



North Fraser Service Delivery Area

Family Service Practice Audit

Report Completed: March 2016

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INTRODUCTION

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

Record status and type	Total number at SDA level	Sample size
Closed non-protection incident	925	63
Closed protection incident	973	63
Open FS case	379	58
Closed FS case	109	42

More specifically, the four samples consisted of:

1. Non-protection incidents created after April 2, 2012, and closed between March 1, 2014, and August 30, 2014, where the response was offer child and family services, youth services, refer to community agency, or no further action. Closed was determined based on data entered in the closed date field in ICM.
2. Protection incidents created after April 2, 2012, and closed between March 1, 2014, and August 30, 2014, where the response was investigation or family development response. Closed was determined based on data entered in the closed date field in ICM.

3. Open FS cases that were open on August 30, 2014, had been open for at least 6 months, and had an associated protection incident that was created after April 2, 2012, where the response was investigation or family development response.
4. Closed FS cases that were closed between March 1, 2014, and August 30, 2014, and had an associated protection incident that was created after April 2, 2012, where the response was investigation or family development response.

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

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

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

SERVICE DELIVERY

This section provides an overview of the SDA, including a discussion of strengths and challenges, and service delivery to Aboriginal children, youth and families within the SDA.

3. OVERVIEW OF SDA

3.1 Geography

The North Fraser SDA is comprised of mostly urban communities located in the centre of British Columbia's Lower Mainland. Its southern border extends along the Fraser River. Maple Ridge is a municipality located along the eastern and northern borders of the SDA. Pitt Meadows is a municipality located to the west of Maple Ridge, and these two communities are commonly referred to as Ridge Meadows. Further to the west is an area called "Tri-Cities," which consists of the municipalities of Port Coquitlam, Coquitlam, and Port Moody. On the southwestern border of the SDA are the municipalities of New Westminister and Burnaby. The northern region of the SDA has a number of large lakes and forested areas conducive to many recreational activities, including camping, hiking, and fishing.

The communities within the North Fraser SDA are in close proximity to each other. Commuting by car across the SDA takes approximately one hour. The Trans-Canada Highway runs through Burnaby and New Westminister, while Highway 7 connects the Tri-Cities and Maple Ridge. The largest First Nation by land area within the SDA is the Coquitlam Indian Reserve, which is situated north of the Fraser River between the Trans-Canada Highway and Highway 7.

3.2 Demographics

As shown in Table 2, the North Fraser SDA has a population of approximately 643,795, representing 14% of the provincial population (2014). Children and youth under 19 years of age number about 123,905, representing 13% of the provincial child population (2014). The Aboriginal population in the SDA is approximately 14,545. Within the Aboriginal population, there are about 4,425 children and youth under 19 years of age, representing approximately 3.6% of the SDA child population.

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

North Fraser SDA Population	North Fraser SDA Child Population by Age Cohort and Aboriginal Status					
	Total	0 - 18	0 - 2	3 - 5	6 - 12	13 - 18
All	643,795	123,905	19,019	18,894	43,426	42,566
Aboriginal	14,545	4,425	675	645	1,485	1,620

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 North Fraser SDA child population by age cohort and the percentage of the provincial child population represented by each cohort. For example, the table shows that 3 to 5 year-old children in the SDA comprise 15% of 3 to 5 year-old children in the province.

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

North Fraser SDA Child Population and Percentage of Provincial Child Population by Age Cohort		
0 - 2	19,019	14%
3 - 5	18,894	14%
6 - 12	43,426	14%
13 - 18	42,566	14%

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

The North Fraser SDA has a diverse socio-economic profile. Burnaby and Coquitlam are among the top ten most populated cities in British Columbia. Within the municipality of Burnaby, the community of Brentwood is rapidly becoming denser in population with the addition of several new high rise apartment buildings. The North Fraser SDA also has the second highest visible minority population in the province. There is also a mixture of affluent, middle class and low income neighbourhoods. The Tri-Cities was once an area for young families; however, with the increasing cost of housing, families are moving east to Ridge Meadows where it is more affordable.

3.3 Service Delivery

There are five Local Service Areas (LSA) in the North Fraser SDA: Burnaby, Ridge Meadows, Tri-Cities, North Fraser Aboriginal and New Westminster, and North Fraser Guardianship, Adoption, Resources, and Youth Day Treatment (G.A.R.Y.). Each LSA has a CSM responsible for the delivery of services within the boundaries of the LSA, including services for Aboriginal families residing on and off reserve.

