



Thompson Cariboo Shuswap Service  
Delivery Area

# Family Service Practice Audit

Report Completed: April 2015

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## INTRODUCTION

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

### 1. PURPOSE

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

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

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

### 2. METHODOLOGY

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

**Table 1: Selected Records for FS Practice Audit in Thompson Cariboo Shuswap SDA**

Record status and type	Total number at SDA level	Sample size
Closed non-protection incidents	112	47
Closed protection incidents	444	63
Open FS cases	501	58
Closed FS cases	56	31

More specifically, the four samples consisted of:

1. Non-protection incidents created after April 2, 2012, that had been open for at least 4 months, and closed between October 31, 2013, and April 30, 2014, where the response was *offer child and family services, youth services, refer to community agency, no further action, or request service: CFS* and *Request Service: CAPP*. Closed was determined based on data entered in the closed date field in ICM.
2. Protection incidents created after April 2, 2012, that had been open for at least 4 months, and closed between October 31, 2013, and April 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 April 30, 2014, that had been open for at least six months, and had an associated protection incident that was created after October 30, 2014, where the response was *investigation* or *family development response*.
4. Closed FS cases that were closed between October 31, 2013, and April 30, 2014, and had an associated protection incident that was created after April 2, 2012, where the response was *investigation* or *family development response*.

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

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

In reviewing selected records, the analysts focused on practice that occurred during a 12-month period (April 30, 2013 – May 1, 2014) leading up to the time when the audit was conducted (May 29, 2014 – September 24, 2014). This was approximately one year after implementation of both Chapter 3 of the Child Safety and Family Support Policies and the ICM system. Chapter 3 contains child protection policies, standards and procedures, including Structured Decision Making (SDM) tools, some of which were embedded in ICM at the time that this audit was conducted.

Quality assurance policy and procedures require that practice analysts identify for action any incident or case record that suggests a child may need protection under section 13 of the *Child, Family and Community Service Act*. During this audit, practice analysts watched for situations in which the information in the records suggested that a child may have been left in need of protection. When identified, these records were brought to the attention of the appropriate team leader (TL) and community services manager (CSM), as well as the executive director of service (EDS), 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 Thompson Cariboo Shuswap SDA is located in the south-central area of British Columbia. It extends from Williams Lake in the north to Lillooet, Lytton and Merritt in the south, and from the Chilcotin in the west to Salmon Arm and Revelstoke in the east, with Kamloops roughly in the centre. The SDA has urban, rural and, to some degree, remote areas (Chilcotin) that include many Aboriginal communities.

The SDA's economy is quite varied and includes tourism, forestry, mining, rail, and government structure. There are five delegated Aboriginal agencies (DAAs) within the SDA. The DAAs are located in Kamloops, Merritt, Lytton and Williams Lake. (One of the DAAs in Williams Lake is only partially delegated.) Splatsin First Nation (Spallumsheen) in Enderby is also located within the SDA.

#### 3.2 Demographics

As shown in Table 2, the Thompson Cariboo Shuswap (TCS) SDA has a population of approximately 211,565, or 4.76% of the provincial population. Children and youth under 19 years of age number about 43,455, or 4.68% of the provincial child population. The Aboriginal population in the SDA is approximately 26,530. Within the Aboriginal population, there are about 8,880 children and youth under 19 years of age, representing approximately 20% of the SDA child population.

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

TCS SDA Population	TCS SDA Child Population by Age Cohort and Aboriginal Status					
	Total	0 - 18	0 - 2	3 - 5	6 - 12	13 - 18
All	211,565	43,455	6,055	6,175	15,480	15,745
Aboriginal	26,530	8,880	1,230	1,425	3,060	3,165

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

Table 3 shows the Thompson Cariboo Shuswap 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 4.7% of 3 to 5 year-old children in the province.

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

Thompson Cariboo Shuswap SDA Child Population by Age Cohort		Percentage of Provincial Child Population
0 - 2	6,055	4.6%
3 - 5	6,175	4.7%
6 - 12	15,480	4.9%
13 - 18	15,745	4.9%

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

### 3.3 Service Delivery

There are four LSAs in the Thompson Cariboo Shuswap SDA: Cariboo, Gold Trail, Kamloops and Shuswap. Each LSA has a Community Services Manager (CSM) responsible for the delivery of services.

The Cariboo LSA (Clearwater, 100 Mile House, and Williams Lake) has a mixed service delivery model. The smaller communities of Clearwater and 100 Mile House have integrated services, while Williams Lake has more specialized services (intake, family service, CYMH, resources, etc.). There is also one fully delegated Aboriginal agency and one partially delegated Aboriginal agency in Williams Lake.

