



Kootenays Service Delivery Area

Family Service Practice Audit

Report Completed: April 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 Kootenays Service Delivery Area (SDA) from October 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 Kootenays SDA

Record status and type	Total number at SDA level	Sample size
Closed non-protection incidents	262	54
Closed protection incidents	348	57
Open FS cases	131	45
Closed FS cases	28	20

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 31, 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 selected records were assigned to 2 practice analysts on the provincial audit team for review. The analysts used the FS Practice Audit Tool to rate the records. The FS Practice Audit Tool contains 30 critical measures designed to assess achievement of key components of the Child Protection Response Model using a scale with *achieved* and *not achieved* as rating options for measures FS 1 to FS 10, and a scale with *achieved*, *not achieved*, and *not applicable* as rating options for measures FS 11 to FS 30. The analysts entered the ratings in a SharePoint-based data collection form that included ancillary questions and text boxes, which they used to enter additional information about the factors taken into consideration in rating some of the measures.

In reviewing sampled records, the analysts focused on practice that occurred during a 12-month period (September 1, 2013 – August 30, 2014) leading up to the time when the audit was conducted (October 30 – December 10, 2015). This was approximately one year after implementation of both Chapter 3 of the Child Safety and Family Support Policies and the ICM system. Chapter 3 contains child protection policies, standards, and procedures, including Structured Decision Making (SDM) tools, some of which were embedded in ICM at the time that this audit was conducted.

Quality assurance policy and procedures require that practice analysts identify for action any 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 analysts watch 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 Kootenays SDA is comprised of rural communities located in south eastern British Columbia. The SDA's southern border extends alongside the American states of Washington, Idaho and Montana. Its western border runs alongside the Okanagan and Thompson Cariboo Shuswap SDAs. Beyond the SDA's most northern community of Golden lays the unpopulated area of the Rocky Mountains and, to the east, the province of Alberta. The major industries within the Kootenays SDA are natural resources (logging, mining, and forestry), seasonal tourism, education (College of the Rockies, Selkirk College) and hospital/medical services.

3.2 Demographics

As shown in Table 2, the Kootenays SDA has a population of approximately 154,546, representing 3.3% of the provincial population. Children and youth under 19 years of age number about 28,927, representing 3.3% of the provincial child population. The Aboriginal population in the SDA is approximately 8,465. Within the Aboriginal population, there are about 3,075 children and youth under 19 years of age, representing approximately 10.6% of the SDA child population.

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

SDA 11 - Kootenays	Total	Age Group				
		0-18	0-2	3-5	6-12	13-18
All	154,546	28,927	3,934	4,493	10,649	9,851
Aboriginal	8,465	3,075	390	440	1,150	1,095

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 Kootenays 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 3% of 3 to 5 year-old children in the province.

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

Kootenays SDA Child Population and Percentage of Provincial Child Population by Age Group		
0 - 2	3,934	3%
3 - 5	4,493	3%
6 - 12	10,649	3%
13 - 18	9,851	3%

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

3.3 Service Delivery

There are two Local Service Areas (LSA) in the Kootenays SDA: East Kootenay and Kootenay Boundary. The LSAs each have a CSM responsible for the delivery of services for five service lines within their boundaries, including services for Aboriginal families residing on and off reserve. These include Early Years; Child and Youth Mental Health (CYMH); Child Safety, Family Support and Children in Care; Adoption; and Youth Justice services. Children and Youth with Special Needs (CYSN) services are managed by the CSM responsible for the East Kootenay LSA. CYSN services and staff are integrated in district offices across the SDA. Each LSA, and the teams within it, provide a generalist model of service (no specialized teams or caseloads) for intake, family service and guardianship. Resources and adoption services are combined within specialised teams. Each CSM is responsible for the supervision of six team leaders.

The Kootenays SDA has a host of community agencies that provide contracted services. Given the vast geography and rugged topography of the SDA, coupled with its sparse and widely dispersed population, there is no single contracted agency that provides services across the SDA. Instead, each CSM contracts directly with local service providers to provide family supports. A large portion of child welfare services are managed by one, well-established, agency in each LSA. These local contracts provide flexibility in meeting the needs of the smaller communities and the services they provide are determined by community demand. Some larger contracts are held by Nelson Community Services, and Freedom Quest Society, which provides youth services in Nelson, Castlegar, and Grand Forks).

