



North Vancouver Island Service
Delivery Area

Family Service Practice Audit

Report Completed: June 2014

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SECTION I: 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 North Vancouver Island Service Delivery Area (SDA) in April and May 2013.

1. PURPOSE

The FS practice audit was designed to assess the 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 was based on a review of the following FS records, which represent different aspects of the Child Protection Response Model:

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

2. METHODOLOGY

Three samples of FS records were selected from lists of data extracted from the Integrated Case Management (ICM) system on February 21, 2013, using the simple random sampling technique. The data lists consisted of closed non-protection incidents and service requests, closed protection incidents, and open and closed FS cases. The data within each list 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

Record status and type	Total number at SDA level	Sample size
Closed non-protection incidents and service requests	598	62
Closed protection incidents	793	61
Open and closed cases	1,015	63

Specifically, the three samples consisted of:

1. Non-protection incidents closed between August, 2012, and January, 2013, where the response was *offer child and family services, youth services, refer to community agency, or no further action*, and service requests closed between August, 2012, and January, 2013, of the types *Request Service: CFS* and *Request Service: CAPP*. Closed was determined based on data entered in the closed date field.
2. Protection incidents closed between August, 2012, and January, 2013, where the response was *investigation or family development response*. Closed was determined based on data entered in the closed date field.

3. FS cases open on January 31, 2013, that had been open for at least two months, and FS cases closed between August, 2012, and January, 2013.

The sampled records were assigned to 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 contained 24 critical measures designed to assess achievement of key components of the Child Protection Response Model using a scale that had *achieved*, *not achieved* and *not applicable* as consistent rating options, and *partially achieved* as a fourth rating option for a small number of measures. The analysts entered their ratings in a SharePoint-based data collection form that included four textboxes, which they used to enter information about the factors they took into consideration in rating some of the critical measures, and a fifth textbox, which they used to enter general observations about the practice reflected in the records.

The SharePoint site and data collection form, sampling methods, ICM data extracts, and audit data reports were developed and produced with the support of the ministry's Modelling, Analysis and Information Management Branch.

In reviewing sampled records, the analysts focused on practice that had occurred during a 12-month period (March 1, 2012 - February 28, 2013) leading up to the time when the audit was conducted (April and May, 2013). During this 12-month period, there were two ministry-wide initiatives that directly affected practice: Implementation of Chapter 3 of the *Child Safety and Family Support Policies* and implementation of the ICM system. Chapter 3 contained new child protection policy, procedures and standards, including Structured Decision Making (SDM) tools.

Chapter 3 and the ICM system were implemented simultaneously on April 2, 2012. From that point forward, ministry social workers were expected to switch from using the former BC Risk Assessment Model (BCRAM) and Management Information System (MIS) to using the current SDM tools and ICM system. As a result, the audit examined practice during a time of transition, which involved reviewing MIS records and BCRAM tools completed prior to April 2, 2012, and ICM records and SDM tools completed on or after April 2, 2012.

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 the audit, practice analysts watched for situations in which the information in the record suggested that a child may have been left at risk of harm. When identified, these records were immediately brought to the attention of the appropriate team leader and community services manager, as well as the executive director of service.

SECTION II: 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 North Vancouver Island SDA is located on the northern portion of Vancouver Island. The SDA consists of six Local Service Areas (LSAs): Nanaimo, Parksville/Qualicum, Port Alberni, Comox Valley, Campbell River, and Port Hardy. The SDA covers the vast majority of Vancouver Island's land mass, as well as isolated Aboriginal communities on the northern Sunshine Coast.

3.2 DEMOGRAPHICS

As shown in Table 2, the North Vancouver Island SDA has a population of approximately 322,493, or 6.9% of the provincial population (2013). Children and youth under 19 years of age number about 57,317, or 6.4% of the provincial child population (2013). The Aboriginal population in the SDA is approximately 22,872. Within the Aboriginal population, there are about 8,669 children and youth under 19 years of age, representing approximately 15.1% of the SDA child population (2006 Census).

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

North Van Island SDA Population		North Van Island SDA Child Population by Age Cohort and Aboriginal Status				
		0 - 18	0 - 2	3 - 5	6 - 12	13 - 18
All	322,493	57,317	8,329	8,640	20,062	20,286
Aboriginal	22,872	8,669	1,322	1,216	3,134	2,997

Source: MCFD Operational Performance & Strategic Management Report, October 2012 – March 2013

Table 3 shows the North 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 three to five year-old children in the SDA comprise 6.2% of three to five year-old children in the province.

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

North Van Island SDA Child Population by Age Cohort and Percentage of Provincial Child Population		
8,329	0 - 2	6.2%
8,640	3 - 5	6.2%
20,062	6 - 12	6.3%
20,286	13 - 18	6.7%

Source: MCFD Operational Performance & Strategic Management Report, October 2012 – March 2013

3.3 SERVICE DELIVERY

The North Vancouver Island SDA has offices in Nanaimo, Parksville, Port Alberni, Courtenay, Campbell River, and Port Hardy. As the largest urban centre in the SDA, with a population of approximately 84,000, Nanaimo has both integrated and specialized offices, while the smaller communities may have integrated offices with service specialists in those offices (e.g., Aboriginal services, youth services, adoption services, and child and youth mental health services). Nanaimo also provides services for outlying communities within the SDA.