Gold Trail LSA (Merritt, Lillooet, and Ashcroft) has all integrated teams. In addition, the CSM responsible for Gold Trail supervises two offices in Kamloops: Child and Youth with Special Needs (CYSN) and Youth Justice (YJ). There are also two fully delegated Aboriginal agencies in the Gold Trail LSA.

Kamloops LSA operates with a more specialized model. There are two child protection teams that provide service based on geography and one that serves mostly youth. There are also two Child and Youth Mental Health (CYMH) teams, a resources team, and a guardianship/adoption team.

Shuswap LSA includes the communities of Salmon Arm and Revelstoke. Salmon Arm has a more specialized service delivery model with separate offices providing intake/child protection, guardianship, YJ and CYMH services. The CSM for Shuswap LSA also supervises an office in Kamloops that is co-located with a non-delegated Métis agency. This office collaborates in providing child protection services, as well as family services, for Métis people living in the Kamloops area.

Throughout the SDA there are a number of agencies that provide a host of contracted services, ranging from child and youth residential to family support services. The SDA also has a close, collaborative working relationship with Interior Health in providing substance use and adult 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 the EDS and CSMs) was approximately 1 to 5, and the ratio of administrative staff to professional staff (including the EDS and CSMs) was approximately 1 to 4, for the SDA as a whole.

**Table 4: Staffing by LSA**

Thompson Cariboo Shuswap SDA	Shuswap	Kamloops	Cariboo	Gold Trail	Total
Community Services Manager	1	1	1	1	4
Team Leader	6	7	6	6	25
Child Protection Social Worker (includes 2 After Hours staff)	17	17	15	12	61
Social Worker Assistants					
ECD Coordinator					
FGC/OCC		2		Contracted	2
Guardianship/Guardianship Child Protection	2	3	12		17
Resources	2.3	5	5	1	13.3
Adoption		2	1		3
Child and Youth Mental Health	5	17	8.8	4	34.8
Child and Youth with Special Needs	2.2		1	4.3	7.5
Youth Services/Youth Justice	2	6	2	6	16
Administrative Support	9	17	12.7	6	44.7
<b>Total</b>	<b>46.5</b>	<b>77</b>	<b>64.5</b>	<b>40.3</b>	<b>228.3</b>

Source: Operational Performance & Strategic Management Report: July 2013

### 3.5 Strengths and Challenges

With a population of approximately 250,000 people spread over a very large geographic area, there are long distances between many communities, with the urban centre of Kamloops providing most of the major services. Kamloops is a university town (home to Thomson Rivers University) with a large student population, which attracts young people, businesses, and services. Because it is a desirable location and has a fairly stable population with many services available, the staffing situation in Kamloops is relatively stable. However, offices in other locations, such as Merritt and Williams Lake, have had considerable difficulty holding onto staff for any length of time. These two communities, as well as Clearwater and Lillooet, are considered to be “hard to recruit to” locations. Staffing numbers are constantly fluctuating in these locations, as CSMs hire, train and then watch as staff transfer to more desirable locations within the SDA, or in other SDAs.

### **3.6 Service Delivery to Aboriginal Children and Families**

Thompson Cariboo Shuswap SDA has a number of DAAs providing a range of services for the Aboriginal population. Two of the DAAs provide services both on and off reserve. All of the DAAs, as well as Band offices, receive funding through contracts for support services. Ongoing funding for DAAs is a chronic problem with both the federal and provincial governments experiencing budget challenges. Although the ministry's relationships with Aboriginal communities in the SDA are mostly positive, improving communication and building relationships is an ongoing priority, and challenge, for the SDA.



## THOMPSON CARIBOO SHUSWAP FAMILY SERVICE PRACTICE AUDIT

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

### 4. FINDINGS AND ANALYSIS

The findings are presented in tables that contain counts and percentages of ratings of achieved and not achieved for all of the measures in the audit tool (FS 1 to FS 30). The tables present findings for measures that correspond with specific components of the Child Protection Response Model and are labelled accordingly. Each table is followed by an analysis of the findings for each of the measures presented in the table.

There were 199 records in the four samples selected for this audit. However, not all of the measures in the audit tool were applicable to all 199 records in the selected samples. The “Total” column next to each measure in the tables contains the total number of records to which the measure was applied. Some of the tables have notes underneath indicating the number of records for which a measure was not applicable and the reasons why the measure was not applicable.