3.4 Staffing

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

Table 4: Staffing by LSA

	East Kootenay	Kootenay Boundary	Total
Administrative Professionals	9.8	10.75	20.55
Adoption Workers	1.8	1	2.8
CSMs	1	1	2
CP Social Workers	17.5	14.6	32.1
CYMH	7.8	10.2	18
CYSN	2	1.8	3.8
Resources	3.5	4.6	8.1
Team Leaders	6	6	12
Youth Justice / Youth Services	3.25	2.5	5.75
Total	52.65	52.45	105.1

Source: Operational Performance & Strategic Management Report: July 2014

3.5 Strengths and Challenges

Each LSA offers various strengths within the Kootenays SDA. In the Kootenay Boundary LSA, collaborative practice and concurrent planning efforts have resulted in children spending less time in permanent care. On average, children and youth are adopted within 5 months of becoming permanent wards. The East Kootenay LSA is described as having a focus on permanency planning and a comparatively low population of children in care. Both LSAs have developed clinical skills and knowledge with respect to trauma-informed practice. This has helped to establish physical, emotional and cultural safety for clients. In both LSAs, staff and leadership have embraced professional development activities. The SDA encourages staff to participate in pilot projects and initiatives. In non-protection service lines, staff members are cross trained. For example, some youth probation staff members also provide guardianship and child protection services, and are highly invested in improving outcomes for youth.

The SDA faces many challenges in providing services, directly and through contracted service providers. Low population levels and remoteness impacts both the SDA's and the contract service providers' ability to recruit qualified applicants for vacant positions. As a result, positions can remain vacant for extended periods of time (sometimes years). The SDA often requires job postings to remain open indefinitely to attract qualified applicants. Additionally, high staff turnover and extended leaves create vacancies that cannot be backfilled. Recruiting and retaining professionals in specialized positions, such as child psychologists, has also been extremely difficult.

Communities in the Kootenays also lack the expertise, within the workforce, to develop residential care facilities (group homes). Most of these communities lack the educational institutions that could promote development of the skills required to provide this service. Another reason for the shortfall of applicants within the community services sector has been the migration of young labour to the high paying resources sector in Alberta.

Limited transportation options for clients to travel to and from remote communities are another challenge to service provision. There are many geographically isolated families within smaller communities where low incomes, poverty and home schooling are widespread. Many of the offices are stretched to provide services to these rural and remote areas. Staff members are routinely required to travel long distances to meet with clients. Lastly, some of the residents within these isolated communities (e.g., Bountiful) have cultural practices (e.g., polygamy) and political roots (e.g., Russian Doukhobors, American "draft dodgers") that often result in resistance and hostility to government intervention.

3.6 Service Delivery to Aboriginal Children and Families

There is one fully delegated (C-6) Aboriginal child welfare agency in the Kootenays SDA, and it's located in the East Kootenay LSA. Ktunaxa/Kinbasket Child and Family Services Society provides child welfare services to five member bands within a broad geographical area. These bands are Columbia Lake, Lower Kootenay, Shuswap, St. Mary, and Tobacco Plains. All other services that are provided to Aboriginal children, youth and families are provided by local MCFD offices whose generalist model of service does not include designated Aboriginal teams or caseloads.

KOOTENAYS FAMILY SERVICE PRACTICE AUDIT

This section provides information about the findings of the FS practice audit that was conducted in the Kootenays SDA from October 30, 2015, to December 10, 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 (FS 1 to FS 30). The tables present findings for measures that correspond with specific components of the Child Protection Response Model, and are labelled accordingly. Each table is followed by an analysis of the findings for each of the measures presented in the table.

Combined, there were 176 records in the samples that were selected for this audit. However, not all of the measures in the audit tool were applicable to all 176 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 for 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 samples of 54 closed non-protection incidents and 57 closed protection incidents.

