



South Vancouver Island Service
Delivery Area

Family Service Practice Audit

Report Completed: December 2015

Table of Contents

INTRODUCTION	3
1. PURPOSE	3
2. METHODOLOGY	3
SERVICE DELIVERY	5
3. OVERVIEW OF SDA.....	5
3.1 Geography.....	5
3.2 Demographics	5
3.3 Service Delivery.....	6
3.4 Staffing.....	6
3.5 Strengths and Challenges.....	7
3.6 Service Delivery to Aboriginal Children and Families	7
SOUTH VANCOUVER ISLAND FAMILY SERVICE PRACTICE AUDIT	9
4. FINDINGS AND ANALYSIS	9
4.1 Report and Screening Assessment.....	9
4.2 Response Decision.....	10
4.3 Safety Assessment and Safety Plan.....	12
4.4 Vulnerability Assessment.....	13
4.5 Protection Services	14
4.6 Strengths and Needs Assessment.....	15
4.7 Family Plan	16
4.8 Vulnerability Re-assessment and Reunification Assessment	17
4.9 Ending Protection Services	18
5. OBSERVATIONS AND THEMES	19
5.1 Screening Process	19
5.2 Use of the Structured Decision Making Tools.....	20
5.3 Supervisory Approval.....	21
5.4 Timeliness	22
5.5 Collaborative Practice	22
6. ACTIONS TAKEN TO DATE.....	22
7. ACTION PLAN	23

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 South Vancouver Island Service Delivery Area (SDA) from May to August, 2015.

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 March 31, 2015, 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 4 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 South Vancouver Island SDA

Record status and type	Total number at SDA level	Sample size
Closed non-protection incidents	383	56
Closed protection incidents	916	65
Open FS cases	448	59
Closed FS cases	153	47

More specifically, the four samples consisted of:

1. Non-protection incidents created after April 2, 2012, and closed between March 1, 2014, and August 30, 2014, where the response was *offer child and family services, youth services, refer to community agency, or no further action*. Closed was determined based on data entered in the closed date field in ICM.
2. Protection incidents created after April 2, 2012, and closed between March 1, 2014, and August 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 August 30, 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 March 1, 2014, and August 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 selected records were assigned to three 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 method and ICM data extracts were developed and produced with the support of the Modelling, Analysis and Information Management (MAIM) Branch.

In reviewing selected FS case records, the analysts focused on practice that occurred during a 12-month period (September 1, 2013 – August 30, 2014), which was approximately a year and a half after implementation of Chapter 3 of the Child Safety and Family Support Policies and the ICM system, and before revisions were made to Chapter 3 in September, 2014, and updates were made to ICM in November, 2014. Chapter 3 contains child protection policies, standards, and procedures, including the 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 an audit, the practice analysts watch for situations in which the information in the records suggests that a child may have been left at risk of harm. When identified, these records are 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 South Vancouver Island SDA is one of the smaller SDAs in the province, in terms of its geography. The SDA covers all of the Greater Victoria area in the south and extends to Port Renfrew in the west and Chemainus in the north. The Southern Gulf Islands (Saltspring, Saturna, Maine, Galiano, and Penelakut) are also part of the SDA. The SDA has a mix of urban, rural and remote communities: Greater Victoria and Duncan are both urban centres, while Port Renfrew, Chemainus, the Southern Gulf Islands, and Penelakut Island are smaller, more rural and remote communities.

3.2 Demographics

As shown in Table 2, the South Vancouver Island SDA has a population of approximately 445,282 residents, or 10% of the provincial population. Children and youth under 19 years of age number about 75,883, or 7.8% of the provincial child population. The Aboriginal population in the SDA is approximately 22,050. Within the Aboriginal population, there are about 7,435 children and youth under 19 years of age, representing approximately 10% of the SDA child population.

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

South Vancouver Island SDA Population	South Vancouver Island SDA Child Population by Age Cohort and Aboriginal Status					
	Total	0-18	0-2	3-5	6-12	13-18
All	445,282	75,883	11,157	11,518	26,963	26,245
Aboriginal	22,050	7,435	1,250	1,180	2,500	2,505

Source: Statistics Canada, 2011 National Household Survey (NHS)

Table 3 shows the South Vancouver Island 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 15% of all 3 to 5 year-old children in the province.

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

South Vancouver Island SDA Child Population by Age Cohort	Percentage of Provincial Child Population	
0 - 2	11,157	14.0%
3 - 5	11,518	15.0%
6 - 12	26,963	36.0%
13 - 18	26,245	35.0%

Source: Statistics Canada, 2011 National Household Survey (NHS)

3.3 Service Delivery

There are 5 Local Service Areas (LSAs) in the South Vancouver Island SDA: Victoria, Sooke/Westshore, Peninsula/Gulf Islands, Duncan, and South Island Aboriginal, Adoption and Guardianship. There are 4 Community Services Managers (CSMs) responsible for the delivery of service. The staff in the Peninsula/Gulf Islands and Sooke/Westshore LSAs report to the same CSM.