#### 4.1 Report and Screening Assessment

Table 5 provides compliance rates for measures FS 1 to FS 4, which have to do with obtaining and assessing a child protection report. The rates are presented as percentages of all records to which the measures were applied. The records included the selected samples of 47 closed non-protection incidents and 63 closed protection incidents.

**Table 5: Report and Screening Assessment (N =110)**

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	110	101	92%	9	8%
FS 2: Conducting a Prior Contact Check (PCC)	110	73	66%	37	34%
FS 3: Assessing the Report about a Child or Youth’s Need for Protection	110	96	87%	14	13%
FS 4: Timeframe for Assessing the Report about a Child or Youth’s Need for Protection	110	52	47%	58	53%

#### **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 **92%**. The measure was applied to all 110 records in the samples; 101 of the 110 records were rated achieved and 9 were rated not achieved. Of the 9 records rated not achieved, 7 contained insufficient detail about the circumstances and nature of the protection concerns being reported, one was a non-protection incident that had a blank “Nature of Report” tab in ICM, and one was a non-protection incident for which there was no documentation indicating whether the children were present at the time of

the incident. Regarding the records rated not achieved, the analysts who conducted the audit were able to confirm that the immediate safety of the children had not been affected.

**FS 2: Conducting a Prior Contact Check (PCC)**

The compliance rate for this critical measure was **66%**. The measure was applied to all 110 records in the samples; 73 of the 110 records were rated achieved and 37 were rated not achieved. Of the 37 records rated not achieved, 15 had no PCCs and 22 had insufficient information in the PCCs (for example, some only documented “PCC done”) or did not summarize each past service involvement and the relevance of past service involvements to the reported concerns.

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

The compliance rate for this critical measure was **87%**. The measure was applied to all 110 records in the samples; 96 of the 110 records were rated achieved, and 14 were rated not achieved because there were no screening assessments.

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

The compliance rate for this critical measure was **47%**. The measure was applied to all 110 records in the samples; 52 of the 110 records were rated achieved and 58 were rated not achieved. Of the 58 records rated not achieved, 14 did not have screening assessments and 44 had screening assessments that were not completed within the required 24-hour timeframe. Of the 44 screening assessments that were not completed within the required timeframe, 19 were completed within 30 days, 13 were completed between 30 and 90 days, 6 were completed between 90 and 180 days, 3 were completed between 180 and 365 days, and 3 were completed more than a year after the report had been received. Regarding the records rated not achieved, the analysts were able to confirm that the immediate safety of the children had not been affected.

**4.2 Response Decision**

Table 6 provides compliance rates for measures FS 5 to FS 10, which have to do with assigning a response priority and making a response decision. The rates are presented as percentages of records to which the measures were applied. The records included the selected samples of 47 closed non-protection incidents and 63 closed protection incidents.

**Table 6: Response Decision (N =110)**

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 5: Assigning an Appropriate Response Priority	110	91	83%	19	17%
FS 6: Timeframe for Assigning an Appropriate Response Priority	110	53	48%	57	52%
FS 7: Making an Appropriate Response Decision	110	110	100%	0	0%
FS 8: Making a Response Decision Consistent with the Assessment of the Report	110	103	94%	7	6%
FS 9: Timeframe for Making an Appropriate Response Decision	110	70	64%	40	36%
FS 10: Supervisory Approval of the Response Decision	110	35	32%	75	68%

**FS 5: Assigning an Appropriate Response Priority**

The compliance rate for this critical measure was **83%**. The measure was applied to all 110 records in the samples; 91 of the 110 records were rated achieved and 19 were rated not achieved. Of the 19 records rated not achieved, 14 did not have screening assessments and 5 had response priorities that did not reflect the urgency of the required response. Regarding the records rated not achieved, the analysts were able to confirm that the immediate safety of the children had not been affected.

**FS 6: Timeframe for Assigning an Appropriate Response Priority**

The compliance rate for this critical measure was **48%**. The measure was applied to all 110 records in the samples; 53 of the 110 records were rated achieved and 57 were rated not achieved. Of the 57 records rated not achieved, 14 did not have screening assessments and 43 had response priorities that were not assigned within the required 24-hour timeframe. Of the 43 response priorities that were not assigned within the required timeframe, 18 were assigned within 30 days, 10 were assigned between 30 and 60 days, 2 were assigned between 60 and 90 days, and 13 were assigned more than 90 days after the report had been received. Regarding the records rated not achieved, the analysts were able to confirm that the immediate safety of the children had not been affected.