3.4 STAFFING

The SDA management team consists of an executive director of service (EDS) and four community services managers (CSMs). Child welfare staff includes the CSMs, as well as team leaders, child protection social workers, guardianship social workers, and resource social workers. Team leaders also supervise adoption workers, child and youth with special needs workers, child and youth mental health workers, and youth justice workers. Some team leaders supervise integrated teams with a mix of professional staff. The professional teams are supported by administrative staff.

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, for the SDA as a whole, 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 4.

Table 4: Staffing by LSA

Position	Nanaimo	Parksville/ Qualicum/Port Alberni*	Comox Valley	Campbell River/Port Hardy*	Total
Community Services Manager	1	1	1	1	4
Team Leader	9	6	5	7	27
Child Protection	28	10	14	24	76
FGC/ OCC	1	1	1		3
Guardianship		3	2	2.6	7.6
Resources	6	2.75	3.5	3	15.25
Adoption			7		7
Child and Youth Mental Health	13	6.8	5	8	32.8
Child and Youth with Special Needs	4.5	2	1.5	2.5	10.5
Youth Justice	3	4	2	3	12
Administrative Support	16	10	10	10.8	46.8
Total	81.5	46.55	52	61.9	241.95

*These are two LSAs combined

Source: SDA-LSA-BIS-April 2013, SDD, Operational Management & Performance Branch

3.5 Strengths and Challenges

The EDS reported a diversity of strengths and challenges across the SDA.

Nanaimo LSA has a strong and cohesive group of experienced supervisors, and good ties to community and local contractors.

Parksville has taken a strong collaborative approach to address issues and trends. The local leadership team is co-located and consults and collaborates regularly for better client service. Parksville's challenge is that it serves as a bedroom community to both Courtenay and Nanaimo, which creates some competition with neighbouring communities.

Port Alberni has very strong and cohesive Early Childhood Development programming, and a west coast HUB that allows for good collaboration in that catchment area, which is more rural and isolated. Port Alberni's challenges include the complexities of the delegated Aboriginal agency's

mandate to provide off-reserve services, high CYSN caseloads, and limited resources. There is a need to streamline contracted services within the community to ensure that the community's needs are better met.

Comox Valley has experienced staff and a strong network of contracted agencies for both Aboriginal and non-Aboriginal services. The staff has developed solid working relationships with community partners.

Campbell River has a strong complement of competent senior staff despite many recent changes. The staff has been struggling to close a backlog of incidents, some that resulted from changes to policies, ICM implementation challenges, and a lack of continuity caused by shifts in leadership.

Staff members in Port Hardy are focussed on the functions of the work and developing skills and expertise. Practice improvements with and between staff and community service providers have been recognized. For example, shared leadership and collaboration with an Aboriginal agency have dramatically reduced the number of Aboriginal children coming into care. Port Hardy's challenge is its isolation, resulting in staffing shortages and the inability to plan proactively with clients.

3.6 Service Delivery to Aboriginal Children and Families

Ministry offices serving Aboriginal children, youth and families were included in this audit. In addition, delegated Aboriginal agencies (DAAs) with C6 Child Protection Delegation are currently being audited with the same FS Practice Audit tool. There is one DAA in the North Vancouver Island SDA that provides C6 services for both on and off-reserve Nuu-chah-nulth community members: Nuu-chah-nulth USMA Family and Child Services. There are two other DAAs in the North Vancouver Island SDA: Kw'umut Lelum Child and Family Services (located in Nanaimo) which provides C4 services for nine member nations, and K'wak'walat'si ('Namgis) Child and Family Services (located in Alert Bay) which provides C3 services for two communities on the North Island.

Aboriginal support services are provided through a number of service agencies in communities throughout the SDA. There are four friendship centres, located in Nanaimo, Port Alberni, Courtenay, and Port Hardy. Aboriginal CYMH in Parksville is contracted through Kw'umut Lelum Child and Family Services. Campbell River has an urban Aboriginal agency, Laichwiltach Family Life Society, and Sasamans Society (Voices of Our Children), which provides ROOTS and Family Navigators, among other programs.

SECTION III: FAMILY SERVICE PRACTICE AUDIT

This section provides information about the findings of the FS practice audit that was conducted in the North Vancouver Island SDA in April and May, 2013.