The Victoria LSA has 7 teams: 2 specialized child and youth mental health (CYMH) teams that serve the entire SDA (one for high risk youth and one for children and youth with eating disorders), a generalist CYMH team, a Child and Youth with Special Needs (CYSN) team that serves the majority of the SDA, and 3 child protection teams that serve Victoria.

The Sooke/Westshore LSA has 4 teams: two child protection teams, a CYMH team, and a youth probation team.

The Peninsula/Gulf Islands LSA has 3 teams: a resource team, an integrated team that provides child protection and youth probation services, and a CYMH team.

The Duncan LSA has 5 teams: a resource team, an intake/investigation team, a multi-service team, a CYMH team, and a team that provides intake and family services for Aboriginal families. Two of the teams are integrated: the intake/investigation team includes youth probation officers, and the team that serves Aboriginal families includes a CYMH clinician and a CYMH support worker. The latter team provides services for Aboriginal families who live outside of reserve communities, and Lalum'utul'Smun'eem Child and Family Services (CFS), a fully delegated (C6) Aboriginal agency, provides services for Aboriginal families who live in reserve communities. File transfers are coordinated between MCFD teams and Lalum'utul'Smun'eem CFS when families move on and off reserve.

The South Island Aboriginal, Adoption and Guardianship LSA has a guardianship/adoption team and another 4 teams that serve Aboriginal children, youth and families exclusively: an intake team, a CYMH and youth probation team, an integrated child protection and resource team, and an integrated child protection and guardianship team.

3.4 Staffing

Table 4 provides a count of the full time-equivalent (FTE) positions in 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 EDS and CSMs) was approximately 1 to 7, and the ratio of administrative staff to professional staff (including the EDS and CSMs) was approximately 1 to 5, for the SDA as a whole.

Table 4: Staffing by LSA

Position	Duncan	Peninsula/Gulf Islands	South Island - Aboriginal, Adoption & Guardianship	Sooke/Westshore	Victoria	Total
Community Services Manager	1	1	1		1	4
Team Leader	5	3	7	4	7	26
Child Protection Worker	18.5	4.5	17	13	26	79
FGC Facilitator					2	2
Guardianship Worker			5.75	0.5	4	10.25
Resources Worker	2	8	2		3	15
Adoption Worker			4			4
CYMH	7	8.5	16.15	5.4	6.6	43.65
CYSN	1.7	0.8		3	5	10.5
Youth Justice/Youth Services	1	0.75	2	1.75	4	9.5
Administrative Support	6.75	13.5	14	2	9.5	45.75
Grand Total	42.95	40.05	68.9	29.65	68.1	250.65

Source: Operational Performance & Strategic Management Report: June 2014

3.5 Strengths and Challenges

The South Vancouver Island SDA includes Victoria, the provincial capital. Victoria is a hub for government employees, offices and services. The SDA has strong connections to the ministry's provincial office since the majority of staff in the SDA work in Victoria and the surrounding area. The SDA also encompasses the University of Victoria, which has strong social work and child and youth care programs, so recruitment of qualified staff is always possible. Because of their proximity, senior SDA staff have opportunity to apply for temporary and permanent positions in the provincial office that are not available in other SDAs.

There is a high number of contracted service providers working with clients across the SDA. For the most part, relationships with service providers are strong and SDA staff work hard to develop and maintain these service networks.

3.6 Service Delivery to Aboriginal Children and Families

There is a separate service delivery stream within the SDA for Aboriginal families in Greater Victoria and Duncan who live on and off reserve. The South Island Aboriginal, Adoption and Guardianship LSA provides child protection services to 7 reserve communities that are also served by Nil/tu,O Child and Family Services Society (C4 delegation), and to urban Aboriginal families in Greater Victoria who may also receive services from Surrounded by Cedar Child and Family Services (C4 delegation). The Aboriginal service stream within the SDA covers intake, family service and resources. Other program areas, such as youth services, youth justice, and children and youth with special needs (CYSN), are not separated into Aboriginal and non-Aboriginal service streams.

The two C4 delegated agencies, Nil/tu,O and Surrounded by Cedar, provide guardianship services for children and youth who are in care under a continuing custody order, voluntary care agreement or special needs agreement. In addition, these agencies provide voluntary support services for families, and manage family care foster homes. Nil/tu,O delivers these C4 services to Aboriginal families, and Aboriginal children and youth in care, who live in Beecher Bay, Pauquachin, Songhees, Tsartlip, Tsawout, T'sou-ke, and Tseycum. Nil/tu,O also provides support services for families in the communities of Esquimalt and Pacheedaht when these services are requested. Surrounded by Cedar delivers C4 services to Aboriginal families and Aboriginal children and youth in care who live in the Greater Victoria area and are not connected to local reserve communities or the Métis nation. Both Nil/Tu,O and Surrounded by Cedar are working toward full delegation.

SOUTH VANCOUVER ISLAND FAMILY SERVICE PRACTICE AUDIT

This section provides information about the findings of the FS practice audit that was conducted in the South Vancouver Island SDA from May to August, 2015.