Table 5: Report and Screening Assessment (N =111)

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	111	93	84%	18	16%
FS 2: Conducting a Prior Contact Check (PCC)	111	82	74%	29	26%
FS 3: Assessing the Report about a Child or Youth's Need for Protection	111	107	96%	4	4%
FS 4: Timeframe for Assessing the Report about a Child or Youth's Need for Protection	111	66	59%	45	41%

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 **84%**. The measure was applied to all 111 records in the samples; 93 of the 111 records were rated achieved and 18 were rated not achieved. The 93 records rated achieved had comprehensive documented information on the report about a child or

Of the 40 records rated not achieved, 7 lacked supervisory approval of the response decision altogether and 33 had a response decision that was not approved within the required 24-hour timeframe. Of the 33 response decisions that were not approved within the required timeframe, 20 were approved within 30 days, 6 were approved between 30 and 90 days, 4 were approved between 90 and 180 days, 1 was approved between 180 days and 365 days, and 2 were approved more than a year after the response decision was determined.

4.3 Safety Assessment and Safety Plan

Table 7 provides compliance rates for measures FS 11 to FS 15, which have to do with completing a Safety Assessment, making a safety decision, and developing a Safety Plan. The rates are presented as percentages of all records to which the measures were applied. The records include the sample of 57 closed protection incidents modified by the removal of 3 closed protection incidents that were found to have an inappropriate protection response and the addition of 21 closed non-protection incidents that were found to have an inappropriate non-protection response. The note below the table provides the numbers of records for which the measures were assessed as not applicable and explain why.

Table 7: Safety Assessment and Safety Plan (N = 75)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 11: Completing the Safety Assessment Process	75	52	69%	23	31%
FS 12: Completing the Safety Assessment Form	75	13	17%	62	83%
FS 13: Making a Safety Decision Consistent with the Safety Assessment	75	49	65%	26	35%
FS 14: Involving the Family in the Development of a Safety Plan	61	21	34%	40	66%
FS 15: Supervisory Approval of the Safety Assessment and the Safety Plan	75	50	67%	25	33%

*This measure was not applicable to 14 records because safety factors were not identified in the Safety Assessments in those records.

FS 11: Completing the Safety Assessment Process

The compliance rate for this critical measure was **69%**. The measure was applied to all 75 records in the modified sample; 52 of the 75 records were rated achieved and 23 were rated not achieved. In the 52 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 23 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

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 111 records in the samples; 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 2 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 **78%**. The measure was applied to all 111 records in the samples; 87 of the 111 records were rated achieved and 24 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 24 records rated not achieved, 21 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 21 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 3 records 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 **87%**. The measure was applied to all 111 records in the samples; 97 of the 111 records were rated achieved and 14 were rated not achieved. In the 97 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 14 records rated not achieved, the response decision had not been determined and documented within the required 5-day timeframe. Specifically, 8 of these 14 response decisions were documented within 30 days, 3 were documented between 30 and 90 days, and 3 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 the records were reviewed.

FS 10: Supervisory Approval of the Response Decision

The compliance rate for this critical measure was **64%**. The measure was applied to all 111 records in the samples; 71 of the 111 records were rated achieved and 40 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.

records to which the measures were applied. The records included the samples of 54 closed non-protection incidents and 57 closed protection incidents.

Table 6: Response Decision (N =111)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 5: Assigning an Appropriate Response Priority	111	85	77%	26	23%
FS 6: Timeframe for Assigning an Appropriate Response Priority	111	68	61%	43	39%
FS 7: Making an Appropriate Response Decision	111	111	100%	0	0%
FS 8: Making a Response Decision Consistent with the Assessment of the Report	111	87	78%	24	22%
FS 9: Timeframe for Making an Appropriate Response Decision	111	97	87%	14	13%
FS 10: Supervisory Approval of the Response Decision	111	71	64%	40	36%

FS 5: Assigning an Appropriate Response Priority

The compliance rate for this critical measure was **77%**. The measure was applied to all 111 records in the samples; 85 of the 111 records were rated achieved and 26 were rated not achieved. The 85 records rated achieved had an appropriate response priority on the Screening Assessment form.

Of the 26 records rated not achieved, 2 lacked a completed Screening Assessment, 21 were coded non-protection when the information in the record indicated that either a “high” or “urgent” response priority was required, and 3 were 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 **61%**. The measure was applied to all 111 records in the samples; 68 of the 111 records were rated achieved and 43 were rated not achieved. In the 68 records rated achieved, relevant sections of the Screening Assessment form were completed and the response priority was assigned within 24 hours, as required.