Each LSA has its own service delivery model, and each CSM is responsible for delivery of all six ministry service lines within his or her LSA. These services include Early Years; Children and Youth with Special Needs (CYSN); Child and Youth Mental Health (CYMH); Child Safety, Family Support and Children in Care; Adoption; and Youth Justice. Each LSA has both integrated and specialized teams, such as intake, family service, resources, guardianship, and adoption. CYMH services and staff are SDA-based and integrated into district offices across the LSAs. Some LSAs have specialized teams; for example, the Tri-Cities LSA has a youth team and the Youth Day Treatment Program, and there are teams that provide service to Aboriginal populations in New Westminster, Burnaby, and Ridge Meadows. Until October, 2015, the Burnaby LSA managed North Fraser's centralized screening for child protection reports. As of October, 2015, all child protection reports and initial requests for ministry services are managed by a provincial Centralized Screening team.

The North Fraser SDA has a host of community agencies that provide contracted services. The CSMs manage their own contracts with agencies located within their LSAs. There is no contracted agency that provides services across the SDA. For example, the Tri-Cities and Ridge Meadows LSAs each have their own contracts with Westcoast Family Services, which is one of the largest contracted service providers in the North Fraser SDA. Another large service provider is SHARE Family and Community Services, which is contracted by Tri-Cities. Ridge Meadows has contracts with the Family Education and Support Centre to provide services for families in Maple Ridge.

The North Fraser SDA also provides services, when necessary, for children, youth and families connected to the Alouette Correctional Centre for Women in Maple Ridge, Victory Hill Residential Program, B.C. Provincial School for the Deaf, and the Maples Adolescent Treatment Centre, which are all located in Burnaby.

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 7, 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

North Fraser SDA	EDS	Burnaby	North Fraser, Aboriginal & North West	North Fraser, G.A.R.Y	Ridge Meadows	Tri-Cities	Total
Administrative Professionals	2	11	11.5	6	6.8	11.5	48.8
Adoption Workers				4.35			4.35
CSMs		1	1	1	1	1	5
Child Protection Workers		24	22		13.25	18.8	78.05
CYMH		14	6	3.9	7.6	14.8	46.3
CYSN		5		1	4	4	14
Executive Director of Service	1						1
Family Group Conference Facilitators							
Guardianship Workers		1	5	2.6	2	3.5	14.1
Resource Workers			1	11			12
Roots Workers			2				2
Team Leaders		7	6	4	4	7	28
Youth Justice / Youth Services		2	1		2	2	7
Total	3	65	55.5	33.85	40.65	62.6	260.6

Source: Operational Performance & Strategic Management Report: June 2014

3.5 Strengths and Challenges

Collaboration is one of the North Fraser SDA's strengths. The CSMs engage with local agencies to deliver services that meet the needs and complexities of each LSA. In addition, municipal staff members, including school board staff and mayors, are actively involved on advisory committees and in decisions regarding grant allocations, and the SDA's leadership team (CSMs, TLs, and Office Managers) meets three times a year with the EDS to provide updates on service delivery,

professional development, and succession planning. A TL group also meets once a month to provide mutual practice support and discuss best practices.

In regard to best practices, the EDS reported that from March, 2013, to August, 2015, the use of FDR as a protection response has nearly doubled. The North Fraser SDA has also increased the number of out-of-care living arrangements in 2015, and is one of the top two SDAs in regard to this performance indicator. Furthermore, the centralized screening team for child safety, which is located in Burnaby, was a strength during the 12 month time period that was the focus of this audit.

One challenge facing the North Fraser SDA is the public's confusion about boundary changes that occurred as a result of the ministry's reorganization from a regional administration model to the SDA model. The boundaries associated with the Ministry of Health are no longer aligned with the boundaries associated with the Ministry of Children and Family Development. As a result, many calls from the public continue to have to be rerouted between neighbouring SDAs.

Another challenge is the long wait lists for services provided by contracted agencies across the SDA. There are also chronic staff shortages created by leave vacancies that cannot be consistently backfilled. The support offered to frontline staff is also limited because practice consultants for adoption, CYSN, and child protection are shared with neighbouring SDAs, Vancouver/Richmond and Coast North Shore.

3.6 Service Delivery to Aboriginal Children and Families

There are three Aboriginal communities in North Fraser: Kwayhquitlim First Nation in Coquitlam, Katzie Indian Band in Pitt Meadows, and Qayqayt First Nation in New Westminister. There are specialized teams that provide child welfare services for Aboriginal children, youth and families in New Westminister, Burnaby, and Ridge Meadows. When these teams were created, social workers and other staff in the SDA were canvassed for interested applicants thereby ensuring that team members were fully committed to delivering culturally appropriate services for Aboriginal children, youth and families.

