



East Fraser Service Delivery Area

Family Service Practice Audit

Report Completed: March 2016

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INTRODUCTION

This section of the report provides information about the purpose and methodology of the Family Service (FS) practice audit that was conducted in the East Fraser Service Delivery Area (SDA) from September to December, 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 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 four lists were randomized at the SDA level, and samples were selected at a 90% confidence level, with a 10% margin of error.

Table 1: Selected Records for FS Practice Audit in the East Fraser SDA

Record status and type	Total number at SDA level	Sample size
Closed non-protection incident	168	48
Closed protection incident	423	58
Open FS case	274	55
Closed FS case	39	24

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

The sampled records were assigned to a practice analyst on the provincial audit team for review. The analyst 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 analyst 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.

In reviewing sampled records, the analyst focused on practice that occurred during a 12-month period from September 1, 2013, to August 30, 2014. This was approximately a year and a half after implementation of Chapter 3 of the Child Safety and Family Support Policies and the ICM system - before revisions were made to Chapter 3 in September 2014, and before ICM was updated in November 2014. Chapter 3 contains child protection policies, standards and procedures, including Structured Decision Making (SDM) tools, some of which were embedded in ICM at the time that this audit was conducted.

Quality assurance policy and procedures require that practice analysts identify for action any record that suggests a child may need protection under section 13 of the *Child, Family and Community Service Act*. During the audit process, the practice analyst watches for situations in which the information in a record suggests that a child may have been left in need of protection. When identified, the record is brought to the attention of the responsible team leader (TL) and community services manager (CSM), as well as the executive director of service (EDS), for follow up, as appropriate.

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 East Fraser SDA consists of urban and rural communities located in British Columbia's Lower Mainland. Its southern border extends along the northern border of the State of Washington, USA. The SDA's western border runs alongside (but does not include) the communities of Langley and Maple Ridge. Beyond the SDA's most northern community, Boston Bar, lie the dense forests and mountain terrain of the Thompson Cariboo Shuswap SDA. To the east are the Okanagan SDA communities of Princeton and Penticton. The major industries within the East Fraser SDA are agriculture, logging and tourism.

3.2 Demographics

As shown in Table 2, the East Fraser SDA has a population of approximately 289,689, representing 6.25% of the provincial population. Children and youth under 19 years of age number about 66,423, representing 7.42% of the provincial child population. The Aboriginal population in the SDA is approximately 18,405. Within the Aboriginal population, there are about 7,295 children and youth under 19 years of age, representing approximately 11% of the SDA child population.

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

East Fraser SDA Population		East Fraser SDA Child Population by Age Cohort and Aboriginal Status				
	Total	0 - 18	0 - 2	3 - 5	6 - 12	13 - 18
All	289,689	66,423	10,072	10,344	24,081	21,926
Aboriginal	18,405	7,295	1,030	1,010	2,590	2,665

Sources: BC Statistics Population Projections, P.E.O.P.L.E. 2014; Statistics Canada, 2011 National Household Survey (NHS) Aboriginal Population Profile

Table 3 shows the East Fraser 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 8% of the 3 to 5 year-old children in the province.

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

East Fraser SDA Child Population and Percentage of Provincial Child Population by Age Cohort		
0-2	10,072	8%
3-5	10,344	8%
6-12	24,081	8%
13-18	21,926	7%

Sources: BC Stats Population Projections, P.E.O.P.L.E. 2014; Statistics Canada, 2011, National Household Survey (NHS)

3.3 Service Delivery

The East Fraser SDA has four Local Service Areas (LSAs): Abbotsford, Chilliwack, Fraser/Cascades, and Mission. Two community services managers (CSMs) are assigned to the Abbotsford LSA: one is responsible for delivery of services (protection and non-protection) to non-Aboriginal children and families and the other is responsible for delivery of services (protection and non-protection) to Aboriginal children and families. The remaining three LSAs each have a CSM responsible for the delivery of services within its boundaries, including services for Aboriginal children and families residing on and off reserve that are not served by a delegated Aboriginal agency.

Each CSM is responsible for delivery of five of the ministry's six service lines. These services are Early Years; Children and Youth with Special Needs (CYSN); Child and Youth Mental Health (CYMH); Child Safety, Family Support and Children in Care; and Youth Justice. The only service line that is centralized in the East Fraser SDA is Adoption (Aboriginal and non-Aboriginal).

The SDA has both integrated and specialized teams, depending on the size of the community served. For example, in the urban centre of Abbotsford there are separate teams for intake and family service, as well as specialized caseloads for resources, guardianship, and youth justice services. In more rural communities, such as Hope, the teams employ a generalist model with each social worker providing a host of services.

The East Fraser SDA has many community agencies that provide contracted services. The CSMs manage their own contracts with agencies located within their LSAs. Some of the larger agencies provide services for all four LSAs. These agencies are Abbotsford Community Services, Mission Community Services, Chilliwack Community Services, and Agassiz/Harrison Community Services.

3.4 Staffing

Table 4 provides a count of the full time-equivalent (FTE) positions within each LSA at the time that the audit was conducted. The table shows that the ratio of team leaders to other professional staff (excluding CSMs) was approximately 1 to 7, and the ratio of administrative staff to professional staff (including CSMs) was approximately 1 to 5 for the SDA as a whole.