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). The tables present findings for measures that correspond with specific components of the Child Protection Response Model and are labelled accordingly. Each table is followed by an analysis of the findings for each of the measures presented in the table.

There were a combined total of 227 records in the 4 samples selected for this audit. However, not all of the measures in the audit tool were applicable to all 227 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. Some of the tables have notes underneath indicating the number of records for which a measure was not applicable and the reasons why the measure was not applicable.

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 56 closed non-protection incidents and 65 closed protection incidents.

Table 5: Report and Screening Assessment (N = 121)

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	121	121	100%	0	0%
FS 2: Conducting a Prior Contact Check (PCC)	121	85	70%	36	30%
FS 3: Assessing the Report about a Child or Youth's Need for Protection	121	111	92%	10	8%
FS 4: Timeframe for Assessing the Report about a Child or Youth's Need for Protection	121	67	55%	54	45%

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 **100%**. The measure was applied to all 121 records in the samples and all 121 records were rated achieved.

FS 2: Conducting a Prior Contact Check (PCC)

The compliance rate for this critical measure was **70%**. The measure was applied to all 121 records in the samples; 85 of the 121 records were rated achieved and 36 were rated not achieved. Of the 36 records rated not achieved, 14 did not contain PCCs and 22 had insufficient

information in the PCCs (for example, some only documented “PCC done”) or did not summarize each past service involvement and the relevance of past service involvements 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 **92%**. The measure was applied to all 121 records in the samples; 111 of the 121 records were rated achieved and 10 were rated not achieved because they did not have 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 **55%**. The measure was applied to all 121 records in the samples; 67 of the 121 records were rated achieved and 54 were rated not achieved. Of the 54 records rated not achieved, 10 did not have Screening Assessments and 44 had Screening Assessments that were not completed within the required 24-hour timeframe. Of the 44 Screening Assessments that were not completed within the required timeframe, 29 were completed within 30 days, 5 were completed between 30 and 90 days, 4 were completed between 90 and 180 days, 1 was completed between 180 and 365 days, and 5 were completed more than a year after the reports were received. Regarding the records rated not achieved, the analysts were able to confirm that the immediate safety of the children was not a concern at the time that they reviewed the records.

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 records to which the measures were applied. The records included the selected samples of 56 closed non-protection incidents and 65 closed protection incidents.

Table 6: Response Decision (N = 121)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 5: Assigning an Appropriate Response Priority	121	110	91%	11	9%
FS 6: Timeframe for Assigning an Appropriate Response Priority	121	68	56%	53	44%
FS 7: Making an Appropriate Response Decision	121	121	100%	0	0%
FS 8: Making a Response Decision Consistent with the Assessment of the Report	121	113	93%	8	7%
FS 9: Timeframe for Making an Appropriate Response Decision	121	88	73%	33	27%
FS 10: Supervisory Approval of the Response Decision	121	67	55%	54	45%

FS 5: Assigning an Appropriate Response Priority

The compliance rate for this critical measure was **91%**. The measure was applied to all 121 records in the samples; 110 of the 121 records were rated achieved and 11 were rated not

achieved. Regarding the records rated not achieved, the analysts were able to confirm that the immediate safety of the children was not a concern at the time that they reviewed the records.

FS 6: Timeframe for Assigning an Appropriate Response Priority

The compliance rate for this critical measure was **56%**. The measure was applied to all 121 records in the samples; 68 of the 121 records were rated achieved and 53 were rated not achieved. Of the 53 records rated not achieved, 10 did not have Screening Assessments and 43 had response priorities that were not assigned within the required 24-hour timeframe. Of the 43 response priorities that were not assigned within the required timeframe, 27 were assigned within 30 days, 5 were assigned between 30 and 90 days, 4 were assigned between 90 and 180 days, 2 were assigned between 180 and 365 days, and 5 were assigned more than a year after the reports were received. Regarding the records rated not achieved, the analysts were able to confirm that the immediate safety of the children was not a concern at the time that they reviewed the records.

FS 7: Making an Appropriate Response Decision

The compliance rate for this critical measure was **100%**. The measure was applied to all 121 records in the samples, and all of these records were rated achieved. To receive a rating of achieved there had to be a documented response decision in the record. Critical measure FS 8 was then applied 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 **93%**. The measure was applied to all 121 records in the samples; 113 of the 121 records were rated achieved and 8 were rated not achieved. Of the 8 records rated not achieved, 7 were coded non-protection when the information in the record indicated that a protection response was required. In all of these 7 records, voluntary support services and/or social worker follow-up addressed the child protection concerns, or subsequent incidents were opened and protection interventions were initiated within those incidents, or FS cases were opened. The other record rated not achieved was coded protection although there were no section 13 concerns in the information that was gathered. In regard to the records rated not achieved, the analysts were able to confirm that the immediate safety of the children was not a concern at the time that they reviewed the records.