4. FINDINGS AND ANALYSIS

The findings are presented in tables that contain counts and percentages of ratings of “Achieved,” “Partially Achieved” (where applicable) and “Not Achieved” for each of the 24 critical measures in the FS practice audit tool. The records that were assessed as “Not Applicable” were excluded from the counts and percentage calculations, and the reasons for excluding these records are provided in the notes below the tables. 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 184 records in the samples selected for the audit. Nine of these records were subsequently assessed by the practice analysts as “Not Applicable” for every measure in the audit tool and discarded, leaving a revised combined total of 175 records in the samples. However, not all of the 175 records were assessed as applicable for every measure in the audit tool. The “n” under each measure in the tables refers to the number of records to which the measure was applicable.

4.1 Screening Assessment and Response Decision

Table 5 provides compliance rates for measures FS1.1 to FS3.3, which have to do with receiving, screening and responding to child protection reports, or requests for service. The rates are presented as percentages of records to which the measures were applied. The records include service requests, closed incidents, and open and closed cases. There were a total of 175 of these records in the sample. The notes below the table provide the numbers of records for which the measures were assessed as “Not Applicable” and explain why.

Table 5: Screening Assessment and Response Decision (Number of records in sample = 175)

Critical Measure	Achieved	Partially Achieved	Not Achieved
FS1.1 Obtaining a child protection report or request for service n=140*	89% (125/140)		11% (15/140)
FS1.2 Assessing the child protection report or request for service n=140*	47% (66/140)	10% (14/140)	43% (60/140)
FS2.1 Timeframe for assigning the response priority n=114**	31% (35/114)		69% (79/114)

FS2.2 Determining an appropriate response priority n=114**	53% (60/114)		47% (54/114)
FS3.1 Determining the response n=140*	72% (102/140)	9% (12/140)	19% (26/140)
FS3.2 Supervisory approval of the response n=140*	78% (109/140)		22% (31/140)
FS3.3 Response decision consistent with the assessment information n=140*	69% (97/140)		31% (43/140)

* 35 records were assessed as “Not Applicable” because they fell outside the audit timeframe

**61 records were assessed as “Not Applicable” (35 fell outside the audit timeframe, 23 were service requests, and 3 were incidents that did not require screening assessments because they should have been entered as service requests)

FS1.1 Obtaining a Child Protection Report or Request for Service

The compliance rate for this critical measure was **89%**. The measure was applicable to 140 of the 175 records in the sample; 125 of the 140 records were rated as achieved and 15 were rated as not achieved. Records that were rated as not achieved contained insufficient detail about the report or request for service. There was one instance in which insufficient caller information was documented because the caller had terminated the call prematurely. However, in other instances, the analysts were unable to determine whether the report received about the child or youth should have been assessed as a protection report or non-protection report because the information in the notes tabs in ICM was vague or ambiguous. In regard to the records rated as not achieved, the analysts found no information indicating that a child may have been left at risk of harm.

FS1.2 Assessing the Child Protection Report or Request for Service

The compliance rate for this critical measure was **47%**, with an additional **10%** partial compliance. The measure was applicable to 140 of the 175 records in the sample; 66 of the 140 records were rated as achieved, 14 were rated as partially achieved, and 60 were rated as not achieved. Partial compliance was achieved when the screening assessment was completed more than 24 hours after the initial report or request for service was received and the delay did not affect the immediate safety of the child. The low compliance rate was largely due to the absence of screening assessments. The screening assessment tool was made available in ICM more than three months after the system was implemented. This contributed to the absence of screening assessments.

FS2.1 Timeframe for Assigning the Response Priority

The compliance rate for this critical measure was **31%**. The measure was applicable to 114 of the 175 records in the sample; 35 of the 114 records were rated as achieved and 79 were rated as not achieved. The analysts observed that response times and priority fields in ICM were often left blank. This contributed to the low compliance rate for this measure. However, the analysts found

no indication that the blank fields reflected inaction or delayed action that may have left children at risk of harm.

FS2.2 Determining an Appropriate Response Priority

The compliance rate for this critical measure was **53%**. The measure was applicable to 114 of the 175 records in the sample; 60 of the 114 records were rated as achieved and 54 were rated as not achieved. The analysts observed that response times and priority fields in ICM were often left blank, and in some instances the notes in ICM documenting team leader consultation points did not clearly identify the response priority decision. As in FS2.1, the low compliance rate for this measure was largely due to the absence of screening assessments. In addition, some records that had screening assessments were rated as not achieved because response priorities were not assigned, or the assigned response priorities were assessed as inappropriate given the information in the screening assessments.

FS3.1 Determining the Response

The compliance rate for this critical measure was **72%**, with an additional **9%** partial compliance. The measure was applicable to 140 of the 175 records in the sample; 102 of the 140 records were rated as achieved, 12 were rated as partially achieved, and 26 were rated as not achieved. Partial compliance was achieved when the response was determined more than 5 calendar days after the initial report or request for service was received and the delay did not affect the immediate safety of the child. The analysts observed that in all 26 records rated as not achieved either the screening assessments were missing or the response decisions were not recorded anywhere in ICM. In regard to records rated as not achieved, the analysts verified and confirmed that the immediate safety of the children had not been affected.