Table 4: Staffing by LSA

	Abbotsford (Non-Aboriginal)	Abbotsford (Aboriginal)	Chilliwack	Fraser/ Cascades	Mission	Total
Administrative Professionals	13.75	.5	8	2.5	3.5	28.25
Adoption Workers	8					8
CSMs	1	1	1	1	1	5
Child Protection Workers	20	1	8.5	7	9.5	46
CYMH	11.7	5	5.95	1.9	3.1	27.65
CYSN	4		3		1	8
Family Group Conference Facilitators			3			3
Guardianship Workers	2.5		2.5			5
Resource Workers	4		3	1	2	10
Team Leaders	8	2	5	3	2	20
Youth Justice/ Youth Services	3		1.5	1	1.5	7
Total	75.95	9.5	41.45	17.4	23.6	167.9

Source: Operational Performance & Strategic Management Report: July 2014

3.5 Strengths and Challenges

Collaboration is a particular strength in the East Fraser SDA. The CSMs describe themselves as the “drivers of collaborative community partnerships.” They engage with local agencies to deliver services that meet the needs and complexities in each LSA. In doing so, they have established excellent relationships with the school districts, health units, the RCMP, and community agencies. The CSMs are especially proud of the partnerships they have established with family practice physicians, which have helped to create and maintain youth health clinics in each LSA. The CSMs are also part of the Early Childhood planning tables in their communities. Working relationships with the ministry’s provincial office—including the Director of Practice and Practice Consultants assigned to the SDA—was described as accessible and helpful.

Another strength that was identified is staff engagement at all levels, including administrative, front line and supervisory staff, and strengths-based practice was identified as the primary driver for exceeding their 2015/16 targets for permanence for children and youth in care (the SDA is currently at 103% attainment of the 2015/16 fiscal year permanence target).

One challenge facing the East Fraser SDA is the lack of public transit in many of the outlying rural communities. Many families live in poverty in small towns and on reserves, without personal means of transportation. Many places, like Boston Bar, have no regularly scheduled daily transit within, or between, communities. This is a significant barrier to accessing informal and formal support networks.

Another challenge is the large caseloads of CYSN workers. Understaffing has made it extremely difficult to shift from providing emergency responses for individual families to a more pro-active, preventative approach to service delivery. A shortage of residential resources (group homes) and level 3 foster homes was also cited as a major challenge for the SDA.

3.6 Service Delivery to Aboriginal Children and Families

There is one delegated Aboriginal agency in the East Fraser SDA. The Fraser Valley Child and Family Services Society (FVACFSS) has C6 delegation and operates a central office in Chilliwack, as well as regional offices in Abbotsford, Agassiz, Langley, and Mission. FVACFSS provides on reserve services for 28 member bands and the urban Aboriginal population in the Fraser Valley geographic area.

There is one Aboriginal child protection team in the SDA and it is located in Abbotsford. The remaining teams within each LSA provide the full spectrum of services for Aboriginal families that are not served, or do not wish to be served, by FVACFSS. In addition, each band within the SDA has a designated child protection worker located in the district offices. There are also MCFD social workers on the Sts'ailes reserve providing intake, family service and guardianship services on site.

EAST FRASER SDA FAMILY SERVICE PRACTICE AUDIT

This section provides information about the findings of the FS practice audit that was conducted in the East Fraser SDA from September to December, 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 FS Practice Audit Tool (FS1 to FS30). 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.

Combined, there were 185 records in the samples that were selected for this audit. However, not all of the measures in the audit tool were applicable to all 185 records in the 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 include footnotes indicating the number of records to which a measure was not applicable and explaining why.

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 48 closed non-protection incidents and 58 closed protection incidents.

Table 5: Report and Screening Assessment (n =106)

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	106	100	94%	6	6%
FS 2: Conducting a Prior Contact Check (PCC)	106	82	77%	24	23%
FS 3: Assessing the Report about a Child or Youth's Need for Protection	106	99	93%	7	7%
FS 4: Timeframe for Assessing the Report about a Child or Youth's Need for Protection	106	87	82%	19	18%

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 **94%**. The measure was applied to all 106 records in the samples; 100 of the 106 records were rated achieved and 6 were rated not achieved. The 100 records rated achieved had comprehensive documented information on the report about a child or

youth's need for protection, and this information was used to inform an appropriate screening assessment response priority and response decision.

All of the 6 records rated not achieved had insufficient details about the circumstances of the reports.

FS 2: Conducting a Prior Contact Check (PCC)

The compliance rate for this critical measure was **77%**. The measure was applied to all 106 records in the samples; 82 of the 106 records were rated achieved and 24 were rated not achieved. The 82 records rated achieved had comprehensive and itemized summaries of past involvements with the ministry, including when they occurred and what the outcomes were.

Of the 24 records rated not achieved, 16 had no documentation indicating that PCCs were completed and 8 did not adequately summarize past service involvements or 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 **93%**. The measure was applied to all 106 records in the samples; 99 of the 106 records were rated achieved and 7 were rated not achieved. For a rating of achieved, this measure requires that the "Identifying Information," "Assessment" and "Screening Decision" sections of the Screening Assessment form be completed in a comprehensive manner. The vast majority of records reviewed for this audit met these criteria.

Of the 7 records rated not achieved, 6 lacked a Screening Assessment (including 1 that had a blank Screening Assessment form) and 1 had an incomplete Screening Assessment.

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

The compliance rate for this critical measure was **82%**. The measure was applied to all 106 records in the samples; 87 of the 106 records were rated achieved and 19 were rated not achieved. The 87 records rated achieved had a fully completed Screening Assessment form and the Screening Assessment had been completed within 24 hours of receiving the report.