**FS 7: Making an Appropriate Response Decision**

The compliance rate for this critical measure was **100%**. The measure was applied to all 110 records in the samples; all of these records were rated as achieved. To receive a rating of achieved there had to be a documented response decision in the record. Critical measure FS 8 was then applied to assess whether the response decision was consistent with the information gathered.

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

The compliance rate for this critical measure was **94%**. The measure was applied to all 110 records in the samples; 103 of the 110 records were rated achieved and 7 were rated not

achieved. Of the 7 records rated not achieved, 5 were coded non-protection when the information in the record indicated that a protection response was required. In all of these 5 records, voluntary support services and/or social worker follow-up addressed the child welfare concerns, or subsequent incidents were opened and protection interventions were initiated, or FS cases were opened. The other 2 records rated not achieved had insufficient information to determine an appropriate response decision, and one of these 2 records had no response decision identified. In regard to the records rated not achieved, the analysts were able to confirm that the immediate safety of the children had not been affected.

**FS 9: Timeframe for Making an Appropriate Response Decision**

The compliance rate for this critical measure was **62%**. The measure was applied to all 110 records in the samples; 68 of the 110 records were rated achieved and 42 were rated not achieved. Of the 42 records rated not achieved, 2 did not have response decisions and 40 had response decisions that were not documented within 5 calendar days after the report was received, as required. Of the 40 response decisions that had not been documented within the required timeframe, 10 were documented within 30 days, 13 were documented between 30 and 90 days, 7 were documented between 90 and 180 days, 5 were documented between 180 and 365 days, and 5 were documented more than a year after the report was received.

**FS 10: Supervisory Approval of the Response Decision**

The compliance rate for this critical measure was **32%**. The measure was applied to all 110 records in the samples; 35 of the 110 records were rated achieved and 75 were rated not achieved. Of the 75 records rated not achieved, 9 did not have supervisory approval of the response decision and 66 had a response decision that was not approved by a supervisor within the required 24-hour timeframe. Of the 66 response decisions that were not approved within the required timeframe, 18 were approved within 30 days, 19 were approved between 30 and 90 days, 7 were approved between 90 and 180 days, 13 were approved between 180 days and 365 days, and 9 were approved more than a year after the screening assessment was completed.

**4.3 Safety Assessment and Safety Plan**

Table 7 provides compliance rates for measures FS 11 to FS 15, which have to do with completing a safety assessment, making a safety decision, and developing a safety plan. The rates are presented as percentages of all records to which the measures were applied. The records included the selected sample of 63 closed protection incidents augmented with 5 non-protection incidents that had 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 = 68)**

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 11: Completing the Safety Assessment Process	68	38	56%	30	44%
FS 12: Completing the Safety Assessment Form	68	7	10%	61	90%
FS 13: Making a Safety Decision Consistent with the Safety Assessment	68	55	81%	13	19%
FS 14: Involving the Family in the Development of a Safety Plan*	46	18	39%	28	61%
FS 15: Supervisory Approval of the Safety Assessment and the Safety Plan	68	52	76%	16	24%

\* This measure was not applicable to 22 records because safety factors were not identified in the safety assessments contained in those records.

### **FS 11: Completing the Safety Assessment Process**

The compliance rate for this critical measure was **56%**. The measure was applied to all 68 records in the augmented sample; 38 of the 68 records were rated achieved and 30 were rated not achieved. Of the 30 records rated not achieved, 13 did not have a completed safety assessment and 17 had a safety assessment that was either not completed during the first in-person meeting with the family or the children/youth had not been seen, as required. Regarding the records rated not achieved, the analysts were able to confirm that the immediate safety of the children had not been affected.

### **FS 12: Completing the Safety Assessment Form**

The compliance rate for this critical measure was **10%**. The measure was applied to all 68 records in the augmented sample; 7 of the 68 records were rated achieved and 61 were rated not achieved. Of the 61 records rated not achieved, 13 did not have a completed safety assessment form and 48 had a safety assessment form that was not completed within 24 hours after the safety assessment process with the family, as required. Of the 48 safety assessment forms that were not completed within the required timeframe, 15 were completed within 30 days, 6 were completed between 30 and 90 days, 7 were completed between 90 and 180 days, 12 were completed between 180 and 365 days, and 5 were completed more than a year after the safety assessment process was completed. An additional 2 records were completed without documenting the dates when social workers met with the families, and a third was completed two days *prior* to the meeting with the family.