FS3.2 Supervisory Approval of the Response

The compliance rate for this critical measure was **78%**. The measure was applicable to 140 of the 175 records in the sample; 109 of the 140 records were rated as achieved and 31 were rated as not achieved. Records rated as not achieved did not have supervisory approvals for the response decisions that were documented within the required 24 hour timeframe.

FS3.3 Response Decision Consistent with the Assessment Information

The compliance rate for this critical measure was **69%**. The measure was applicable to 140 of the 175 records in the sample; 97 of the 140 records were rated as achieved and 43 were rated as not achieved. This moderate compliance rate was largely due to the absence of screening assessments and/or response decisions in the records. The analysts found that 3 records rated as not achieved had non-protection response decisions that should have been assessed as requiring protection responses. In 2 of these 3 records, further information was collected and supports were subsequently provided which adequately addressed the risk factors presented in the initial reports and family histories. The remaining record was referred to the team leader for action because information in the record suggested that the child may have been in need of protection under section 13 of the *Child, Family and Community Service Act*.

4.2 Safety Assessment and Planning

Table 6 provides compliance rates for measures FS4.1 to FS4.4, which have to do with completing a child safety assessment, making a child safety decision, and involving the family in the development of a safety plan. The rates are presented as percentages of all records to which the measures were applied. The records included closed incidents and open and closed cases. There were a total of 152 of these records in the sample. The notes below the table provide the numbers of records for which the measures were assessed as “Not Applicable” and explain why.

Table 6: Safety Assessment and Planning (Number of records in sample = 152)

Critical Measure	Achieved	Partially Achieved	Not Achieved
FS4.1 Complete safety assessment n=84*	60% (50/84)		40% (34/84)
FS4.2 Make safety decision n=84*	38% (32/84)	35% (29/84)	27% (23/84)
FS4.3 Develop safety plan with family n=56**	77% (43/56)		23% (13/56)
FS4.4 Collaborative planning and decision making n=10***	20% (2/10)		80% (8/10)

*68 records were assessed as “Not Applicable” (29 fell outside the audit timeframe, 33 were non-protection and 6 had supervisory approval to terminate the INV or FDR)

**96 records were assessed as “Not Applicable” (29 fell outside the audit timeframe, 33 were non-protection, 6 had supervisory approval to terminate the INV or FDR and 28 did not identify safety factors in the safety assessment)

***142 records were assessed as “Not Applicable” (29 fell outside the audit timeframe, 33 were non-protection, 6 had supervisory approval to terminate the INV or FDR and 74 reached agreement on a safety plan and did not require the use of alternative dispute resolution processes)

FS4.1 Completing the Safety Assessment

The compliance rate for this critical measure was **60%**. The measure was applicable to 84 of the 152 records in the sample; 50 of the 84 records were rated as achieved and 34 were rated as not achieved. The 34 records rated as not achieved met one or both of the following criteria: the safety assessment process was not completed during the first in-person meeting with the family; the child was not seen during the first in-person meeting with the family. In regard to the records rated as not achieved, the analysts verified and confirmed that the children had not been left at risk of harm.

FS4.2 Making a Safety Decision Consistent with the Safety Assessment

The compliance rate for this critical measure was **38%**, with an additional **35%** partial compliance. The measure was applicable to 84 of the 152 records in the sample; 32 of the 84 records were rated as achieved, 29 were rated as partially achieved, and 23 were rated as not achieved. Partial compliance was achieved when the safety assessment form was completed more than 24 hours after the safety assessment process with the family and included a safety decision,

and the information in the record indicated that the delay did not affect the immediate safety of the child. The 23 records rated as not achieved lacked completed safety assessment forms and documentation of supervisory approvals. In regard to these 23 records, the analysts verified and confirmed that the immediate safety of the children had not been affected.

FS4.3 Involving the Family in the Development of a Safety Plan

The compliance rate for this critical measure was **77%**. The critical measure was applicable to 56 of the 152 records in the sample; 43 of the 56 records were rated as achieved and 13 were rated as not achieved. The measure was only applicable when safety factors were identified during the safety assessment process with the family. The records rated as not achieved lacked documented safety plans that adequately addressed the safety factors identified during the safety assessment process, or failed to show that the safety plans had been developed in collaboration with the families or that documented plans had been shared with the families, as required. One of the 13 records rated as not achieved was referred to the team leader for action because information in the record suggested that the child may have been left at risk of harm.

FS4.4 Collaborative Planning and Decision Making

The compliance rate for this critical measure was **20%**. The measure was applicable to 10 of the 152 records in the sample; 2 of the 10 records were rated as achieved and 8 were rated as not achieved. The measure was only applicable when agreement on meeting child safety issues or a safety plan had not been reached with the family. In regard to the 8 records rated as not achieved, it is possible that collaborative planning and decision making processes had occurred or were occurring outside of the incident timeframe. Mediation and family group conferences can often take more than 30 days to organize and implement and are often not documented in the record due to legislative restrictions governing disclosure of the content of the agreements and decisions that result from these processes.