FS 9: Timeframe for Making an Appropriate Response Decision

The compliance rate for this critical measure was **73%**. The measure was applied to all 121 records in the samples; 88 of the 121 records were rated achieved and 33 were rated not achieved. In the 33 records rated not achieved, the response decision had not been determined and documented within the required 5-day timeframe. Of the 33 response decisions that were not documented within the required timeframe, 9 were documented within 30 days, 9 were documented between 30 and 90 days, 7 were documented between 90 and 180 days, 6 were documented between 180 and 365 days, and 2 were documented more than a year after the report was received.

FS 10: Supervisory Approval of the Response Decision

The compliance rate for this critical measure was **55%**. The measure was applied to all 121 records in the samples; 67 of the 121 records were rated achieved and 54 were rated not achieved. Regarding the records rated not achieved, 19 did not have supervisory approval of the response decision and 35 had a response decision that was not approved by a supervisor within the required 24-hour timeframe. Of the 35 response decisions that were not approved within the required timeframe, 17 were approved within 30 days, 7 were approved between 30 and 90 days, 6 were approved between 90 and 180 days, 3 were approved between 180 days and 365 days, and 2 were approved more than a year after the response decision was determined.

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 65 closed protection incidents augmented with 7 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 some measures were assessed as not applicable and explain why.

Table 7: Safety Assessment and Safety Plan (N = 72)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 11: Completing the Safety Assessment Process*	71	44	62%	27	38%
FS 12: Completing the Safety Assessment Form*	71	14	20%	57	80%
FS 13: Making a Safety Decision Consistent with the Safety Assessment*	71	45	63%	26	37%
FS 14: Involving the Family in the Development of a Safety Plan* **	52	13	25%	39	75%
FS 15: Supervisory Approval of the Safety Assessment and Safety Plan*	71	53	75%	18	25%

* This measure was not applicable to 1 record that was inappropriately coded as a protection incident.

** This measure was not applicable to 19 records because safety factors were not identified in the Safety Assessments contained in those records.

FS 11: Completing the Safety Assessment Process

The compliance rate for this critical measure was **62%**. The measure was applied to 71 records in the augmented sample; 44 of the 71 records were rated achieved and 27 were rated not achieved. Of the 27 records rated not achieved, 13 had no information indicating that the Safety Assessment process was completed and 14 had documentation of the Safety Assessment process that did not indicate whether the children were seen, the parents were interviewed, or the process was completed during the first in-person meeting with the family. Regarding the records rated not achieved, the analysts were able to confirm that the immediate safety of the children was not a concern at the time that they reviewed the records.

FS 12: Completing the Safety Assessment Form

The compliance rate for this critical measure was **20%**. The measure was applied to 71 records in the augmented sample; 14 of the 71 records were rated achieved and 57 were rated not achieved. Of the 57 records rated not achieved, 12 did not have a completed Safety Assessment form and 45 had a Safety Assessment form that had not been completed within 24 hours after the Safety Assessment process with the family was completed, as required. Of the 45 Safety Assessment forms that were not completed within the required timeframe, 17 were completed within 30 days, 10 were completed between 30 and 90 days, 3 were completed between 90 and 180 days, 9 were completed between 180 and 365 days, and 6 were completed more than a year after the Safety Assessment process was completed.

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

The compliance rate for this critical measure was **63%**. The measure was applied to 71 records in the augmented sample; 45 of the 71 records were rated achieved and 26 were rated not achieved. Of the 26 records rated not achieved, 12 did not have a completed Safety Assessment form and 14 had a documented safety decision that was not consistent with the information gathered in the Safety Assessment form. Regarding the records rated not achieved, the analysts were able to confirm that the immediate safety of the children was not a concern at the time that they reviewed the records.

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

The compliance rate for this critical measure was **25%**. The measure was applied to 52 records in the augmented sample; 13 of the 52 records were rated achieved and 39 were rated not achieved. Of the 39 records rated not achieved, 12 did not have a completed Safety Assessment form; 14 had a documented safety decision that was inconsistent with the information gathered in the Safety Assessment form; 6 had a Safety Assessment that correctly rated the children as “safe with interventions,” but did not have a written Safety Plan; 3 had a Safety Plan that had not been developed with the family’s involvement; 3 had a Safety Plan that was developed with the family’s involvement, but the plan had not been shared with the family; and 1 record referenced a Safety Plan that was signed by the family, but the plan itself was not attached in ICM.

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

The compliance rate for this critical measure was **75%**. The measure was applied to 71 records in the augmented sample; 53 of the 71 records were rated achieved and 18 were rated not achieved. Of the 18 records rated not achieved, 12 did not have a completed Safety Assessment, 4 had a Safety Assessment that was not approved by the supervisor, 1 had a Safety Assessment that was completed and approved by the same worker, and 1 had a Safety Plan that was not approved by the supervisor.

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. The rates are presented as percentages of all records to which the measures were applied. The records included the sample of 65 closed protection incidents augmented with 7 closed non-protection incidents that had an inappropriate non-protection

response. The note below the table provides the number of records for which the measures were assessed as not applicable and explains why.