Of the 43 records rated not achieved, 2 lacked a completed Screening Assessment and 41 had a response priority that was not assigned within the required 24-hour timeframe. Of the 41 response priorities that were not assigned within the required timeframe, 22 were assigned within 30 days, 9 were assigned between 30 and 90 days, 6 were assigned between 90 and 180 days, 3 were assigned between 180 and 365 days, and 1 was assigned more than a year after the report was received. In

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

All of the 18 records rated not achieved had insufficient detail about the circumstances that led to the reports.

FS 2: Conducting a Prior Contact Check (PCC)

The compliance rate for this critical measure was **74%**. The measure was applied to all 111 records in the samples; 82 of the 111 records were rated achieved and 29 were rated not achieved. The 82 records rated achieved had a comprehensive and itemized summary of past involvements with the ministry, including when they occurred and what the outcomes were.

Of the 29 records rated not achieved, 19 had no documentation indicating that PCCs were completed and 10 had PCCs that 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 **96%**. The measure was applied to all 111 records in the samples; 107 of the 111 records were rated achieved, and 4 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 4 records rated not achieved, 2 lacked a Screening Assessment (including 1 that had a blank Screening Assessment) and 2 did not meet the requirements because the "Identifying Information" sections contained incorrect information.

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

The compliance rate for this critical measure was **59%**. The measure was applied to all 111 records in the samples; 66 of the 111 records were rated achieved and 45 were rated not achieved. The 66 records rated achieved had a fully completed Screening Assessment form, and the Screening Assessment form had been completed within 24 hours of receiving the report.

Of the 45 records rated not achieved, 2 lacked a completed Screening Assessment and 43 had a Screening Assessment that had not been completed within the required 24-hour timeframe. Of the 43 Screening Assessments that were not completed within the required timeframe, 25 were completed within 30 days, 8 were completed between 30 and 90 days, 6 were completed between 90 and 180 days, 3 were completed between 180 and 365 days, and 1 was completed more than a year 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.

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

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 **17%**. The measure was applied to all 75 records in the modified sample; 13 of the 75 records were rated achieved and 62 were rated not achieved. In the 13 records rated achieved, it was possible to determine that the Safety Assessment form 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 62 records rated not achieved, 24 lacked a completed Safety Assessment (including 1 record that had a blank Safety Assessment) and 38 had a Safety Assessment that was not completed within the required 24-hour timeframe. Of the 38 Safety Assessment that were not completed within the required timeframe, 19 were completed within 30 days, 12 were completed between 30 and 90 days, 5 were completed between 90 and 180 days, and 2 were 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 **65%**. The measure was applied to all 75 records in the modified sample; 49 of the 75 records were rated achieved and 26 were rated not achieved. In the 49 records rated achieved, it was possible to determine that the safety decision was consistent with the information contained in the Safety Assessment.

Of the 26 records rated not achieved, 24 lacked a completed Safety Assessment and 2 had a safety decision that was inconsistent with the information contained in the Safety Assessment. Specifically, 1 record had "safe with interventions" as the safety decision when the children were removed during the safety assessment process, and 1 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 that the records were reviewed.

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

The compliance rate for this critical measure was **34%**. The measure was applied to 61 of the 75 records in the modified sample; 21 of the 61 records were rated achieved and 40 were rated not achieved. In the 21 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 40 records rated not achieved, 24 lacked a completed Safety Assessment, 13 lacked a required Safety Plan, and 3 had a Safety Plan that had not 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 15: Supervisory Approval of the Safety Assessment and the Safety Plan

The compliance rate for this critical measure was **67%**. The measure was applied to all 75 records in the modified sample; 50 of the 75 records were rated achieved and 25 were rated not achieved. In the 50 records rated achieved, it was evident that the Safety Assessment (including the Safety Plan, when attached) had been approved by the supervisor.

Of the 25 records rated not achieved, 24 lacked a completed Safety Assessment and 1 had a Safety Assessment that had not been approved by the supervisor.

4.4 Vulnerability Assessment

Table 8 provides compliance rates for measures FS 16 to FS 18, which have to do with completing a Vulnerability Assessment and determining the vulnerability level. The rates are presented as percentages of all records to which the measures were applied. The records included the sample of 57 closed protection incidents modified by the removal of 3 closed protection incidents that were found to have an inappropriate protection response and the addition of 21 closed non-protection incidents that were found to have an inappropriate non-protection response.