4.3 Vulnerability Assessment and Protection Finding

Table 7 provides compliance rates for measures FS5.1 to FS6.1, which have to do with completing a vulnerability assessment and making a decision on the need for protection services. The rates are presented as percentages of all records to which the measure was applied. The records included closed incidents, and open and closed cases. There were a total of 152 of these records in the sample. The notes below the table provide the numbers of records for which the measures were assessed as “Not Applicable” and explain why.

Table 7: Vulnerability Assessment and Protection Finding (Number of records in sample = 152)

Critical Measure	Achieved	Partially Achieved	Not Achieved
FS5.1 Completing vulnerability assessment n=84*	62% (52/84)		38% (32/84)
FS5.2 Determine level of vulnerability n=84*	68% (57/84)		32% (27/84)
FS5.4 Timeframe for vulnerability assessment n=84*	31% (26/84)	26% (22/84)	43% (36/84)
FS6.1 Decision on need for protection services n=84**	83% (70/84)		17% (14/84)

*68 records were assessed as “Not Applicable” (23 had no INV or FDR in progress within the audit timeframe, 33 were non-protection, and 12 had supervisory approval to terminate the INV or FDR)

FS5.1 Completing the Vulnerability Assessment

The compliance rate for this critical measure was **62%**. The measure was applicable to 84 of the 152 records in the sample; 52 of the 84 records were rated as achieved and 32 were rated as not achieved. Records were rated as not achieved when they lacked a completed vulnerability assessment form, had an incomplete vulnerability assessment form, or lacked supervisory approval of the vulnerability assessment.

FS5.2 Determining a Final Vulnerability Level

The compliance rate for this critical measure was **68%**. The measure was applicable to 84 of the 152 records in the sample; 57 of the 84 records were rated as achieved and 27 were rated as not achieved. The moderate compliance rate for this measure was largely due to the absence or incomplete state of the vulnerability assessments. In addition, 4 records that contained completed vulnerability assessments and were approved by the supervisors were rated as not achieved because the levels of vulnerability selected were not consistent with the information in the records. This discrepancy may have been caused by flaws in the automated forms on ICM that have since been identified and corrected.

FS5.4 Timeframe for Completing a Vulnerability Assessment

The compliance rate for this critical measure was **31%**, with an additional **26%** partial compliance. The measure was applicable to 84 of the 152 records in the sample; 26 of the 84 records were rated as achieved, 22 were rated as partially achieved, and 36 were rated as not achieved. Records were rated as partially achieved when the vulnerability assessments were completed after the required 30 day timeframe, and not achieved when the vulnerability assessments were completely lacking.

FS6.1 Decision on Whether the Child or Youth Needs Protection Services

The compliance rate for this critical measure was **83%**. The measure was applicable to 84 of the 152 records in the sample; 70 of the 84 records were rated as achieved and 14 were rated as not achieved. The records rated as not achieved met one or more of the following criteria: there was insufficient information in the assessments and notes to determine whether ongoing protection services were needed; the records did not contain decisions on whether ongoing protection services were provided; there was information in the record indicating that ongoing monitoring of the child’s well-being was required but not provided; the decision to provide ongoing protection services was not consistent with the information gathered in the vulnerability assessment. This discrepancy could have been caused by flaws that were later discovered in the automated forms in ICM. However, one of the 14 records rated as not achieved was referred to the team leader for action because information in the record suggested that the children may have been left in need of protection services.

4.4 Strengths and Needs Assessment

Table 8 provides compliance rates for measures FS7.1 and FS7.2, which have to do with completing a family and child strengths and needs assessment and documenting supervisory approval of the assessment. The rates are presented as percentages of all records to which the measures were applied. The records included open and closed cases. There were a total of 55 of these records in the sample. However, not all of the 55 records were assessed as applicable for every measure. The “n” under each measure in the table refers to the number of records to which the measure was applied. The notes below the table indicate how many records were assessed as “Not Applicable” for each measure and explain why.

Table 8: Strengths and Needs Assessment (Number of records in sample = 55)

Critical Measure	Achieved	Partially Achieved	Not Achieved
FS7.1 Complete strengths and needs assessment n=37*	24% (9/37)		76% (28/37)
FS7.2 Supervisory approval of strengths and needs assessment n=37*	22% (8/37)		78% (29/37)

*18 records were assessed as “Not Applicable” (10 were open in error due to MIS conversions and 8 were open to provide voluntary support services)

FS7.1 Completing a Family and Child Strengths and Needs Assessment

The compliance rate for this critical measure was **24%**. The measure was applicable to 37 of the 55 records in the sample; 9 of the 37 records were rated as achieved and 28 were rated as not achieved. The records rated as not achieved had no strengths and needs assessments documented in ICM or the physical files.

