99 records in the augmented samples; 26 of the 96 records were rated as achieved and 70 were rated

as not achieved. Of the 70 records rated as not achieved, 56 did not have a required vulnerability re-assessment or reunification assessment, and 14 had vulnerability re-assessments or reunification assessments that were completed outside the required timeframe. Regarding the timeframes, the analysts were looking for assessments that had been formally reviewed within the 6 month assessment cycle before closing an ongoing protection services case, or that were reviewed at the time that the case was transferred to another child protection worker, when the previous assessment was more than 3 months old or no longer relevant.

4.9 Ending Protection Services

Table 13 provides compliance rates for measures FS 29 and FS 30, which have to do with ending protection services. The rates are presented as percentages of all records to which the measures were applied. The records included the selected sample of 36 closed FS cases augmented with 11 closed protection incidents that had both FDR and protection services phases.

Table 13: Ending Protection Services (N = 47)

| Measure | Total | # Achieved | % Achieved | # Not Achieved | % Not Achieved |
|--|-------|------------|------------|----------------|----------------|
| FS 29: Making an Appropriate Decision on Ending FDR Protection Services or Ongoing Protection Services | 47 | 40 | 85% | 7 | 15% |
| FS 30: Supervisory Approval of Decision on Ending FDR Protection Services or Ongoing Protection Services | 47 | 44 | 94% | 3 | 6% |

FS 29: Making an Appropriate Decision on Ending Protection Services

The compliance rate for this critical measure was **85%**. The measure was applied to all 47 records in the augmented sample; 40 of the 47 records were rated as achieved and 7 were rated as not achieved. In the records rated as not achieved, the analysts did not find documentation of observable changes in the families' behaviours and functioning indicating that one or more of the following criteria had been met: the goals in the family plan were achieved; child protection concerns were resolved; vulnerabilities could be managed safely; the family was able to access and use resources to help them solve problems that could arise in the future.

FS 30: Supervisory Approval of Decision on Ending Protection Services

The compliance rate for this critical measure was **94%**. The measure was applied to all 47 records in the augmented sample; 44 of the 47 records were rated as achieved and 3 were rated as not achieved. In all of the records rated as not achieved, supervisory approval of the decision to end protection services was not documented.

Records Identified for Action

Quality assurance policy and procedures require practice analysts to identify for action any record that suggests a child may need protection under section 13 of the *Child, Family and Community Service Act*. During the course of this audit, one record was identified for action because the information in the record suggested that the children may have been in need of protection services (see FS19 on pages 15-16). The TL, CSM and EDS were immediately notified and subsequently confirmed that they were following up as appropriate.

5. OBSERVATIONS AND THEMES

This section summarizes the observations and themes arising from the record reviews and audit findings and analysis. The observations and themes relate to identified strengths and areas needing improvement. Some relate to specific critical measures and corresponding policy requirements, while others are informed by themes that emerged across several measures. The purpose of this section is to inform the development of an action plan to improve practice.

The SDA overall compliance rate was **55%**.

5.1 Screening Process

The critical measure associated with obtaining full and detailed information about a child or youth's need for protection shows a 96% compliance rate, indicating that the information gathered in the records was generally thorough and included relevant details. However, compliance with screening requirements decreased thereafter. For instance, the compliance rate for completion of a prior contact check was 55%. The analysts found that a tenth of the records did not have a prior contact check and a third had a prior contact check that lacked the necessary details about the family's previous involvement with the ministry, the family's responsiveness in addressing previous concerns, and the effectiveness of services that were previously provided. Also, more than a third of the records lacked a screening assessment, resulting in a compliance rate of 58% for completion of screening assessments and lower compliance rates for subsequent measures that are dependent on completion of the screening assessment, specifically FS 4 (35%), FS 5 (53%) and FS 6 (39%).

Although the compliance rate for completion of the screening assessment was relatively low, there was a perfect compliance rate (100%) for FS 7, indicating that response decisions were being made and documented. There was also a very high (92%) compliance rate for FS8, indicating that the response decision was appropriate in the vast majority of the records sampled. However, well over a third of the records had a response decision that was documented after the 5-day timeframe, resulting in a compliance rate of 56%, and a quarter of the non-compliant records had a response decision that was documented 6 months (or longer) after the report about a child or youth's need for protection had been received. In addition, the measure for supervisory approval of the response decision shows a very low compliance rate of 21%. The analysts found that half of the non-compliant records lacked supervisory approval of the response decision and the other half missed the timeframe for documenting supervisory approval.

5.2 Use of the Structured Decision Making Tools

This audit shows that there is room for improvement in the use of the SDM assessment and planning tools, which provide a foundation for critical decisions in the provision of effective child protection services. The low compliance rates for completion of the safety assessment process (38%) and the safety assessment form (14%) reflect a lack of documentation and timeliness. A fifth of the records sampled for this audit lacked information indicating that there had been a safety assessment process, and two thirds did not have completed safety assessment forms, or had safety assessment forms that were completed more than a month after the safety assessment process had taken place. (The timeframe for completing the safety assessment form is within 24 hours after completing the safety assessment process.)