Table 8: Vulnerability Assessment (N = 75)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 16: Completing the Vulnerability Assessment Form	75	45	60%	30	40%
FS 17: Timeframe for Completing the Vulnerability Assessment Form	75	19	25%	56	75%
FS 18: Determining the Final Vulnerability Level	75	47	63%	28	37%

FS 16: Completing the Vulnerability Assessment Form

The compliance rate for this critical measure was **60%**. The measure was applied to all 75 records in the modified sample; 45 of the 75 records were rated achieved and 30 were rated not achieved. In the 45 records rated achieved, the Vulnerability Assessment was fully completed and there was evidence of supervisory approval.

Of the 30 records rated as not achieved, 27 lacked a completed Vulnerability Assessment or a documented supervisory exception, and 3 had a Vulnerability Assessment that was not completed in its entirety.

FS 17: Timeframe for Completing the Vulnerability Assessment Form

The compliance rate for this critical measure was **25%**. The measure was applied to all 75 records in the modified sample; 19 of the 75 records were rated achieved and 56 were rated not achieved. In the 19 records rated achieved, it was evident that the Vulnerability Assessment had been completed within the required 30-day timeframe.

Of the 56 records rated not achieved, 27 lacked a completed Vulnerability Assessment and 29 had a Vulnerability Assessment that was not completed within the required 30-day timeframe. Of the 29 Vulnerability Assessments that were not completed within the required timeframe, 17 were completed between 30 and 90 days, 9 were completed between 90 and 180 days, and 3 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 **63%**. The measure was applied to all 75 records in the modified sample; 47 of the 75 records were rated achieved and 28 were rated not achieved. In the 47 records rated achieved, the final vulnerability level was consistent with the information gathered in the Vulnerability Assessment.

In regard to the 28 records rated not achieved, 27 lacked a completed Vulnerability Assessment and 1 had a Vulnerability Assessment with a vulnerability level that was determined without sufficient consideration of previous and/or current safety factors. 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 for that decision. The rates are presented as percentages of all records to which the measures were applied. The records included the sample of 57 closed protection incidents modified by the removal of 3 closed protection incidents that were found to have an inappropriate protection response and the addition of 21 closed non-protection incidents that were found to have an inappropriate non-protection response.

Table 9: Protection Services (N = 75)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 19: Making an Appropriate Decision on the Need for Protection Services	75	41	55%	34	45%
FS 20: Supervisory Approval of the Decision on the Need for Protection Services	75	46	61%	29	39%

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

The compliance rate for this critical measure was **55%**. The measure was applied to all 75 records in the modified sample; 41 of the 75 records were rated achieved and 34 were rated not achieved. In the 41 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 34 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 **61%**. The measure was applied to all 75 records in the modified sample; 46 of the 75 records were rated achieved and 29 were rated not achieved. In the 46 records rated achieved, it was possible to find evidence of supervisory approval of the decision on the need for protection services.

The 29 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 45 open FS cases and 20 closed FS cases. There were no closed protection incidents with both FDR assessment and protection services phases.

Table 10: Strengths and Needs Assessment (N = 65)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 21: Completing a Family and Child Strengths and Needs Assessment	65	44	68%	21	32%
FS 22: Supervisory Approval of the Family and Child Strengths and Needs Assessment	65	38	58%	27	42%

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

The compliance rate for this critical measure was **68%**. The measure was applied to all 65 records in the samples; 44 of the 65 records were rated achieved and 21 were rated not achieved. In the 44 records rated achieved, the Family and Child Strengths and Needs Assessment was fully completed prior to developing the Family Plan.

Of the 21 records rated not achieved, 20 lacked a completed Family and Child Strengths and Needs Assessment and 1 had a Family and Child Strengths and Needs Assessment that was not completed in its entirety.

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

The compliance rate for this critical measure was **58%**. The measure was applied to all 65 records in the samples; 38 of the 65 records were rated achieved and 27 were rated not achieved. In the 38 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 27 records rated not achieved, 20 lacked a completed Family and Child Strengths and Needs Assessment and 7 had a Family and Child Strengths and Needs Assessment that had not 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 included the samples of 45 open FS cases and 20 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 numbers of records for which the measures were assessed as not applicable and explains why.