Of the 19 records rated not achieved, 7 lacked a fully completed Screening Assessment and 12 had a Screening Assessment that had not been completed within the required 24-hour timeframe. Of the 12 Screening Assessments that had not been completed within the required timeframe, 8 were completed within 30 days, 3 were completed between 30 and 90 days, and 1 was completed between 180 and 365 days after the report was received. In regard to the records rated not achieved, the analyst was able to confirm that the immediate safety of the children was not a concern at the time that the records were reviewed.

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 48 closed non-protection incidents and 58 closed protection incidents.

Table 6: Response Decision (n = 106)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 5: Assigning an Appropriate Response Priority	106	96	91%	10	6%
FS 6: Timeframe for Assigning an Appropriate Response Priority	106	87	82%	19	18%
FS 7: Making an Appropriate Response Decision	106	106	100%	0	0%
FS 8: Making a Response Decision Consistent with the Assessment of the Report	106	102	96%	4	4%
FS 9: Timeframe for Making an Appropriate Response Decision	106	96	91%	10	9%
FS 10: Supervisory Approval of the Response Decision	106	71	67%	35	33%

FS 5: Assigning an Appropriate Response Priority

The compliance rate for this critical measure was **91%**. The measure was applied to all 106 records in the samples; 96 of the 106 records were rated achieved and 10 were rated not achieved. The 96 records rated achieved had an appropriate response priority on the Screening Assessment form.

Of the 10 records rated not achieved, 6 lacked a Screening Assessment (including 1 that had a blank Screening Assessment form), 3 were coded non-protection when information in the record indicated that either a “high” or “urgent” response priority was required, and 1 was coded protection with a “high” response priority when information in the record indicated that a non-protection response was required. In regard to the records rated not achieved, the analyst was able to confirm that the immediate safety of the children was not a concern at the time that the records were reviewed.

FS 6: Timeframe for Assigning an Appropriate Response Priority

The compliance rate for this critical measure was **82%**. The measure was applied to all records in the samples; 87 of the 106 records were rated achieved and 19 were rated not achieved. In the 87 records rated achieved, relevant sections of the Screening Assessment were completed and the response priority was assigned within 24 hours, as required.

Of the 19 records rated not achieved, 6 lacked a Screening Assessment (including 1 that had a blank Screening Assessment form) and 13 had a response priority that was not assigned within the required 24-hour timeframe. Of the 13 response priorities that were not assigned within the required timeframe, 9 were assigned within 30 days, 3 were assigned between 30 and 90 days, and 1 was assigned between 180 and 365 days. In regard to the records rated not achieved, the analyst was able to confirm that the immediate safety of the children was not a concern at the time that the records were reviewed.

FS 7: Making an Appropriate Response Decision

The compliance rate for this critical measure was **100%**. The measure was applied to all 106 records in the samples, and all of the 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 (below) was then applied to assess whether the response decision was consistent with the information gathered. In the 5 records that lacked a Screening Assessment, the response decisions were documented in ICM.

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

The compliance rate for this critical measure was **96%**. The measure was applied to all 106 records in the samples; 102 of the 106 records were rated achieved and 4 were rated not achieved. The measure is not intended to assess the appropriateness of an INV versus FDR response but rather the appropriateness of a protection versus non-protection response. To receive a rating of achieved, there had to be a documented response decision that was consistent with the information gathered about the child protection report and other recorded information. The majority of records in the samples met these criteria.

Of the 4 records rated not achieved, 3 had a non-protection response decision that was inconsistent with the information gathered from the caller. It should be noted that other information contained in these 3 records indicated that more information had been collected and supports or follow-up services had been subsequently provided to the families, which adequately addressed safety factors emerging from the initial reports and documented child welfare histories. The remaining record rated not achieved had a protection response decision that was inconsistent with the information gathered from the caller.

FS 9: Timeframe for Making an Appropriate Response Decision

The compliance rate for this critical measure was **91%**. The measure was applied to all 106 records in the samples; 96 of the 106 records were rated achieved and 10 were rated not achieved. In the 96 records rated achieved, it was possible to determine that the response decision was made within 5 calendar days of receiving the report about a child or youth's need for protection.

In the 10 records rated not achieved, the response decision had not been determined and documented within the required 5-day timeframe. Specifically, 7 of these 10 response decisions were documented within 30 days, 1 was documented between 30 and 90 days, and 2 were documented between 90 and 180 days after the report had been received. In regard to the records rated not achieved, the analyst was able to confirm that the immediate safety of the children was not a concern at the time that the records were reviewed.

FS 10: Supervisory Approval of the Response Decision

The compliance rate for this critical measure was **67%**. The measure was applied to all 106 records in the samples; 71 of the 106 records were rated achieved and 35 were rated not achieved. In the 71 records rated achieved, there was documentation indicating that the response decision had been approved by the supervisor within 24 hours after the response decision was determined.

All of the 35 records rated not achieved had a response decision that was not approved within the required 24-hour timeframe; 26 were approved within 30 days, 5 were approved between 30 and 90 days, 2 were approved between 90 and 180 days, and 2 were approved between 180 and 365 days after the response decision had been 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 include the sample of 58 closed protection incidents modified by the removal of 1 closed protection incident that was found to have an inappropriate protection response and the addition of 3 closed non-protection incidents that were found to have an inappropriate non-protection response. The note below the table provides the number of records for which one of the measures was not applicable and explains why.