When the analysts reviewed safety decisions in relation to the information gathered through the safety assessments, they found a higher rate of compliance (62%) with the standard. This rate was affected by the lack of safety assessment information in a quarter of the records reviewed. The analysts also found higher compliance rates for completion of the vulnerability assessment form (70%) and determining the final vulnerability level (71%) although almost a third of the vulnerability assessment forms were completed more than 90 days after the reports had been received. (The timeframe for completing the vulnerability assessment is within 30 days after a report about a child or youth's need for protection is received.) There was also a higher rate of compliance (74%) with respect to making an appropriate decision on the need for protection services. These compliance rates were affected by a lack of documentation or insufficient information in the assessments and notes.

5.3 Supervisory Approval

There are 6 critical measures in the FS Practice Audit tool that have to do with obtaining and documenting supervisory approval. Three of the measures have to do with supervisory approval of decisions, specifically the response decision (FS 10), the decision on the need for protection services (FS 20) and the decision on ending protection services (FS 30). The analysts found a high compliance rate for approval of the decision on the need for protection services (81%) and a very high (94%) compliance rate for approval of the decision to end protection services. However, supervisory approval of the response decision had a very low (21%) compliance rate. Two fifths of the records lacked supervisory approval of the response decision and another third had supervisory approval that had been documented more than 24 hours after the screening assessment was completed.

The other three measures that pertain to supervisory approval show compliance rates in the moderate range. Supervisory approval of the safety assessment and safety plan had a compliance rate of 64%. Very few records lacked supervisory approval of the safety assessment and plan (FS 15) however a quarter of the records did not have completed safety assessment forms, which affected the compliance rate. Supervisory approval of the family and child needs and strengths assessment (FS 22) had a compliance rate of 44% and supervisory approval of the family plan (FS 26) had a compliance rate of 51%. These rates can be explained by the lack of a strengths and needs assessment in half of the records, and the lack of a family plan in two fifths of the records. Also, the analysts noted that in many instances supervisors approved the safety assessment and

safety plan long after the social worker had completed the documents, and often just prior to the closure of the incident. This pattern was also evident with regard to supervisory approval of the vulnerability assessment, which was often documented at the same time as the related safety assessment. This may indicate that supervisors are not reviewing completed assessments and plans in a timely manner.

5.4 Timeliness

There is much room for improvement when it comes to meeting timeframes. Measures related to completing the SDM tools and documenting supervisory approval within the required timeframes had compliance rates that ranged from 19% to 56%. The compliance rate associated with the timeframe for completion of the vulnerability assessment (19%) and the compliance rate associated with the timeframe for completion of the vulnerability re-assessment or reunification assessment (27%) were the lowest. The analysts also found that many incidents screened in for INV response were open well beyond the 30-day timeframe set in policy.

5.5 Collaborative Practice

The analysts noted that compliance rates for areas of practice that require collaboration with family members improved as the SDM process progressed. To identify collaborative practice, the analysts looked for safety plans and family plans that were signed by family members, or notes and emails indicating that family members participated, or had the opportunity to participate, in the development of the plans. The compliance rate for involving the family in the development of a safety plan (FS 14) was low (26%). This rate was affected by the lack of a safety assessment and/or safety plan in one third of the records, and lack of information indicating that the family had been involved in developing the plan, or had been provided with a copy of the plan, in another third of the records. However, the analysts also saw that social workers had discussed elements of planning with clients and service providers. Typically, these conversations focused on expectations and progress and were held between the social worker and a single individual, rather than occurring in interdisciplinary case meetings, case conferences, or care team meetings. The compliance rate for developing a family plan in collaboration with the family (FS 23) was higher (58%). This rate was affected by the lack of family plans in two fifths of the records.

6. ACTIONS TAKEN TO DATE

From September, 2012, to October, 2014, hundreds of changes were made to the ICM system, including updates to forms and correspondence and improvements in functionality and usability for provincial services transactional programs (Medical Benefits, Autism Funding, Child Care Subsidy), child protection (CP), and child and youth with special needs (CYSN).

In November, 2014, Phase 4 of the ICM project was launched. Phase 4 focused on improving CP and CYSN functionality in the ICM system to support the documentation of practice from initial involvement to ongoing case management. Phase 4 enhancements included the changes:

- Improved process to document the assessment of and response to child protection reports and requests for family support services

- Enhanced ability to document the assessment, planning and delivery of ongoing case management services for children, youth and families
- New ability to generate reportable circumstances on Incidents and Service Requests (in addition to Cases)
- New “look and feel” to the system’s user interface to make it easier use
- Introduction of document management features that support the management of physical files and improve the ability to print documents
- Adjustments to existing forms and reports, and addition of new CYSN and CP forms and reports, to ensure that printing capabilities and court disclosures are supported
- Introduction of a data quality tool that helps to improve the quality of data being entered and the search function

7. ACTION PLAN

| Action | Person responsible | Date to be completed by |
|---|--------------------|-------------------------|
| 1. The Director of Practice will host two live meetings with child safety/protection team leaders to review how to set up tracking systems using the Caseload and Incident Management Reports generated within ICM as well as information that is available through reports in the Corporate Data Warehouse | Barry Fulton, EDS | October 31, 2015 |
| 2. The Director of Practice will facilitate at least two workshops titled Integrating Child Safety Policy and Practice which are intended to refresh child safety/protection staff on the relevance and purpose of the Structured Decision Making tools and their connection to policy and practice | Barry Fulton, EDS | December 30, 2015 |
| 3. The SDA will hold a forum for all Team Leaders with presentations and facilitated discussions on the timeliness of documenting practice in child safety/protection cases, especially in the areas of child protection response and guardianship services for children and youth | Barry Fulton, EDS | December 30, 2015 |