FS7.2 Supervisory Approval of the Strengths and Needs Assessment

The compliance rate for this critical measure was **22%**. The measure was applicable to 37 of the 55 records in the sample; 8 of the 37 records were rated as achieved and 29 were rated as not achieved. As in FS7.1, 9 records had completed strengths and needs assessments. Of these 9 records, 8 had supervisory approvals and were rated as achieved, and 1 did not have supervisory approval and was rated as not achieved. The other 28 records that were rated as not achieved had no strengths and needs assessments documented in ICM or the physical files.

4.5 Family Plan

Table 9 provides compliance rates for measures FS7.3 and FS7.4, which have to do with developing a family plan in collaboration with the family and integrating a safety plan within the family plan. The rates are presented as percentages of all records to which the measures were applied. The records included open and closed cases. There were a total of 55 of these records in the sample. However, not all of the 55 records were assessed as applicable for every measure. The “n” under each measure in the table refers to the number of records to which the measure was applied. The notes below the table provide the numbers of records for which the measure was assessed as “Not Applicable” and explain why.

Table 9: Family Plan (Number of records in sample = 55)

Critical Measure	Achieved	Partially Achieved	Not Achieved
FS7.3 Develop family plan with family n=36*	25% (9/36)	6% (2/36)	69% (25/36)
FS7.4 Integrate safety plan in family plan n=35**	26% (9/35)	3% (1/35)	71% (25/35)

*19 records were assessed as “Not Applicable” (10 were open in error due to MIS conversions, 8 were open to provide voluntary support services, and 1 was assessed as not applicable because family members were not available)

**20 records were assessed as “Not Applicable” (10 were open in error due to MIS conversions, 8 were open to provide voluntary support services, 1 was assessed as not applicable because family members were not available, and 1 did not contain unresolved concerns from the safety plan that needed to be integrated into the family plan).

FS7.3 Developing the Family Plan with the Family

The compliance rate for this critical measure was **25%**, with an additional **6%** partial compliance. The measure was applicable to 36 of the 55 records in the sample; 9 of the 36 records were rated as achieved, 2 were rated as partially achieved, and 25 were rated as not achieved. Records were rated as partially achieved when family plans had been developed in collaboration with the families, but not within the applicable timeframe. The practice analysts who conducted the audit were looking for risk reduction service plans or family plans that were completed within 15 days of completing the FDR or INV stage, or within 30 days, if the cases were transferred to other workers. Records rated as not achieved did not have family plans documented in ICM or the physical files.

FS7.4 Integrating the Safety Plan into the Family Plan

The compliance rate for this critical measure was **26%**, with an additional **3%** partial compliance. The measure was applicable to 35 of the 55 records in the sample; 9 of the 35 records were rated as achieved, 1 was rated as partially achieved, and 25 were rated as not achieved. Records were rated as partially achieved when elements of the safety plans that needed to remain in place were integrated into the family plans but not within the applicable timeframe. Similar to FS7.3, records rated as not achieved did not have family plans documented in ICM or the physical files.

4.6 Formal Reassessment

Table 10 provides compliance rates for measures FS8.1 and FS8.2, which have to do with completing a vulnerability reassessment or a reunification assessment. The rates are presented as percentages of records to which the measures were applied. The records included open and closed cases. There were a total of 55 of these records in the sample. However, not all of the 55 records were assessed as applicable for every measure. The “n” under each measure in the table refers to the number of records for which the measure was applicable. The notes below the table provide the numbers of records for which the measures were assessed as “Not Applicable” and explain why.

Table 10: Formal Reassessment (Number of records in sample = 55)

Critical Measure	Achieved	Partially Achieved	Not Achieved
FS8.1 Complete vulnerability reassessment n=27*	33% (9/27)		67% (18/27)
FS8.2 Complete reunification assessment n=10**	40% (4/10)		60% (6/10)

*28 records were assessed as “Not Applicable” (10 were open in error due to MIS conversions, 8 were open to provide voluntary support services, 1 did not have vulnerability reassessments due within the audit timeframe, and 10 related to children in care and were therefore applicable for critical measure FS8.2

**45 records were assessed as “Not Applicable” (10 were open in error due to MIS conversions, 8 were open to provide voluntary support services, 1 did not have vulnerability reassessments due within the audit timeframe, and 26 were related to children out of care and were therefore applicable for critical measure FS8.1

FS8.1 Completing a Vulnerability Reassessment

The compliance rate for this critical measure was **33%**. The measure was applicable to 27 of the 55 records in the sample; 9 of the 27 records were rated as achieved and 18 were rated as not achieved. Records rated as not achieved did not have vulnerability assessments documented in ICM or the physical files.

FS8.2 Completing a Reunification Assessment

The compliance rate for this critical measure was **40%**. The measure was applicable to 10 of the 55 records in the sample; 4 of the 10 records were rated as achieved and 6 were rated as not

achieved. Records rated as not achieved did not have reunification assessments documented in ICM or the physical files.

4.7 Case Transfer and Case Closure

Table 11 provides compliance rates for measures FS9.1 to FS9.4, which have to do with transferring and closing cases. The rates are presented as percentages of all records to which the measures were applied. The records included open and closed cases. There were a total of 55 of these records in the sample. However, not all of the 55 records were assessed as applicable for every measure. The “n” under each measure in the table refers to the number of records to which the measure was applied. The notes below the table provide the numbers of records for which the measures were assessed as “Not Applicable” and explain why.