Table 7: Safety Assessment and Safety Plan (n = 60)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 11: Completing the Safety Assessment Process	60	57	95%	3	5%
FS 12: Completing the Safety Assessment Form	60	19	32%	41	68%
FS 13: Making a Safety Decision Consistent with the Safety Assessment	60	52	87%	8	13%
FS 14: Involving the Family in the Development of a Safety Plan*	42	34	81%	8	19%
FS 15: Supervisory Approval of the Safety Assessment and the Safety Plan	60	56	93%	4	7%

*This measure was not applicable to 18 records because safety factors were not identified in the Safety Assessments in those records.

FS11: Completing the Safety Assessment Process

The compliance rate for this critical measure was **95%**. The measure was applied to all 60 records in the modified sample; 57 of the 60 records were rated achieved and 3 were rated not achieved. In the 57 records rated achieved, it was possible to determine that the Safety Assessment process had been completed during the first in-person meeting with the family, and the children had been seen.

Of the 3 records rated not achieved, there was no information indicating that the safety assessment process had been completed. In regard to the records rated not achieved, the analyst was able to confirm that the immediate safety of the children was not a concern at the time that the records were reviewed.

FS 12: Completing the Safety Assessment Form

The compliance rate for this critical measure was **32%**. The measure was applied to all 60 records in the modified sample; 19 of the 60 records were rated achieved and 41 were rated not achieved. In the 19 records rated achieved, it was possible to determine that the Safety Assessment had been completed within 24 hours after completion of the Safety Assessment process with the family, and the safety decision was recorded on the form.

Of the 41 records rated not achieved, 4 lacked a Safety Assessment and 37 had a Safety Assessment that was not completed within the required 24-hour timeframe. Specifically, 26 Safety Assessments were completed within 30 days, 7 were completed between 30 and 90 days, 3 were completed between 90 and 180 days and 1 was completed between 180 and 365 days after the Safety Assessment process had been completed. In regard to the records rated not achieved, the analyst was able to confirm that the immediate safety of the children was not a concern at the time that the records were reviewed.

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

The compliance rate for this critical measure was **87%**. The measure was applied to all 60 records in the modified sample; 52 of the 60 records were rated achieved and 8 were rated not achieved. In the 52 records rated achieved, it was possible to determine that the safety decision was consistent with the information contained in the Safety Assessment.

Of the 8 records rated not achieved, 4 lacked a completed Safety Assessment and 4 had a safety decision that was inconsistent with the information contained in the Safety Assessment. Specifically, the 4 records had "safe" as the safety decision when there were safety factors identified in the Safety Assessment. In regard to the records rated not achieved, the analyst was able to confirm that the immediate safety of the children was not a concern at the time the records were reviewed.

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

The compliance rate for this critical measure was **81%**. The measure was applied to 42 of the 60 records in the modified sample; 34 of the 42 records were rated achieved and 8 were rated not achieved. In the 34 records rated achieved, there was a documented Safety Plan and it was evident that the plan had been developed collaboratively with the family, or when necessary during an investigation, the information had been gathered and the Safety Plan had been developed without involving the parent(s).

Of the 8 records rated not achieved, 4 lacked a completed Safety Assessment and 4 did not have a required Safety Plan. In regard to the records rated not achieved, the analyst was able to confirm that the immediate safety of the children was not a concern at the time that the records were reviewed.

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

The compliance rate for this critical measure was **93%**. The measure was applied to all 60 records in the modified sample; 56 of the 60 records were rated achieved and 4 were rated not achieved. In

the 56 records rated achieved, there was evidence that the Safety Assessment (including the Safety Plan, when attached) had been approved by the supervisor.

Of the 4 records rated not achieved, all lacked a completed Safety Assessment.

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 and determining the vulnerability level. The rates are presented as percentages of all records to which the measures were applied. The records include the sample of 58 closed protection incidents modified by the removal of 1 closed protection incident that was found to have an inappropriate protection response and the addition of 3 closed non-protection incidents that were found to have an inappropriate non-protection response.

Table 8: Vulnerability Assessment (n = 60)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 16: Completing the Vulnerability Assessment Form	60	57	95%	3	5%
FS 17: Timeframe for Completing the Vulnerability Assessment Form	60	26	43%	34	57%
FS 18: Determining the Final Vulnerability Level	60	53	88%	7	12%

FS 16: Completing the Vulnerability Assessment Form

The compliance rate for this critical measure was **95%**. The measure was applied to all 60 records in the modified sample; 57 of the 60 records were rated achieved and 3 were rated not achieved. In the 57 records rated achieved, the Vulnerability Assessment was fully completed and there was evidence of supervisory approval.

Of the 3 records rated not achieved, all lacked the Vulnerability Assessment or a documented supervisory exception.

FS 17: Timeframe for Completing the Vulnerability Assessment Form

The compliance rate for this critical measure was **43%**. The measure was applied to all 60 records in the modified sample; 26 of the 60 records were rated achieved and 34 were rated not achieved. In the 26 records rated achieved, it was evident that the Vulnerability Assessment form had been completed within the required 30-day timeframe.

Of the 34 records rated not achieved, 3 lacked a completed Vulnerability Assessment and 31 contained a Vulnerability Assessment that had not been completed within the required 30-day timeframe. Of the 31 Vulnerability Assessments that had not been completed within the required timeframe, 16 were completed between 30 and 90 days, 8 were completed between 90 and 180

days and 7 were completed between 180 and 365 days after the report about a child or youth's need for protection had been received.