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

The compliance rate for this critical measure was **81%**. The measure was applied to all 68 records in the augmented sample; 55 of the 68 records were rated achieved and 13 were rated not achieved. All 13 records rated not achieved lacked a safety assessment and safety decision.

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

The compliance rate for this critical measure was **39%**. The measure was applied to 46 of the 68 records in the augmented sample; 18 of the 46 records were rated achieved and 28 were rated not achieved. Of the 28 records rated not achieved, 13 did not have a safety assessment, 14 did not have a safety plan that addressed the safety factors identified in the safety assessment, and one had a safety plan that had not been developed in collaboration with the family, as required.

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

The compliance rate for this critical measure was **76%**. The measure was applied to all 68 records in the augmented sample; 52 of the 68 records were rated achieved and 16 were rated not achieved. Of the 16 records rated not achieved, 13 did not have a safety assessment and 3 did not have supervisory approval of the 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. The rates are presented as percentages of all records to which the measures were applied. The records included the sample of 63 closed protection incidents augmented with 5 closed non-protection incidents that had an inappropriate non-protection response.

**Table 8: Vulnerability Assessment (N = 68)**

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 16: Completing the Vulnerability Assessment Form	68	51	75%	17	25%
FS 17: Timeframe for Completing the Vulnerability Assessment Form	68	13	19%	55	81%
FS 18: Determining the Final Vulnerability Level	68	51	75%	17	25%

**FS 16: Completing the Vulnerability Assessment Form**

The compliance rate for this critical measure was **75%**. The measure was applied to all 68 records in the augmented sample; 51 of the 68 records were rated achieved and 17 were rated not achieved. Of the 17 records rated not achieved, 14 did not have a vulnerability assessment (including one record that contained a blank vulnerability assessment form) and 3 had an incomplete vulnerability assessment.

**FS 17: Timeframe for Completing the Vulnerability Assessment Form**

The compliance rate for this critical measure was **19%**. The measure was applied to all 68 records in the augmented sample; 13 of the 68 records were rated achieved and 55 were rated not achieved. Of the 55 records rated not achieved, 17 did not have a vulnerability assessment and 38 had a vulnerability assessment that was not completed within the required 30-day timeframe. Of the 38 vulnerability assessments that were not completed within the required timeframe, 13 were completed between 30 and 90 days, 6 were completed between 90 and 180 days, 13 were

completed between 180 and 365 days, and 6 were completed more than a year after the report was received.

**FS 18: Determining the Final Vulnerability Level**

The compliance rate for this critical measure was **75%**. The measure was applied to all 68 records in the augmented sample; 51 of the 68 records were rated achieved and 17 were rated not achieved. All 17 records rated not achieved lacked a vulnerability assessment.

**4.5 Protection Services**

Table 9 provides compliance rates for measures FS 19 to FS 20, which have to do with making an appropriate decision about the need for protection services and obtaining supervisory approval for that decision. The rates are presented as percentages of all records to which the measures were applied. The records included the selected sample of 63 closed protection incidents augmented with 5 closed non-protection incidents that had an inappropriate non-protection response.

**Table 9: Protection Services (N = 68)**

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 19: Making an Appropriate Decision on the Need for Protection Services	68	57	84%	11	16%
FS 20: Supervisory Approval of the Decision on the Need for Protection Services	68	59	87%	9	13%

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

The compliance rate for this critical measure was **84%**. The measure was applied to all 68 records in the augmented sample; 57 of the 68 records were rated achieved and 11 were rated not achieved. Of the 11 records rated not achieved, 5 had an inappropriate non-protection response and 6 had one or more of the following factors: the decision not to provide ongoing protection services appeared to be inconsistent with the information gathered; there was insufficient information in the assessments and notes to determine whether ongoing protection services were needed; there were unaddressed protection concerns documented in the record. In all of these 6 records, there was documentation indicating that social workers had subsequently followed up, to address child welfare concerns, or that subsequent protection incidents had been opened and interventions initiated.

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

The compliance rate for this critical measure was **87%**. The measure was applied to all 68 records in the augmented sample; 59 of the 68 records were rated achieved and 9 were rated not achieved. Of the 9 records rated not achieved, 5 had an inappropriate non-protection response, and 4 did not have 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 included the samples of 58 open FS cases and 31 closed FS cases augmented with 4 closed protection incidents that had both FDR and protection services phases.