Table 8: Vulnerability Assessment (N = 72)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 16: Completing the Vulnerability Assessment Form*	71	45	63%	26	37%
FS 17: Timeframe for Completing the Vulnerability Assessment Form*	71	11	15%	60	85%
FS 18: Determining the Final Vulnerability Level*	71	50	70%	21	30%

* This measure was not applicable to 1 record that was inappropriately coded as a protection incident.

FS 16: Completing the Vulnerability Assessment Form

The compliance rate for this critical measure was **63%**. The measure was applied to 71 records in the augmented sample; 45 of the 71 records were rated achieved and 26 were rated not achieved. Of the 26 records rated not achieved, 14 did not have a Vulnerability Assessment form (this includes 1 record that had a blank form) or a documented supervisory exception, and 12 had an incomplete Vulnerability Assessment form. Of the 12 incomplete Vulnerability Assessment forms, 1 had a blank “abuse” section, 5 were not approved by a supervisor, and 6 had insufficient information to adequately assess child safety and family capacity.

FS 17: Timeframe for Completing the Vulnerability Assessment Form

The compliance rate for this critical measure was **15%**. The measure was applied to 71 records in the augmented sample; 11 of the 71 records were rated achieved and 60 were rated not achieved. Of the 60 records rated not achieved, 14 did not have a Vulnerability Assessment form; 5 had a completed Vulnerability Assessment form that had not been approved by a supervisor; 1 had a completed Vulnerability Assessment form, but the “abuse” section was left blank; and 40 had a Vulnerability Assessment form that was not completed within the required 30-day timeframe. Of the 40 Vulnerability Assessment forms that were not completed within the required timeframe, 14 were completed between 30 and 90 days, 9 were completed between 90 and 180 days, 9 were completed between 180 and 365 days, and 8 were completed more than a year after the report was received.

FS 18: Determining the Final Vulnerability Level

The compliance rate for this critical measure was **70%**. The measure was applied to 71 records in the augmented sample; 50 of the 71 records were rated achieved and 21 were rated not achieved. Of the 21 records rated not achieved, 14 did not have a Vulnerability Assessment form, 1 had a Vulnerability Assessment form with a blank “abuse” section, and 6 had a Vulnerability Assessment form with insufficient information to adequately assess child safety and family capacity.

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 for that decision. The rates are presented as percentages of all records to which the measures were applied. The records included the selected sample of 65 closed protection incidents

augmented with 7 closed non-protection incidents that had inappropriate non-protection responses. The note below the table provides the number of records for which the measures were assessed as not applicable and explains why.

Table 9: Protection Services (N = 72)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 19: Making an Appropriate Decision on the Need for Protection Services*	71	56	79%	15	21%
FS 20: Supervisory Approval of the Decision on the Need for Protection Services*	71	54	76%	17	24%

* This measure was not applicable to 1 record that was inappropriately coded as a protection incident.

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

The compliance rate for this critical measure was **79%**. The measure was applied to 71 records in the augmented sample; 56 of the 71 records were rated achieved and 15 were rated not achieved. Of the 15 records rated not achieved, 7 had an inappropriate non-protection response and 8 had one or more of the following factors: the decision not to provide ongoing protection services appeared to be 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. In all 8 of these records, there were one or more subsequent protection incidents that had been opened and interventions initiated which adequately addressed safety factors that may have existed when the decision to close the incident was made.

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

The compliance rate for this critical measure was **76%**. The measure was applied to 71 records in the augmented sample; 54 of the 71 records were rated achieved and 17 were rated not achieved. Of the 17 records rated not achieved, 7 had an inappropriate non-protection response, 9 lacked supervisory approval of the decision on the need for protection services, and 1 had inappropriate supervisory approval (the social worker approved the decision on the need for protection services as the supervisor).

4.6 Strengths and Needs Assessment

Table 10 provides compliance rates for measures FS 21 to 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 59 open FS cases and 47 closed FS cases.

Table 10: Strengths and Needs Assessment (N = 106)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 21: Completing a Family and Child Strengths and Needs Assessment	106	51	48%	55	52%
FS 22: Supervisory Approval of the Family and Child Strengths and Needs Assessment	106	47	44%	59	56%

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

The compliance rate for this critical measure was **48%**. The measure was applied to all 106 records in the samples; 51 of the 106 records were rated achieved and 55 were rated not achieved. Of the 55 records rated not achieved, 50 did not have a Family and Child Strengths and Needs Assessment (this includes 1 record that a blank form) and 5 had an incomplete assessment.

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 106 records in the samples; 47 of the 106 records were rated achieved and 59 were rated not achieved. Of the 59 records rated not achieved, 55 did not have a fully completed Family and Child Strengths and Needs Assessment and 4 had a fully completed assessment that lacked documented supervisory approval.

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 within 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 samples of 59 open FS cases and 47 closed FS cases.