FS 18: Determining the Final Vulnerability Level

The compliance rate for this critical measure was **88%**. The measure was applied to all 60 records in the modified sample; 53 of the 60 records were rated achieved and 7 were rated not achieved. In the 53 records rated achieved, the final vulnerability level was consistent with the information gathered in the Vulnerability Assessment.

Of the 7 records rated not achieved, 4 had a Vulnerability Assessment with a vulnerability level that was determined without sufficient consideration of previous and/or current safety factors, and 3 lacked a Vulnerability Assessment altogether. In regard to the records rated not achieved, the analyst was able to confirm that the immediate safety of the children was not a concern at the time that the records were reviewed.

4.5 Protection Services

Table 9 provides compliance rates for measures FS 19 to FS 20, which have to do with making an appropriate decision about the need for protection services and obtaining supervisory approval of the decision. The rates are presented as percentages of all records to which the measures were applied. The records include the sample of 58 closed protection incidents modified by the removal of 1 closed protection incident that was found to have an inappropriate protection response and the addition of 3 closed non-protection incidents that were found to have inappropriate non-protection responses.

Table 9: Protection Services (n = 60)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 19: Making an Appropriate Decision on the Need for Protection Services	60	56	93%	4	7%
FS 20: Supervisory Approval of the Decision on the Need for Protection Services	60	57	95%	3	5%

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

The compliance rate for this critical measure was **93%**. The measure was applied to all 60 records in the modified sample; 56 of the 60 records were rated achieved and 4 were rated not achieved. In the 56 records rated achieved, it was possible to determine that the documented decision on the need for protection services was consistent with all of the information gathered.

Of the 4 records rated not achieved, the decision on the need for protection services appeared to be inconsistent with the information gathered. Specifically, each of these incidents had been closed without opening a family service case despite the existence of possible safety factors. In reviewing these records, the analyst found information indicating that either informal community or familial supports were involved, or follow-up services were subsequently provided, which adequately

addressed the safety factors that may have been present at the time that the decision to close each of these incidents was made.

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

The compliance rate for this critical measure was **95%**. The measure was applied to all 60 records in the modified sample; 57 of the 60 records were rated achieved and 3 were rated not achieved. In the 57 records rated achieved, it was possible to find evidence of supervisory approval of the decision on the need for protection services.

The 3 records rated not achieved all lacked documented supervisory approval of the decision on the need for protection services.

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 include the samples of 55 open FS cases and 24 closed FS cases. There were no closed protection incidents with both FDR assessment and protection service phases.

Table 10: Strengths and Needs Assessment (n = 79)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 21: Completing a Family and Child Strengths and Needs Assessment	79	24	30%	55	70%
FS 22: Supervisory Approval of the Family and Child Strengths and Needs Assessment	79	19	24%	60	76%

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

The compliance rate for this critical measure was **30%**. The measure was applied to all 79 records in the samples; 24 of the 79 records were rated achieved and 55 were rated not achieved. In each of the 24 records rated achieved, the Family and Child Strengths and Needs Assessment was fully completed prior to developing the Family Plan.

Of the 55 records rated not achieved, 3 had an incomplete Family and Child Strength and Needs Assessment, and 52 lacked the Family and Child Strengths and Needs Assessment altogether.

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

The compliance rate for this critical measure was **24%**. The measure was applied to all 79 records in the samples; 19 of the 79 records were rated achieved and 60 were rated not achieved. In the 19 records rated achieved there was a fully completed Family and Child Strengths and Needs Assessment and it was evident that the assessment had been approved by the supervisor.

Of the 60 records rated not achieved, 55 lacked a fully completed Family and Child Strengths and Needs Assessment and 5 had a fully completed assessment, but it was not evident that the assessment had been approved by the supervisor.

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 include the samples of 55 open FS cases and 24 closed FS cases. There were no closed protection incidents that had both FDR assessment and protection services phases.

Table 11: Family Plan (n = 79)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 23: Developing a Family Plan with the Family	79	18	23%	61	77%
FS 24: Integrating the Safety Plan into the Family Plan	79	20	25%	59	75%
FS 25: Timeframe for Completing the Family Plan and Integrating the Safety Plan	79	17	22%	62	78%
FS 26: Supervisory Approval of the Family Plan	79	20	25%	59	75%

FS 23: Developing a Family Plan with the Family

The compliance rate for this critical measure was **23%**. The measure was applied to all 79 records in the samples; 18 of the 79 records were rated achieved and 61 were rated not achieved. In the 18 records rated achieved, it was possible to determine that a Family Plan had been developed in collaboration with the family.

Of the 61 records rated not achieved, 58 lacked a Family Plan and 3 had a Family Plan that did not appear to have been developed in collaboration with the family. In regard to the records rated not achieved, the analyst was able to confirm that the immediate safety of the children was not a concern at the time that the records were reviewed.

FS 24: Integrating the Safety Plan into the Family Plan

The compliance rate for this critical measure was **25%**. The measure was applied to all 79 records in the samples; 20 of the 79 records were rated achieved and 59 were rated not achieved. In the 20 records rated achieved, it was possible to observe that elements of a Safety Plan that needed to stay in place had been integrated into the Family Plan, or the Family Plan had been completed without the need to integrate elements of the Safety Plan.