**Table 10: Strengths and Needs Assessment (N = 93)**

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 21: Completing a Family and Child Strengths and Needs Assessment	93	24	26%	69	74%
FS 22: Supervisory Approval of the Family and Child Strengths and Needs Assessment	93	17	18%	76	82%

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

The compliance rate for this critical measure was **26%**. The measure was applied to all 93 records in the augmented samples; 24 of the 93 records were rated achieved and 69 were rated not achieved. Of the 69 records rated not achieved, 63 did not have a family and child strengths and needs assessment (including 3 that had a blank assessment form) and 6 had an incomplete family and child strengths and needs assessment.

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

The compliance rate for this critical measure was **18%**. The measure was applied to all 93 records in the augmented samples; 17 of the 93 records were rated achieved and 76 were rated not achieved. Of the 76 records rated not achieved, 69 did not have a completed family and child strengths and needs assessment, and 7 did not have documented supervisory approval for the assessment that had been completed.

#### 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 58 open FS cases and 31 closed FS cases augmented with 4 closed protection incidents that had both FDR and protection services phases.



**Table 11: Family Plan (N = 93)**

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 23: Developing a Family Plan with the Family	93	62	67%	31	33%
FS 24: Integrating the Safety Plan into the Family Plan	93	62	67%	31	33%
FS 25: Timeframe for Completing the Family Plan and Integrating the Safety Plan	93	63	68%	30	32%
FS 26: Supervisory Approval of the Family Plan	93	55	59%	38	41%

**FS 23: Developing a Family Plan with the Family**

The compliance rate for this critical measure was **67%**. The measure was applied to all 93 records in the augmented samples; 62 of the 93 records were rated achieved and 31 were rated not achieved. Of the 31 records rated not achieved, 29 did not have a family plan and 2 had a plan that had not been developed in collaboration with the family, as required. The analysts who conducted the audit referred one of the records rated not achieved to the responsible team leader for action, because information in the record suggested that the child may have been left in need of protection. The CSM and EDS were also notified.

**FS 24: Integrating the Safety Plan into the Family Plan**

The compliance rate for this critical measure was **67%**. The measure was applied to all 93 records in the augmented sample; 62 of the 93 records were rated achieved and 31 were rated not achieved. Of the 31 records rated not achieved, 29 did not have a family plan, one had a family plan that was illegible, and one had a family plan that did not include outstanding elements of the safety plan that needed to be included in the family plan.

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

The compliance rate for this critical measure was **68%**. The measure was applied to all 93 records in the augmented samples; 63 of the 93 records were rated achieved and 30 were rated not achieved. Of the 30 records rated not achieved, 29 did not have a family plan, and one had a family plan that was completed 152 days after the date of transfer of the case to a new social worker.

**FS 26: Supervisory Approval of the Family Plan**

The compliance rate for this critical measure was **59%**. The measure was applied to all 93 records in the augmented samples; 55 of the 93 records were rated achieved and 38 were rated not achieved. Of the 38 records rated not achieved, 29 did not have a family plan and 9 did not have supervisory approval of the family plan (including two records where it was noted that the supervisor was working on the case, but there was no supervisory approval from the CSM).

#### 4.8 Vulnerability Re-assessment and Reunification Assessment

Table 12 provides compliance rates for measures FS 27 and FS 28, which have to do with the completion of either a vulnerability re-assessment or a reunification assessment, and the timeframe for completing either assessment. The rates are presented as percentages of all records to which the measures were applied. The records included the selected samples of 58 open FS cases and 31 closed FS cases augmented with 4 closed protection incidents that had both FDR and protection services phases. The note below the table provides the number of records for which the measures were assessed as not applicable and explains why.

**Table 12: Vulnerability Re-assessment and Re-unification Assessment (N = 93)**

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 27: Completing a Vulnerability Re-assessment or a Reunification Assessment*	92	16	17%	76	83%
FS 28: Timeframe for Completing a Vulnerability Re-assessment or a Reunification Assessment*	92	5	5%	87	95%

\*This measure was not applicable to one record because ongoing protection services were open for less than 4 months.

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

The compliance rate for this critical measure was **17%**. The measure was applied to 92 of the 93 records in the augmented samples; 16 of the 92 records were rated achieved and 76 were rated not achieved. Of the 76 records rated not achieved, 36 did not have a vulnerability re-assessment (including 1 record that had a blank form), 36 did not have a reunification assessment, and 4 had an incomplete reunification assessment.