Table 11: Family Plan (N = 106)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 23: Developing a Family Plan with the Family	106	33	31%	73	69%
FS 24: Integrating the Safety Plan into the Family Plan	106	23	22%	83	78%
FS 25: Timeframe for Completing the Family Plan and Integrating the Safety Plan	106	15	14%	91	86%
FS 26: Supervisory Approval of the Family Plan	106	29	27%	77	73%

FS 23: Developing a Family Plan with the Family

The compliance rate for this critical measure was **31%**. The measure was applied to all 106 records in the samples; 33 of the 106 records were rated achieved and 73 were rated not achieved. Of the 73 records rated not achieved, 70 did not have a Family Plan and 3 had a Family Plan that was not developed in collaboration with the family, as required.

FS 24: Integrating the Safety Plan into the Family Plan

The compliance rate for this critical measure was **22%**. The measure was applied to all 106 records in the samples; 23 of the 106 records were rated achieved and 83 were rated not achieved. Of the 83 records rated not achieved, 70 did not have a Family Plan, 2 had a Family Plan that did not include outstanding elements of the Safety Plan that needed to be included, 1 did not have a completed Safety Assessment in the preceding incident, and 10 had a Safety Assessment from the preceding incident that appropriately assessed the children as “safe with interventions” or “unsafe,” but did not have a written Safety Plan.

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

The compliance rate for this critical measure was **14%**. The measure was applied to all 106 records in the samples; 15 of the 106 records were rated achieved and 91 were rated not achieved. Of the 91 records rated not achieved, 70 did not have a completed Family Plan and 21 had a Family Plan that was not completed within the required 30-day timeframe. Of the 21 Family Plans that were not completed within the required timeframe, 7 were completed between 30 and 90 days, 6 were completed between 90 and 180 days, 6 were completed between 180 and 365 days, and 2 were completed more than a year after the case was opened or transferred to a new social worker.

FS 26: Supervisory Approval of the Family Plan

The compliance rate for this critical measure was **27%**. The measure was applied to all 106 records in the samples; 29 of the 106 records were rated achieved and 77 were rated not achieved. Of the 77 records rated not achieved, 70 did not have a Family Plan and 7 did not have supervisory approval of the Family Plan.

4.8 Vulnerability Re-assessment and Reunification Assessment

Table 12 provides compliance rates for measures FS 27 to 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 59 open FS cases and 47 closed FS cases.

Table 12: Vulnerability Re-assessment and Reunification Assessment (N = 106)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 27: Completing a Vulnerability Re-assessment or a Reunification Assessment	106	54	51%	52	49%
FS 28: Timeframe for Completing a Vulnerability Re-assessment or a Reunification Assessment	106	14	13%	92	87%

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

The compliance rate for this critical measure was **51%**. The measure was applied to all 106 of the records in the samples; 54 of the 106 records were rated achieved and 52 were rated not achieved. Of the 52 records rated not achieved, 21 did not have a Vulnerability Re-assessment, 27

did not have a Reunification Assessment, 2 had an incomplete Vulnerability Re-assessment and 2 had an incomplete Reunification Assessment.

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

The compliance rate for this critical measure was **13%**. The measure was applied to all 106 of the records in the samples; 14 of the 106 records were rated achieved and 92 were rated not achieved. Of the 92 records rated not achieved, 52 did not have a completed Vulnerability Re-assessment or Reunification Assessment, and 40 had an assessment that was not completed within the required timeframe. To apply a rating of achieved, the analysts looked for assessments that were completed within the 6-month formal assessment cycle before ending ongoing protection services cases or at the time when the case was transferred, 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 to 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 47 closed FS cases.

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	37	79%	10	21%
FS 30: Supervisory Approval of Decision on Ending FDR Protection Services or Ongoing Protection Services	47	41	87%	6	13%

FS 29: Making an Appropriate Decision on Ending Protection Services

The compliance rate for this critical measure was **79%**. The measure was applied to all 47 records in the sample; 37 of the 47 records were rated achieved and 10 were rated not achieved. Of the 10 records rated not achieved, 9 showed that protection services were terminated without completing a Vulnerability Re-assessment or Reunification Assessment, as required, and 1 showed that protection services were terminated without documenting how the concerns for the involved youth were resolved.

FS 30: Supervisory Approval of Decision on Ending Protection Services

The compliance rate for this critical measure was **87%**. The measure was applied to all 47 records in the sample; 41 of the 47 records were rated achieved and 6 were rated not achieved. In all of the records rated 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 this audit, none of the records were identified for action.

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 **59%**.

5.1 Screening Process

Overall, the South Vancouver Island SDA showed a high compliance rate for the screening process outlined in Chapter 3. The critical measure associated with obtaining full and detailed information about a child or youth's need for protection (FS1) had a 100% compliance rate, which indicates that the information gathered in all of the records was thorough and included relevant details. However, compliance with screening requirements decreased thereafter. For instance, the compliance rate for completion of a prior contact check (FS2) was 70%; the analysts found 14 records (12%) that did not contain prior contact checks and an additional 22 records (18%) containing prior contact checks that lacked the necessary details about the family's previous involvement with the ministry, the family's responsiveness in addressing previous concerns, and/or the effectiveness of services that were previously provided. It is important to note that only 2 of the 36 records that were rated not achieved for FS2 pertained to families that did not have a prior history with the ministry.