Of the 59 records rated not achieved, 58 lacked a Family Plan and 1 had a Family Plan that lacked elements of a Safety Plan associated with a previous closed incident that needed to stay in place. In regard to the records rated not achieved, the analyst was able to confirm that the immediate safety of the children was not a concern at the time that the records were reviewed.

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

The compliance rate for this critical measure was **22%**. The measure was applied to all 79 records in the samples; 17 of the 79 records were rated achieved and 62 were rated not achieved. In the 17 records rated achieved, the Family Plan had been completed within the required timeframe.

Of the 62 records rated not achieved, 58 lacked a Family Plan and 4 had a Family Plan that had not been completed within the required timeframe. Specifically, the analyst looked for a Family Plan that had been completed within 15 days of completing the FDR assessment phase; within 30 days of completing the FDR assessment phase or INV, when the case remained with the original child protection worker; or within 30 days of the date of transfer, when the case was transferred to a new child protection worker after completing the FDR assessment phase or INV. For cases that were open for longer than 6 months without a transfer to a new child protection worker, a Family Plan must have been created, or reviewed, within the last 6 month protection cycle.

Of the 4 Family Plans that were not completed within the required timeframe, 1 was completed between 90 and 180 days and 3 were completed between 180 and 365 days after the case was opened or transferred to a new child protection worker.

FS 26: Supervisory Approval of the Family Plan

The compliance rate for this critical measure was **25%**. The measure was applied to all 79 records in the samples; 20 of the 79 records were rated achieved and 59 were rated not achieved. In the 20 records rated achieved, it was evident that the Family Plan had been completed and approved by the supervisor.

Of the 59 records rated not achieved, 58 lacked a Family Plan and 1 had a Family Plan, but it was not evident that the plan had been approved by the supervisor.

4.8 Vulnerability Reassessment 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 Reassessment or a Reunification Assessment within a prescribed timeframe. The rates are presented as percentages of all records to which the measures were applied. The records include the samples of 55 open FS cases and 24 closed FS cases. There were no closed protection incidents that had both FDR assessment and protection services phases. The note below the table provides the number of records for which one of the measures was not applicable and explains why.

Table 12: Vulnerability Reassessment and Reunification Assessment (n = 79)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 27: Completing a Vulnerability Reassessment or a Reunification Assessment*	78	12	15%	66	85%
FS 28: Timeframe for Completing a Vulnerability Reassessment or a Reunification Assessment*	78	5	6%	73	94%

*These measures were not applicable to 1 record because there were no children at time the Reunification Assessment was due.

FS 27: Completing a Vulnerability Reassessment or a Reunification Assessment

The compliance rate for this critical measure was **15%**. The measure was applied to 78 of the 79 records in the samples; 12 of the 78 records were rated achieved and 66 were rated not achieved. In the 12 records rated achieved, it was evident that the required Vulnerability Reassessment or Reunification Assessment had been completed.

Of the 66 records rated not achieved, 27 lacked the required Vulnerability Reassessment and 39 lacked the required Reunification Assessment. In regard to records rated not achieved, the analyst was able to confirm that the immediate safety of the children was not a concern at the time the records were reviewed.

FS 28: Timeframe for Completing a Vulnerability Reassessment or a Reunification Assessment

The compliance rate for this critical measure was **6%**. The measure was applied to 78 of the 79 records in the samples; 5 of the 78 records were rated achieved and 73 were rated not achieved. In the 5 records rated achieved, it was possible to determine that the Vulnerability Reassessment or Reunification Assessment had been completed within the required timeframe.

The analyst looked for a Vulnerability Reassessment or Reunification Assessment that had been completed within the 6-month formal reassessment cycle that occurs prior to closing an ongoing protection services case, or at the time when a case was transferred, if the previous assessment was more than 3 months old or no longer relevant.

Of the 66 records rated not achieved, all lacked a required Vulnerability Reassessment or Reunification Assessment.

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 include the sample of 24 closed FS cases. There were no closed protection incidents that had both FDR assessment and protection services phases.

Table 13: Ending Protection Services (n = 24)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 29: Making an Appropriate Decision on Ending FDR Protection Services or Ongoing Protection Services	24	13	54%	11	46%
FS 30: Supervisory Approval of Decision on Ending FDR Protection Services or Ongoing Protection Services	24	23	96%	1	4%

FS 29: Making an Appropriate Decision on Ending Protection Services

The compliance rate for this critical measure was **54%**. The measure was applied to all 24 records in the sample; 13 of the 24 records were rated achieved and 11 were rated not achieved. In the 13 records rated achieved, it was possible to observe that the criteria in the standard were met before the decision to end ongoing protection services was made.

Of the 11 records rated not achieved, documentation was missing on one or more of the following criteria: achievement of the goals in the Family Plan; resolution of child protection concerns; safe management of vulnerabilities; and ability of family to access and use resources to help resolve problems that could arise in the future.

FS 30: Supervisory Approval of Decision on Ending Protection Services

The compliance rate for this critical measure was **96%**. The measure was applied to all 24 records in the sample, 23 of the 24 records were rated achieved and 1 was rated not achieved. In the records rated achieved there was evidence of supervisory approval of the decision to end ongoing protection services.

In the 1 record rated not achieved, supervisory approval of the decision to end ongoing protection services was not documented.

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. No such records were identified during the course of this audit.

5. OBSERVATIONS AND THEMES

This section summarizes the observations and themes arising from the record reviews and audit findings. 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 action plans to improve practice.

The SDA overall compliance rate was **67%**.