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

The compliance rate for this critical measure was **5%**. The measure was applied to 92 of the 93 records in the augmented samples; 5 of the 92 records were rated achieved and 87 were rated not achieved. Of the 87 records rated not achieved, 76 did not have the required vulnerability re-assessment or reunification assessment, and 11 had an assessment that had not been completed within the required timeframe.

#### 4.9 Ending Protection Services

Table 13 provides compliance rates for measures FS 29 and FS 30, which have to do with ending protection services. The rates are presented as percentages of all records to which the measures were applied. The records included the selected sample of 31 closed FS cases augmented with 4 closed protection incidents that had both FDR and protection services phases.

**Table 13: Ending Protection Services (N = 35)**

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 29: Making an Appropriate Decision on Ending FDR Protection Services or Ongoing Protection Services	35	17	49%	18	51%
FS 30: Supervisory Approval of Decision on Ending FDR Protection Services or Ongoing Protection Services	35	35	100%	0	0%

**FS 29: Making an Appropriate Decision on Ending Protection Services**

The compliance rate for this critical measure was **49%**. The measure was applied to all 35 records in the augmented sample; 17 of the 35 records were rated achieved and 18 were rated not achieved. All 18 records rated not achieved had ended protection services without completing vulnerability re-assessments or reunification assessments, as required.

**FS 30: Supervisory Approval of Decision on Ending Protection Services**

The compliance rate for this critical measure was **100%**. The measure was applied to all 35 records in the augmented sample, and all of the 35 records were rated achieved because they had documented supervisory approval of the decision on ending protection services.

**Records Identified for Action**

Quality assurance policy and procedures require practice analysts to identify for action any incident or case record that suggests a child may need protection under section 13 of the Child, Family and Community Service Act. During the course of this audit, 1 record was identified for action because the information in the record suggested that the children may have been left in need of protection services (see FS23 on page 17). The team leader, community services manager, and executive director of service were immediately notified and subsequently confirmed that they were following up as appropriate.

**5. OBSERVATIONS AND THEMES**

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

The SDA overall compliance rate was **60%**.

**5.1 Screening Process**

The critical measure associated with obtaining detailed information about a child or youth’s need for protection showed a high compliance rate (92%), which indicates that information gathering is thorough and includes relevant details about the circumstances. However, only two thirds of the

records had PCCs that confirmed the family's prior ministry involvements and responsiveness in addressing identified concerns, and reviewed the effectiveness of services previously provided to the family. The measure associated with completion of the screening assessment also showed a high compliance rate (87%) although 13% of the records lacked a screening assessment altogether and another 23% had a screening assessment that was completed more than a month after the report had been received. The lack of a screening assessment and delays in completing the screening assessment affected the rates for measures FS 4 (47%), FS 5 (83%) and FS 6 (48%), which are dependent on information and dates contained within the screening assessment.

Despite the low compliance rate associated with the timely completion of a screening assessment, the audit revealed that response decisions were being made and documented at a very high rate (98%) and those decisions were almost always appropriate and consistent with the information gathered (94%). While it was not always possible to determine when the response decision was actually made, documentation in almost two-thirds of the records indicated that the decision had been made within the required 5-day timeframe. There were, however, significant delays in documenting supervisory approval of the response decision, as reflected in a very low (32%) compliance rate for measure FS 10.

## 5.2 Use of the Structured Decision Making Tools

Overall, there is room for improvement in the completion of SDM assessment and planning tools, which provide a foundation for critical decisions in the provision of effective child protection services. The audit found relatively high compliance rates for completion of the screening assessment (87%), vulnerability assessment (75%) and family plan (67%), and much lower compliance rates for completion of the family and child strengths and needs assessment (49%) and the vulnerability re-assessment or reunification assessment (17%). This suggests that social workers may be prioritizing the use of SDM tools related to protective interventions associated with child protection reports.

The audit showed a moderately low compliance rate (56%) for completion of the safety assessment process, and a very low compliance rate for completion of the safety assessment form (10%) because the vast majority of these forms were either not completed or were completed long after the safety assessment process with the family. The requirement is that the safety assessment form be completed within 24 hours after the meeting with the family. However, the audit showed that in almost half of the records the form was completed more than 30 days after the meeting with the family.

Although a quarter of the records lacked a vulnerability assessment, the compliance rate for determining the final vulnerability level (75%) in the assessments that were completed suggests that they were based on thorough information gathering and sound clinical judgment.

Overall, it was rare to find a FDR protection services record or FS case wherein the family and child strengths and needs assessment, family plan and vulnerability re-assessment or reunification assessment had all been completed within the required timeframes. When these SDM tools were found in the records, however, most were completed accurately and reflected sound decision making.