Table 11: Family Plan (N = 65)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 23: Developing a Family Plan with the Family *	64	27	42%	37	58%
FS 24: Integrating the Safety Plan into the Family Plan*	64	19	30%	45	70%
FS 25: Timeframe for Completing the Family Plan and Integrating the Safety Plan*	64	16	25%	48	75%
FS 26: Supervisory Approval of the Family Plan*	64	26	41%	38	59%

*This measure was not applicable to 1 record because a Family Plan was not required as the case was open to assess the parents' capacity to resume care of a child under a CCO.

FS 23: Developing a Family Plan with the Family

The compliance rate for this critical measure was **42%**. The measure was applied to 64 of the 65 records in the samples; 27 of the 64 records were rated achieved and 37 were rated not achieved. In the 27 records rated achieved, it was possible to determine that a Family Plan had been developed in collaboration with the family.

Of the 37 records rated not achieved, 36 lacked a Family Plan and 1 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 **30%**. The measure was applied to 64 of the 65 records in the samples; 19 of the 64 records were rated achieved and 45 were rated not achieved. In the 19 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 a Safety Plan.

Of the 45 records rated not achieved, 36 lacked a Family Plan, 8 had a Family Plan but a Safety Plan associated with a previous closed incident was not developed, 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 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 **25%**. The measure was applied to 64 of the 65 records in the samples; 16 of the 64 records were rated achieved and 48 were rated not achieved. In the 14 records rated achieved, the Family Plan had been completed within the required timeframe.

Of the 48 records rated not achieved, 36 lacked a Family Plan and 12 had a Family Plan that had not been completed within the required timeframe. Specifically, the analysts 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 12 Family Plans that were not completed within the required timeframe, 3 were completed between 30 and 90 days and 2 were completed between 90 and 180 days after the case had been opened or transferred to a new child protection worker. The remaining 7 Family Plans were not reviewed within the last 6 month protection cycle.

FS 26: Supervisory Approval of the Family Plan

The compliance rate for this critical measure was **41%**. The measure was applied to 64 of the 65 records in the samples; 26 of the 64 records were rated achieved and 38 were rated not achieved. In the 26 records rated achieved, it was evident that the Family Plan had been completed and approved by the supervisor.

Of the 38 records rated not achieved, 36 lacked a Family Plan and 2 had a Family Plan, but it was not evident that the plan had been approved by the supervisor.

4.8 Vulnerability Re-assessment and Reunification Assessment

Table 12 provides compliance rates for measures FS 27 and FS 28, which have to do with the completion of either a Vulnerability Re-assessment or a Reunification Assessment 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 45 open FS cases and 20 closed FS cases. There were no closed protection incidents that had both FDR assessment and protection services phases.

Table 12: Vulnerability Re-assessment and Re-unification Assessment (N = 65)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 27: Completing a Vulnerability Re-Assessment or a Reunification Assessment	65	28	43%	37	57%
FS 28: Timeframe for Completing a Vulnerability Re-Assessment or a Reunification Assessment	65	14	22%	51	78%

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

The compliance rate for this critical measure was **43%**. The measure was applied all 65 records in the samples; 28 of the 65 records were rated achieved and 37 were rated not achieved. In the 28 records rated achieved, it was evident that the required Vulnerability Re-assessment or Reunification Assessment had been completed.

Of the 37 records rated not achieved, 35 lacked the required Vulnerability Re-Assessment and 2 lacked the required Reunification 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 that the records were reviewed.

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

The compliance rate for this critical measure was **22%**. The measure was applied all 65 records in the samples; 14 of the 65 records were rated achieved and 51 were rated not achieved. In the 14 records rated achieved, it was possible to determine that the Vulnerability Re-assessment or Reunification Assessment had been completed within the required timeframe.

The analysts looked for a Vulnerability Re-assessment 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 51 records rated not achieved, 37 lacked the required Vulnerability Re-Assessment or Reunification Assessment, and 14 had a Vulnerability Re-assessment or Reunification Assessment that had not been completed within the prescribed timeframe.

4.9 Ending Protection Services

Table 13 provides compliance rates for measures FS 29 to FS 30, which have to do with ending protection services. The rates are presented as percentages of all records to which the measures were applied. The records included the sample of 19 closed FS cases. There were no closed protection incidents that had both FDR assessment and protection services phases.