5.1 Screening Process

Overall, the East Fraser SDA showed a high rate of compliance with the screening assessment process set out in Chapter 3 of the Child Safety and Family Support Policies. The critical measure associated with obtaining full and detailed information about a child or youth's need for protection (FS 1) had a very high compliance rate (94%), which indicates that the documentation was thorough and included relevant details about the circumstances underlying the report. The measure associated with conducting a PCC (FS 2) had a moderately high (77%) compliance rate; there were 16 records that did not contain a PCC and an additional 8 records in which the PCC lacked necessary detail about the family's previous involvements with the ministry, the family's responsiveness in addressing prior concerns, and/or the effectiveness of services that were previously provided. The measure related to completing specific sections of the Screening Assessment form (FS 3) had a very high compliance rate (93%). However, the measure related to the timeframe for completing the Screening Assessment form (FS 4) had a lower compliance rate (82%). When the analyst took a closer look, more than half (12/19) of the Screening Assessment forms that were completed outside of the required 24-hour timeframe had been completed within 30 days. Of the Screening Assessment forms that were completed outside the required timeframe (minus one form that took 339 days to complete), the average number of days that it took to complete the form was 17 days. Subsequent measures associated with the screening assessment process had similarly high compliance rates, including FS 5 (assigning an appropriate response priority), which had a 91% compliance rate, and FS 6 (timeframe for assigning an appropriate response priority), which had an 82% compliance rate.

The measure for making and documenting the response decision (FS 7) had a perfect compliance rate (100%) and the response decision was consistent with the screening assessment (FS 8) almost all of the time (96% compliance rate). What caused the slightly lower compliance rate for FS 8 were 3 records that were assigned a non-protection response when there were child protection concerns that needed to be addressed and 1 record that was assigned a protection response when there were no child protection concerns indicated in the report. There was a high (91%) compliance rate for the measure related to making the response decision within the required 5-day timeframe (FS 9). In the records that did not meet the 5-day timeframe, the average number of days that it took to document the response decision was 68 days. The measure associated with supervisory approval of the response decision within the 24-hour timeframe (FS 10) showed a moderate (67%) compliance rate. In the 14 records that did not meet the 24-hour timeframe, the average number of days that it took to document supervisory approval was 34 days.

5.2 Use of the Structured Decision Making Tools

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. There was a very high (95%) compliance rate for completing the Safety Assessment process (FS 11), but a low (32%) compliance rate for completing the Safety Assessment form within the required 24 hour timeframe (FS 12). Specifically, one tenth (4/41) of the records rated not achieved for FS 12 did not

have a completed Safety Assessment form, and the remaining records (37/41) had a Safety Assessment form that had not been completed within 24 hours after the Safety Assessment process was completed. Of the Safety Assessment forms that were not completed within the required timeframe, the average time that it took to complete the form was 33 days. When the analysts compared the safety decision to the information gathered in the completed Safety Assessment form (FS 13), the decision appeared to be consistent with the information gathered 87% of the time. The lower (81%) compliance rate for the measure associated with involving the family in the development of a Safety Plan (FS 14) was caused, in part, by the assignment of an inappropriate non-protection response in 3 of the 8 records rated not achieved. Because these 3 records were inappropriately assigned a non-protection response, they lacked the required Safety Assessment and Safety Plan. Other reasons for the lower compliance rate for FS 14 were the lack of a Safety Assessment and Safety Plan in 4 records rated not achieved and 1 record with a Safety Assessment that identified safety factors, but lacked a corresponding Safety Plan.

The Vulnerability Assessment form was fully completed and signed by a supervisor (FS 16) 95% of the time. With respect to the timeframe for completing the Vulnerability Assessment form (FS 17), the audit showed a low (43%) compliance rate. Specifically, in the records that had a completed Vulnerability Assessment form, over half (31/57) of the forms had been completed more than 30 days after the report about a child or youth's need for protection was received. Of these, the average time that it took to complete the form was 108 days. When the analysts compared the final vulnerability level to the information gathered in the completed Vulnerability Assessment form (FS 18), the decision appeared to be consistent with the information gathered 88% of the time.

The measures associated with the provision of ongoing protection services had low or extremely low compliance rates. Less than one third (30%) of the applicable records had a completed Family and Child Strengths and Needs Assessment and less than a quarter (23%) had a completed Family Plan that was developed with the family. These low compliance rates raise concern that some families may not have had a clear understanding of what the ministry expected or required of them. The compliance rates for these measures could be improved by completing the Family and Child Strengths and Needs Assessment prior to completing the Family Plan, so that the assessment could inform the plan. It was noted that when the Family and Child Strengths and Needs Assessment and Family Plan were found in a record, they were completed thoroughly and accurately, and in collaboration with the family, extended family, aboriginal community members and service providers, most of the time. A required Vulnerability Reassessment or Reunification Assessment (FS 27) was found in very few (15%) of the applicable records. In addition, 5 of the 66 records rated not achieved for FS 27 had a Vulnerability Reassessment, instead of a Reunification Assessment, when the child had been placed outside the family home.

5.3 Supervisory Approvals

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, including 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 (67%) compliance rate for documentation of supervisory approval of the response decision (FS 10). 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.

There was a very high (93%) compliance rate for making an appropriate decision on the need for ongoing protection services (FS 19). One of the factors that negatively affected the compliance rate for this measure involved the 3 records that had an inappropriate non-protection response. As the information in each of these records was incomplete, the analysts could not determine the appropriateness of the decision on the need for protection services. This was the sole factor that negatively affected the compliance rate for supervisory approval of the decision on the need for protection services (FS 20), which was 95%.