Table 11: Case Transfer and Case Closure (Number of records in sample = 55)

Critical Measure	Achieved	Partially Achieved	Not Achieved
FS9.1 Decision on case transfer n=9*	67% (6/9)		33% (3/9)
FS9.2 Supervisory approval for case transfer n=9*	89% (8/9)		11% (1/9)
FS9.3 Decision on case closure n=20**	75% (15/20)		25% (5/20)
FS9.4 Supervisory approval for case closure n=20**	85% (17/20)		15% (3/20)

*46 records were assessed as “Not Applicable” (36 did not involve a case transfer and 10 were open in error due to MIS conversions)

**35 records were assessed as “Not Applicable” (25 did not involve a case closure and 10 were open in error due to MIS conversions)

FS9.1 Decision on Transferring a Case

The compliance rate for this critical measure was **67%**. The measure was applicable to 9 of the 55 records in the sample; 6 of the 9 records were rated as achieved and 3 were rated as not achieved. The records rated as not achieved did not have documented approvals from the supervisors of both the originating and receiving workers for the decision to transfer the cases.

FS9.2 Supervisory Approval for Transferring a Case

The compliance rate for this critical measure was **89%**. The measure was applicable to 9 of the 55 records in the sample; 8 of the 9 records were rated as achieved, and 1 was rated as not achieved because supervisory approval was not documented.

FS9.3 Decision on Closing a Case

The compliance rate for this critical measure was **75%**. The measure was applicable to 20 of the 55 records in the sample; 15 of the 20 records were rated as achieved and 5 were rated as not achieved. The analysts who conducted the audit were looking for information indicating that, at the points of closure, the goals in the family plans were achieved, protection concerns were resolved, vulnerabilities were being managed safely, and the families were able to access and use resources. The records rated as not achieved did not meet one or more of these criteria before the decisions to close the cases were made.

FS9.4 Supervisory Approval for Closing a Case

The compliance rate for this critical measure was **85%**. The measure was applicable to 20 of the 55 records in the sample; 17 of the 20 records were rated as achieved and 3 were rated as not achieved. The analysts who conducted the audit were looking for information indicating that supervisory approvals were obtained and documented prior to case closures or, if the criteria for closing was not met, the supervisors had granted exceptions. The records that were rated not achieved did not have documented supervisory approvals to close the cases.

Records Identified for Action

Quality assurance policy and procedures require practice analysts to 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 the course of this audit, 3 records were identified for action because the information in the records suggested that the children may have been left at risk of harm or in need of protection services. (See FS3.3 on page 11, FS4.3 on page 13, and FS6.1 on page 15.) A fourth record was identified for action because the information in the record suggested that a Reportable Circumstance Report was required for a youth in care. The team leaders, community services managers, and executive director of service were immediately notified and subsequently confirmed that all protection concerns had been addressed.

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 information in this section is intended to inform the development of action plans to improve practice.

The SDA overall compliance rate was **59%**, with an additional **15%** partial compliance.

5.1 Documentation

The practice analysts who conducted the audit found that social workers were diligent in documenting information from callers and identifying the circumstances of the concerns being reported. In many incidents, the analysts found within the ICM notes tabs extensive descriptions of the actions that were initiated and the support services that were provided. Despite the low number of completed screening assessment forms within incidents, there was often evidence of prompt recording, thorough assessment of caller information, and supervisory consultation located elsewhere in the records. The compliance rate for screening assessments would have been higher if this information had been documented in the assessment forms.

In reviewing the entirety of the records, the analysts found that guidelines in Physical Document Management related to ICM Service Request, Incident or Case (2012) were not always followed. Specifically, there were inconsistencies in how and where key decision points and supervisory approvals were documented in ICM. For example, the analysts found that the required documentation was often recorded in various places, including ICM notes, SDM tools, attachments (emails, case notes) and ICM “about record” fields. In general, analysts found detailed information chronicling activities, such as meetings and planning sessions. However, less attention was placed on documenting information within assessment tools or consolidated family plans. Higher compliance could be achieved by including more content in the SDM tools. Conversely, in the few records where documentation within ICM notes was an issue, improvement could be made by correctly labeling notes, documenting dates when actions took place, identifying those involved, and itemizing the frequency of visitation and supervisory consultations.

The analysts also found that the transition from the FDR assessment phase to the FDR protection services phase was not being documented. As a result, analysts were unable to determine, within an incident, when the FDR assessment phase ended and the FDR protection services phase began. This posed a rating challenge, as the FDR protection services phase requires the completion of additional structured decision making tools.