The measure related to completing the Screening Assessment (FS3) had a high compliance rate (92%). However, the compliance rate for completing the Screening Assessment within the required 24-hour timeframe (FS4) was moderate (55%). It is worth noting that two thirds of the Screening Assessment forms that were completed outside of the required timeframe were completed within 30 days. Other critical measures related to the Screening Assessment had the following compliance rates: 91% for assigning an appropriate response priority (FS5) and 56% for assigning an appropriate response priority within the required 24-hour timeframe (FS6).

There was a perfect (100%) compliance rate for determining and documenting the response decision (FS7) and the response decision was found to be appropriate in 93% of the records in the samples (FS8). However, it should be noted that 7 records were rated not achieved for FS8 because they were assigned a non-protection response even though there were current child protection concerns that needed to be addressed. There was a moderately high (73%) compliance rate for the measure related to making the response decision within the required timeframe (FS9). In contrast, the measure associated with timely supervisory approval of the response decision

(FS10) had a much lower (55%) compliance rate. Specifically, the analysts found 19 records that lacked documented supervisory approval of the response decision, and 35 records in which supervisory approval was documented, but not within the required timeframe. In these 35 records, the supervisor reviewed and approved the response decision an average of 88 days after either the Screening Assessment was completed or the response decision documented in ICM.

5.2 Use of the Structured Decision Making Tools

Overall, 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 moderate (62%) compliance rate for completion of the Safety Assessment process (FS11) and very low (20%) compliance rate for completion of the Safety Assessment form (FS12) reflect both a lack of documentation and a lack of timeliness. Eighteen percent of the sampled records did not contain information indicating that the Safety Assessment process was ever undertaken, and an additional 20% lacked information about some of the required steps in the process. In addition, 17% of the records did not have a completed Safety Assessment form and an additional 63% had Safety Assessment forms that were not completed within 24 hours after the Safety Assessment process. Of those that were not completed within the required timeframe, it took an average of 137 days to complete the form.

When the analysts compared the safety decision to the information gathered in a completed Safety Assessment form (FS13), the decision appeared to be consistent 63% of the time. This moderate compliance rate indicates that there may be confusion about how to complete the Safety Assessment form. Specifically, in 13 records, the Safety Assessment identified safety factors being present and yet the involved children were determined to be “safe,” and in one record the Safety Assessment did not identify any safety factors being present, although the involved children were found to be “safe with interventions,” which presumes that safety factors were present. The SDM tool guide and the Safety Assessment form itself are clear that if a safety factor is identified a child cannot be assessed as safe. Along with the lack of completed Safety Assessment forms and the lack of family involvement, confusion about how to complete the Safety Assessment form was found to be one of the principle causes of the very low (25%) compliance rate for FS14 (involving the family in the development of a Safety Plan).

The Vulnerability Assessment was completed and signed off by a supervisor (FS16) 63% of the time. Improved compliance with this measure could be achieved by ensuring that comprehensive information is gathered and documented during the protection response phase and the supervisor signs off the completed assessment form when it is submitted by the social worker. When the final vulnerability level was compared to the information collected in the completed Vulnerability Assessment (FS18), it was found to be appropriate 70% of the time. Again, the lack of a Vulnerability Assessment and incomplete information were the primary factors contributing to this compliance rate. With respect to timeliness (FS17), 28% of the records had Vulnerability Assessment forms that were not completed in their entirety and another 57% had forms that were completed more than 30 days after the report was received. Of those that were completed outside the required timeframe, it took an average of 210 days to complete the Vulnerability Assessment form.

The measures associated with provision of ongoing protection services had low compliance rates. About half (48%) of the applicable records had a completed Family and Child Strengths and Needs Assessment attached in ICM or the physical file, and 31% had a completed Family Plan. These low compliance rates raise concern that families may not have been clear about what the ministry was expecting or requiring of them. Lastly, Vulnerability Re-assessments or Reunification Assessments were found in half (51%) of the applicable records. Furthermore, the analysts noted that 9 of the cases with completed SDM tools lacked detailed information about the children and families involved. In each of these 9 records, the SDM tools (including assessment tools) were completed using only check marks and scores; they lacked text on the family's strengths and needs, or comments reflecting the social worker or family's perspective on safety factors.

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 these measures are about supervisory approval of decisions, including 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 other 3 measures relate to supervisory approval of SDM tools, specifically the Safety Assessment and Safety Plan (FS 15), the Family and Child Strengths and Needs Assessment (FS 22) and the Family Plan (FS 26).

The audit revealed a moderate (55%) compliance rate for supervisory approval of the response decision (FS10). To determine supervisory approval, the analysts looked for either a signed-off Screening Assessment form or a consultation note indicating that the supervisor had approved the response decision. This critical measure also requires that the response decision be approved within 24 hours. If this latter criterion were removed, the compliance rate would rise from 55% to 85%.