The measure related to the decision on ending FDR protection services or ongoing protection services (FS 29) showed a moderately low (54%) compliance rate. This compliance rate was negatively affected by a lack of documentation in one or more of the following areas: progress in meeting the goals in the Family Plan; resolution of child protection concerns; safe management of vulnerabilities; and ability of the family to access and use resources to help resolve problems that could arise in the future. The measure related to supervisory approval of the decision on ending FDR protection services or ongoing protection services (FS 30) showed an extremely high (96%) compliance rate.

In regard to the 3 measures that relate to supervisory approval of SDM tools, the compliance rates ranged from very high to very low. The compliance rate for the measure related to supervisory approval of the Safety Assessment and Safety Plan (FS 15) was very high (93%). Supervisory approval of the Family and Child Strengths and Needs Assessment (FS 22) showed a very low (24%) compliance rate largely because 55 of the 60 records rated not achieved did not have a completed Family and Child Strengths and Needs Assessment form. Supervisory approval of the Family Plan (FS 26) showed a very low (25%) compliance rate largely because 58 of the 59 records rated not achieved did not have a Family Plan. These findings suggest that team leaders may not be monitoring and reviewing the requirement to complete plans during the provision of ongoing protection services.

5.4 Timeframes

There is much room for improvement when it comes to meeting timeframes. 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 showed a wide range of compliance (6% - 91%). 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 (82% compliance rate), assigning an appropriate response priority (82% compliance rate), making an appropriate response decision (91% compliance rate), and documenting supervisory approval of the response decision (67% compliance rate), than they were when completing the Safety Assessment form (32% compliance rate), completing the Vulnerability Assessment form (43% compliance rate), completing the Family Plan (22% compliance rate) and completing the Vulnerability Reassessment or Reunification Assessment form (6% compliance rate). In reviewing the sampled FS cases, the analysts focused on practice that had occurred during a 12-month period: September 1, 2013 – August 30, 2014. For an achieved rating on the measure associated with the timeframe for completing the Family Plan (FS 25) and the Vulnerability Reassessment or Reunification Assessment (FS 28) there had to be a Family Plan or reassessment completed during the last 6-month protection cycle.

The low (30%) compliance rate for the measure associated with the timeframe for completing the Family Plan (FS 25) and the low (36%) compliance rate for the measure related to the timeframe for completing the Vulnerability Reassessment or Reunification Assessment (FS 28) revealed that, although more than half of the records contained a Family Plan and Vulnerability Reassessment or Reunification Assessment that had been completed within the 12-month audit period, many did not have SDM tools that were required to be completed within the last 6-month protection cycle.

5.5 Collaborative Practice

To assess collaborative practice, the analysts looked for a Safety Plan and Family Plan that were signed by family members, or meeting notes and emails indicating that family members either participated in, 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 high (81%). This compliance rate was negatively affected solely by the lack of a completed Safety Assessment form and a required Safety Plan. The compliance rate for developing the Family Plan in collaboration with the family (FS 23) was very low (23%). It was noted that of the records rated not achieved for FS 23, only 3 lacked documentation of collaboration with the family in developing the Family Plan; like the Safety Plan, the compliance rate for FS 23 was negatively affected primarily by the lack of a completed Family Plan.

6. ACTIONS TAKEN TO DATE

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

In November 2014, Phase 4 of the ICM project was launched. Phase 4 focused on improving CP and CYSN functionality 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
- Providing the ability to generate reportable circumstances on Incidents and Service Requests
- Improving usability by providing a new look and feel to the system's User Interface, and making it easier to use
- Supporting document management, a feature that supports the management of physical files and improves the ability to print documents
- Enhancing forms and ICM production reports, enhancements that are intended to improve the integration of information in the system, including *Child, Family and Community Service Act* (CFCSA) and General Disclosure ICM production reports
- Implementing a Data Quality tool to improve data quality and provide staff with accurate and up-to-date client information.

In the spring of 2015, the ministry initiated a plan to centralize the Screening Assessment process. Included in this plan were changes to the Screening Assessment Tool, to ensure that domestic violence descriptors are considered before a response decision is made.

7. ACTION PLAN

Action	Person Responsible	Completion Date
Tracking systems will be created, shared with all team leaders, and implemented to monitor and document the completion of the SDM assessment tools associated with protection incidents and ongoing family service cases, including family plans. These tracking systems will be provided to the Office of the Provincial Director of Child Welfare	Martin Bartel, Acting EDS	October 1, 2016
<p>A community of practice group will be established for all child protection team leaders. This group will meet in person five times per year. By the completion date, the following practice standards and related procedures in Chapter 3 of the Child Safety and Family Support Policies and related Practice Guidelines for Using SDM Assessment Tools will be reviewed in detail:</p> <ul style="list-style-type: none"> - 3.2 (5-8), 3.3 (9-12): Conducting a Safety Assessment and Developing a Safety Plan - 3.2 (16-18), 3.3 (17-19): Conducting a Vulnerability Assessment - 3.2 (29-30), 3.6 (3-5): Completing the Family and Child Strengths and Needs Assessment - 3.2 (31-32), 3.6 (6-8): Creating and Implementing a Family Plan - 3.2 (35): Reassessing at the End of the FDR Protection Services Phase - 3.7 (3-4): Reassessing in the Practice Cycle. 	Martin Bartel, Acting EDS	January 1, 2017