### 5.3 Supervisory Approval

There are six 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), and the other three measures relate to supervisory approval of 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 very low compliance rate for documentation of supervisory approval of the response decision (32%) and very high compliance rates for documentation of supervisory approval of the decision on the need for protection services (87%) and the decision on ending protection services (100%).

Supervisory approval of the safety assessment and safety plan showed a moderately high compliance rate (76%), although, in many of the records, the team leader had approved the safety assessment and safety plan long after the social worker had completed the form and often just prior to the closure of the incident. Supervisory approval of the family and child strengths and needs assessment showed a very low compliance rate (18%) largely because few of these assessments were actually completed. These findings suggest that team leaders may not be monitoring and reviewing the completion of assessments and plans in a timely manner. Given the significance of these tools in the SDM process, the SDA may want to take action to improve practice in this area.

### 5.4 Timeliness

Meeting required timeframes is another area that needs to improve. Measures related to completing the SDM tools and obtaining supervisory approvals within required timeframes had compliance rates that ranged from 5% to 68%. In particular, the compliance rate for completing the vulnerability assessment within the required timeframe was very low (19%) and the compliance rate for timely completion of the vulnerability re-assessment and reunification assessment was even lower (5%). The analysts also found that many incidents screened in for INV response were open well beyond the 30-day timeframe set in policy.

### 5.5 Collaborative Practice

The records showed improvement over time in collaborative practice with families. For example, the measure for involving the family in the development of a safety plan had a low (31%) compliance rate but the measure for developing a family plan with the family had a much higher (67%) compliance rate. To assess collaborative practice, the analysts looked for plans that were signed by family members and/or meeting notes and emails confirming that family members participated, or were given opportunity to participate, in the development of these plans. While more than a quarter of the records lacked a safety plan, and almost a third lacked a family plan, the practice analysts observed in the records that social workers routinely discussed elements of planning with their clients and other service providers. Typically, these conversations focused on expectations and progress, and not on measureable outcomes, and were held between the social

worker and a single individual. Identifying the barriers to collaborative practice was not within the scope of the audit; however, the SDA may want to explore this issue.

## 5.6 Response to Domestic Violence

The analysts who conducted the audit observed that reports involving allegations of domestic violence were not thoroughly assessed. For example, there were safety decisions that did not take into account a past history of domestic violence. In addition, domestic violence was a theme in five closed non-protection incidents in the sample. Although there were subsequent reports with similar concerns about domestic violence, and the social workers subsequently took protective action to address the concerns, these five incidents should have been coded as protection incidents because the information gathered indicated that a protection response was required.

## 6. ACTIONS TAKEN TO DATE

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

From October 2013 to February 2014, the SDA provided domestic violence training to all C5 and C6 delegated social workers, and some resource and guardianship workers. Nine sessions were held throughout the SDA with a maximum of 21 workers in each session. Prior to participating in the training sessions the workers were required to complete an online course. The training sessions expanded on the online course content and focused on skill development for assessing risk, developing safety plans, and interviewing offending parents, non-offending parents and children. The need to apply an integrated, coordinated approach with community and other supports, when working on cases involving domestic violence, was emphasized.

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 early 2015 a caseload tracking system was created in the SDA to assist team leaders in ensuring that SDM assessment tools associated with incidents and ongoing protection service cases are completed and key guardianship standards are met, in a timely manner. The tracking system is used by team leaders during supervision sessions with intake, family service and guardianship social workers. The tracking system was shared with the Office of the Provincial Director of Child Welfare and Aboriginal Services in April, 2015.

## 7. ACTION PLAN

Action	Person responsible	Date to be completed by
Provide training to all C6 delegated staff in the SDA on the following practice standards and related procedures and guidelines, contained in Chapter 3: Child Protection Response and Practice Guidelines for Using SDM Assessment Tools: <ul style="list-style-type: none"> <li>– 3.1(3): Conducting a Prior Contact Check</li> <li>– 3.2(5-8), 3.3(9-12): Conducting a Safety Assessment and Developing a Safety Plan</li> <li>– 3.2(29-30), 3.6(3-5): Completing the Family and Child Strengths and Needs Assessment</li> <li>– 3.2(31-32), 3.6(6-8): Creating and Implementing a Family Plan</li> <li>– 3.7(3-4): Reassessing in the Practice Cycle</li> </ul>	David Hall, EDS	November 30, 2015