The compliance rate for making an appropriate decision on the need for ongoing protection services (FS19) was moderately high (79%). One of the factors that affected the compliance rate for this measure involved 7 non-protection incidents in which the response decision was changed after protection interventions had been initiated but not completed. Although Chapter 3 describes the circumstances in which a protection response can be terminated with the approval of a supervisor (i.e., a case of mistaken identity, a malicious call, or the family cannot be located), these 7 records did not reflect these circumstances. As a result, the information in each of these records was incomplete and the analyst could not determine the appropriateness of the decision to end protection services. This contributed to the compliance rate for supervisory approval of the decision on the need for protection services (FS20), which was 76%. Supervisory approval of the decision on ending protection services (FS 30) showed a high (87%) compliance rate.

In regard to the 3 measures that relate to supervisory approval of the SDM tools, the compliance rates ranged from moderately high to very low. The compliance rate for the measure related to supervisory approval of the Safety Assessment and Safety Plan (FS15) was 75%, the compliance rate for supervisory approval of the Family and Child Strengths and Needs Assessment (FS22) was 44%, and for supervisory approval of the Family Plan (FS26) it was 22%. Although these lower compliance rates can be partially explained by the absence of completed SDM tools, there was also

evidence that some completed SDM tools made their way into case records without being signed off or approved by a supervisor.

5.4 Timeliness

There is much room for improvement when it comes to meeting timeframes. For example, the analysts found that many incidents screened in for investigation or FDR (assessment phase) were open well beyond the 30-day timeframe set in policy. Also, measures that have to do with completion of the SDM tools and documentation of supervisory approval within specific timeframes had compliance rates ranging from 73% to 13%. Overall, the compliance rates for measures associated with timeframes for completing tools and documenting supervisory approval at the front end of the SDM process (FS 4, FS 6, FS 9, FS 10) were higher than the compliance rates for measures associated with timeframes for completing tools and documenting supervisory approval later on in the process (FS 12, FS 17, FS 25, FS 28). In other words, timeframes were met much more frequently when completing the Screening Assessment process (55%), assigning an appropriate response priority (56%), making an appropriate response decision (73%), and documenting supervisory approval of the response decision (55%), than they were when completing the Safety Assessment form (20%), completing the Vulnerability Assessment form (15%), completing the Family Plan (14%) and completing the Vulnerability Re-assessment or Reunification Assessment form (13%).

5.5 Collaborative Practice

The analysts noted low rates of compliance in areas of practice that require collaboration with family members. To assess collaborative practice, the analysts looked for Safety Plans and Family Plans that were signed by family members, or meeting notes and emails indicating that family members either participated or had the opportunity to participate in the development of these plans. The compliance rate for involving the family in the development of a Safety Plan (FS 14) was very low (25%). Although this rate was affected by the lack of a Safety Assessment and/or written Safety Plan in many records, the analysts also observed that some families had not been involved in developing a written plan, or had not been provided with a copy of the plan. The compliance rate for developing the Family Plan in collaboration with the family (FS 23) was slightly higher (31%). This rate was also negatively affected by the absence of written plans in the vast majority of the records. Furthermore, in a small number of records, the analysts found no information to suggest that elements of planning were discussed and agreed upon with the clients.

6. ACTIONS TAKEN TO DATE

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

- Improving processes to document the assessment of and response to child protection reports and family support service requests
- Enhancing the ability to document assessment, planning and delivery of ongoing case management

In 2015, the South Vancouver Island SDA held four mandatory learning sessions for new staff called “Fresh Faces.” These learning sessions covered the following topics: difficult conversations; incident and case documentation; court preparation; and secondary trauma.

In 2015, the South Vancouver Island SDA also held three voluntary learning sessions for all staff on incident and case documentation and secondary trauma, three voluntary learning sessions for all staff on plans of care, and four voluntary learning sessions on SDM assessment tools.

7. ACTION PLAN

Action	Person Responsible	Date to be completed by
<p>1. A tracking system will be created, shared with all team leaders, and implemented to monitor and document the completion of the SDM assessment tools, including family plans, associated with protection incidents and ongoing family service cases. This tracking system will be provided to the Office of the Provincial Director of Child Welfare.</p>	Lise Erikson, EDS	May 1, 2016
<p>2. At the next Team Leader Practice Forum, the following practice standards, including timeframes and supervisory approvals, contained within <i>Chapter 3: Child Protection Response Policies (Dec, 2015)</i>, will be reviewed:</p> <ul style="list-style-type: none"> – 3.2 (3), 3.3 (4): Developing a Safety Plan; – 3.6 (1): Assessing the Strengths and Needs of a Family; – 3.6 (2): Creating and Implementing a Family Plan; – 3.7(2): Reassessing in the Practice Cycle <p>Confirmation of this review will be provided to the Office of the Provincial Director of Child Welfare.</p>	Lise Erikson, EDS	February 18, 2016
<p>3. The Director of Practice, in partnership with the respective Community Service Managers, will attend all child protection teams in the SDA and conduct mandatory learning sessions for all staff on the topic of collaborative practice and decision making. Confirmation of these completed learning sessions will be provided to the Office of the Provincial Director of Child Welfare.</p>	Lise Erikson, EDS	August 1, 2016