Table 13: Ending Protection Services (N = 19)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 29: Making an Appropriate Decision on Ending FDR Protection Services or Ongoing Protection Services	19	13	68%	6	32%
FS 30: Supervisory Approval of Decision on Ending FDR Protection Services or Ongoing Protection Services	19	18	95%	1	5%

FS 29: Making an Appropriate Decision on Ending Protection Services

The compliance rate for this critical measure was **68%**. The measure was applied to all 19 records in the sample; 13 of the 19 records were rated achieved and 6 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.

In the 6 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 **95%**. The measure was applied to all 19 records in the sample; 18 of the 19 records were rated achieved and 1 was rated not achieved. In the 18 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 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 an action plan to improve practice.

The SDA overall compliance rate was **62%**.

5.1 Screening Process

Overall, the Kootenays SDA showed a moderately high compliance rate for 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 high (84%) compliance rate, which indicates that, in the majority of records, 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 (74%) compliance rate; there were 19 records that did not contain a PCC and an additional 10 records in which the PCC lacked the 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 (FS 3) had an extremely high (96%) completion rate. However, the measure related to the timeframe for completing the Screening Assessment (FS 4) had a moderately low (59%) compliance rate. When the analysts took a closer look, they found that more than half (25/43) of the Screening Assessments that were completed outside of the required 24-hour timeframe had been completed within 30 days. Of all the Screening Assessments that were completed outside the required timeframe, the average number of days it took to complete the assessment was 70 days. Subsequent measures associated with the screening assessment process had higher compliance rates, including FS 5 (assigning an appropriate response priority), which had a 77% compliance rate, and FS 6 (timeframe for assigning an appropriate response priority), which had a 61% 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) most of the time (78% compliance rate). What caused the lower compliance rate for FS 8 were 21 records that were assigned a non-protection response when there were child protection concerns that needed to be addressed and 3 records in which a protection response was assigned when there were no child protection concerns indicated in the report. There was a high (87%) compliance rate

for the measure related to making the response decision within the required 5-day timeframe (FS 9). In the records in which the 5-day timeframe was not met, the average number of days it took to document the response decision was 54. The measure associated with supervisory approval of the response decision within the 24-hour timeframe (FS 10) showed a moderate (64%) compliance rate. In the 33 records that did not meet the 24-hour timeframe, the average number of days it took to complete was 72.

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 moderate (69%) compliance rate for completing the Safety Assessment process (FS 11), but a very low (17%) compliance rate for completing the Safety Assessment form within the required 24 hour timeframe (FS 12). Specifically, more than one third (24/62) of the records rated not achieved for FS 12 did not have a completed Safety Assessment form, and the remaining records (38/62) 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 number of days it took to complete the form was 53 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 65% of the time. This moderate compliance rate was caused primarily by the lack of a completed Safety Assessment form. The low (34%) 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 21 of the 40 records rated not achieved. Because these 21 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 3 records, 13 records with a Safety Assessment that identified safety factors but lacked a corresponding Safety Plan, and 3 records with a Safety Plan that was not developed in collaboration with the family.

The Vulnerability Assessment was fully completed and signed by a supervisor (FS 16) 60% of the time. With respect to the timeframe for completing the Vulnerability Assessment (FS 17), the audit showed a very low (25%) compliance rate. Specifically, in the records that had a completed Vulnerability Assessment form, over half (29/48) 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 number of days it took to complete the form was 92. 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 63% of the time. This moderate compliance rate was caused primarily by the lack of a completed Vulnerability Assessment.

The measures associated with the provision of ongoing protection services had low to moderate compliance rates. More than two thirds (68%) of the applicable records had a completed Family and Child Strengths and Needs Assessment and less than half (42%) had a completed Family Plan that was developed with the family. These 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. A required Vulnerability Re-assessment or Reunification Assessment (FS 27) was found in less than half (43%) of the applicable records. The analysts noted that of the cases with completed SDM tools, many of the tools lacked detailed information regarding the children and the families. Specifically, the assessment tools were completed using only check marks and scores, and lacked narrative on the family's strengths and needs or comments about the social worker's or family's perspective on safety factors.