5.2 Child Protection Response

Achievement of the standard governing decisions on whether children need ongoing protection services was high, with a compliance rate of 83%. (See critical measure FS6.1.) As previously stated, although the analysts found the documentation to be fragmented across various tools, forms and attachments, there was sufficient information documented leading up to the decisions on whether protection services were needed. This information included the outcomes of investigative interviews, collateral checks, collaborative work with families and supervisory consultations, and the rationales for the decisions made.

5.3 ICM

The analysts identified a number of issues related to social workers’ use of ICM. In regard to open FS cases, the analysts found that 44% of the FS cases that were audited did not have a closed incident attached. Instead, there were multiple incidents open for longer than 6 months. The absence of a closed incident meant that critical measures FS1.1 to FS6.1 were not applicable to the cases, and therefore they were only audited from FS7.1 onward.

Also the compliance rate for use of the screening assessment tool was low. This was likely due to the tool not being available in ICM when the system was first implemented. It is expected that use of the screening assessment tool in ICM has increased (and will continue to increase) over time, and therefore the compliance rates for critical measures that rely on completion of the screening assessment tool should also increase over time.

Finally, in a small number of records, analysts found corrupted attachments and instances where physical copies of documents had not been saved, or saved documents were blank. The Helpdesk was notified and tasked with the responsibility of recovering the corrupted documents. When a corrupted document was not recoverable, the social worker was notified and another service request or incident within that case was audited. If the case did not contain another service request or incident, a new case was selected for the audit.

5.4 Use of the Structured Decision Making Tools

Overall, the compliance rates for use of the structured decision making tools were low to moderate. The analysts found that the structured decision making tools associated with incidents were completed at a higher rate than the structured decision making tools associated with the provision of ongoing services. Specifically, compliance rates for screening assessments, safety assessments, and vulnerability assessments were in the 47-62% range, while compliance rates for family and child strengths and needs assessments, family plans, and vulnerability reassessments were in the 24%-33% range. This suggests that social workers may be prioritizing the use of structured decision making tools related to investigations of child protection reports.

The analysts also found that, within some of the completed structured decision making tools, only the boxes were checked and no narrative information was added. Adding descriptions of the families' circumstances would provide a better understanding of how decisions are made.

5.5 Timeliness

An area of practice that the analysts identified as needing improvement was meeting required timeframes. Specifically, completion of structured decision making tools and corresponding supervisory approvals within required timeframes often had low compliance rates. The analysts also found that many incidents coded as needing a protection response were open well beyond the 30 and 120-day timeframes specified in practice standards.

5.6 Collaborative Practice

The analysts found that the documentation of efforts to collaboratively engage families in planning processes could be improved. For example, safety assessments often did not meet the standards and follow the procedures that are in place to ensure that families are participating in identifying their own needs and finding solutions. It was also difficult to determine if the documented efforts to involve the family and the child or youth had occurred during the safety assessment process or first in-person meeting with the family. The compliance rate for involving family members in developing family plans was also very low. The analysts found that very few of the applicable cases contained consolidated family plans that itemized the interventions or services the families identified as most supportive. One way of improving compliance in this area would be to

document all family case planning meetings, conferences and mediations in consolidated forms, within the required timeframes.

6. ACTIONS TAKEN TO DATE

As part of the ICM continuous improvement process, the first set of enhancements to ICM (ICM Release 2.1) was implemented in July, 2012, and further changes (ICM Release 2.2) were introduced in September, 2012. These changes resulted from feedback from ministry staff and contractors in key areas that benefited service delivery. Relative to the ministry’s child safety and family support services, ICM Release 2.2 focused on:

- Improving the ability to find information quickly, enhancements that were intended to allow users to quickly find information and respond to concerns
- Improving the ability to enter information quickly, enhancements that were intended to save users time by decreasing the amount of time spent entering information into ICM
- Improving data quality, enhancements that were intended to improve data quality in ICM, providing staff with accurate and up-to date client information
- Forms and ICM production reports, enhancements that were intended to improve the integration and usability of forms, saving staff time and improving the quality of information in the system. This category also includes Child, Family and Community Service Act (CFCSA) and General Disclosure ICM Production Reports.

ICM Release 2.2 was the largest update to the system since Phase 2 went live in April, 2012, incorporating over 300 enhancements and updates. In conjunction with these changes, frontline practitioners and team leaders received training in 17 core competencies for ICM users. This competency validation training is provided to all newly-hired staff, as needed.

7. ACTION PLAN

Action	Person Responsible	Completion Date
At the CFCSA Team Leader Forum, review casework requirements for completion of the safety assessment process for all incidents that are assigned an FDR or INV response, and discuss tracking system for casework activities that are currently not tracked or reported through the ICM system (e.g., screening; strengths and needs assessments; plans of care, etc.)	Doug Hillian, Director of Practice	March 3-4, 2015
Implement at the individual Team Leader level a tracking system for casework activities that are currently not tracked or reported through the ICM system (e.g., screening; strengths and needs assessments; plans of care, etc.) The intended outcome is to assist social works and team leaders in actively monitoring required casework practice/tasks.	Tom Weber, EDS Community Services Managers CFD Consultants	June 2015