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 assessments and plans, 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 (64%) 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. If we remove this latter criterion, we find that 91% of the records audited (68/75) had documented supervisory approval of the response decision. Of the response decisions that were not approved within the required timeframe, the average number of days it took to approve the decision was 73.

There was a moderately low (55%) 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 21 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 primary factor that negatively affected the compliance rate for supervisory approval of the decision on the need for protection services (FS 20), which was 61%.

In regard to the 3 measures that relate to supervisory approval of SDM tools, the compliance rates ranged from moderate to moderately low. The compliance rate for the measure related to supervisory approval of the Safety Assessment and Safety Plan (FS 15) was moderate (67%) largely because 24 of the 25 records rated not achieved did not have a Safety Assessment. Supervisory approval of the Family and Child Strengths and Needs Assessment (FS 22) showed a moderately low (58%) compliance rate largely because 20 of the 27 records rated not achieved did not have a completed Family and Child Strengths and Needs Assessment. Supervisory approval of the Family Plan (FS 26) showed an even lower (41%) compliance rate largely because 36 of the 38 records

rated not achieved did not have a completed Family Plan. These findings suggest that team leaders may not be monitoring and reviewing the requirement that plans be completed during the provision of ongoing protection services.

5.4 Timeliness

There is much room for improvement when it comes to meeting timeframes. The analysts found that many incidents screened in for INV 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 (17% to 87%). 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, and 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, and FS 28). In other words, timeframes were met much more frequently when completing the Screening Assessment process (59% compliance rate), assigning an appropriate response priority (61% compliance rate), making an appropriate response decision (87% compliance rate), and documenting supervisory approval of the response decision (64% compliance rate), than they were when completing the Safety Assessment (17% compliance rate), completing the Vulnerability Assessment (25% compliance rate), completing the Family Plan (25% compliance rate) and completing the Vulnerability Re-assessment or Reunification Assessment (22% compliance rate). In reviewing the sampled FS cases, the analysts focused on practice that occurred during the 12-month period: September 1, 2013 – August 31, 2014. For a rating of achieved on the measure associated with the timeframe for completing the Family Plan (FS 25) and the Vulnerability Re-assessment or Reunification Assessment (FS 28) there had to be a completed Family Plan or re-assessment completed during the last 6-month protection cycle.

The low (25%) compliance rate for the measure related to the timeframe for completing the Family Plan (FS 25) and the low (22%) compliance rate for the measure related to the timeframe for completing the Vulnerability Re-assessment or Reunification Assessment (FS 28) revealed that, although almost half of the records contained a completed Family Plan and Vulnerability Re-assessment or Reunification Assessment that had been completed within the 12 month period, many had not been completed within the last 6-month protection cycle, as required.

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 low (34%). This compliance rate was negatively affected primarily by the lack of a completed Safety Assessment and a required Safety Plan. It was noted that of the records rated not achieved for FS 14, only 3 lacked documentation of collaboration with the family in developing the Safety Plan. The compliance rate for developing the Family Plan in collaboration with the family (FS 23) was also low (42%). Among the records rated not achieved for FS 23, the analysts found only 1 record that

did not contain documentation of collaboration with the family in developing the Family Plan. Like the Safety Plan, this compliance rate was negatively affected primarily by the records that lacked 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
<p>Training will be provided to all C6 delegated staff on the following policies and practice standards, contained in Chapter 3: Child Protection Response Policies:</p> <ul style="list-style-type: none"> - 3.1(6) Conducting a Detailed Record Review - 3.2 (1-10) Family Development Response - 3.3(1-8) Investigation - 3.6 (1-2) Initiating Ongoing Protection Services - 3.7 (1-2) Ongoing Protection Services Practice Cycle - 3.8 (1) Returning Children and Youth to Parents or Considering Permanency Alternatives - 3.9 (1) Ending Ongoing Protection Services <p>Confirmation of the completion of this training will be provided, via email, to the Office of the Provincial Director of Child Welfare.</p>	Wendy Wiens, EDS	December 15, 2016
<p>Tracking systems will be created, shared with all team leaders, and implemented to monitor and document the completion of the SDM assessment tools, including family plans, associated with protection incidents and ongoing family service cases. These tracking systems will be provided to the Office of the Provincial Director of Child Welfare.</p>	Wendy Wiens, EDS	September 30, 2016