NORTH FRASER SDA FAMILY SERVICE PRACTICE AUDIT

This section provides information about the findings of the FS practice audit that was conducted in the North Fraser SDA from May to September, 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 226 records in the samples that were selected for this audit. However, not all of the measures in the audit tool were applicable to all 226 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 selected samples of 63 closed non-protection incidents and 63 closed protection incidents.

Table 5: Report and Screening Assessment (N =126)

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	126	117	93%	9	7%
FS 2: Conducting a Prior Contact Check (PCC)	126	105	83%	21	17%
FS 3: Assessing the Report about a Child or Youth’s Need for Protection	126	124	98%	2	2%
FS 4: Timeframe for Assessing the Report about a Child or Youth’s Need for Protection	126	104	83%	22	17%

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 **93%**. The measure was applied to all 126 records in the samples; 117 of the 126 records were rated achieved and 9 were rated not achieved. The 117 records rated achieved had comprehensive documented information on the

report about a child or youth’s need for protection, and this information was used to inform an appropriate screening assessment response priority and response decision.

All of the 9 records rated not achieved had insufficient details about the circumstances of the reports.

FS 2: Conducting a Prior Contact Check (PCC)

The compliance rate for this critical measure was **83%**. The measure was applied to all 126 records in the samples; 105 of the 126 records were rated achieved and 21 were rated not achieved. The 105 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 21 records rated not achieved, 4 had no documentation indicating that PCCs were completed, and 17 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 **98%**. The measure was applied to all 126 records in the samples; 124 of the 126 records were rated achieved and 2 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 2 records rated not achieved, 1 did not have a Screening Assessment and 1 had a Screening Assessment that did not meet requirements, because the address was missing on the form.

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

The compliance rate for this critical measure was **83%**. The measure was applied to all 126 records in the samples; 104 of the 126 records were rated achieved and 22 were rated not achieved. The 104 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 22 records rated not achieved, 1 lacked a Screening Assessment and 21 had a Screening Assessment that had not been completed within the required 24-hour timeframe. Of the 21 Screening Assessments that had not been completed within the required timeframe, 13 were completed within 30 days, 4 were completed between 30 and 90 days, 1 was 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 was received. In regard to the records rated not achieved, the analysts who conducted the audit were able to confirm that the immediate safety of the children was not a concern at the time that they reviewed the records.

4.2 Response Decision

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

Table 6: Response Decision (N =126)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 5: Assigning an Appropriate Response Priority	126	113	90%	13	10%
FS 6: Timeframe for Assigning an Appropriate Response Priority	126	107	85%	19	15%
FS 7: Making an Appropriate Response Decision	126	126	100%	0	0%
FS 8: Making a Response Decision Consistent with the Assessment of the Report	126	106	84%	20	16%
FS 9: Timeframe for Making an Appropriate Response Decision	126	93	74%	33	26%
FS 10: Supervisory Approval of the Response Decision	126	102	81%	24	19%

FS 5: Assigning an Appropriate Response Priority

The compliance rate for this critical measure was **90%**. The measure was applied to all 126 records in the samples; 113 of the 126 records were rated achieved and 13 were rated not achieved. The 113 records rated achieved had an appropriate response priority on the Screening Assessment form.

Of the 13 records rated not achieved, 1 lacked a Screening Assessment, 10 were coded non-protection when the information in the record indicated that a protection response was required, 1 protection incident had a “high” response priority when the information in the record indicated that an “urgent” response priority was required, and 1 protection incident had a “standard” response priority when the information in the record indicated that a “high” response priority was required. In regard to the records rated not achieved, the analysts were able to confirm that the immediate safety of the children was not a concern at the time that they reviewed the records.

FS 6: Timeframe for Assigning an Appropriate Response Priority

The compliance rate for this critical measure was **85%**. The measure was applied to all 126 records in the samples; 107 of the 126 records were rated achieved and 19 were rated not achieved. In the 107 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 19 records rated not achieved, 1 lacked a Screening Assessment and 18 had a response priority that was not assigned within the required 24-hour timeframe. Of the 18 response priorities that were not assigned within the required timeframe, 12 were assigned within 30 days, 3 were assigned between 30 and 90 days, 1 was assigned between 90 and 180 days, and 2 were assigned between 180 and 365 days after the report was received. In regard to the records rated

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

FS 7: Making an Appropriate Response Decision

The compliance rate for this critical measure was **100%**. The measure was applied to all 126 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 1 record that lacked a Screening Assessment, the response decision was documented in ICM.

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

The compliance rate for this critical measure was **84%**. The measure was applied to all 126 records in the samples; 106 of the 126 records were rated achieved and 20 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 20 records rated not achieved, 10 had their response decision changed to non-protection response after a protection response was initiated, although the circumstances did not meet the criteria for terminating a protection response. The remaining 10 records all 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 last 10 records indicated that more information had been subsequently collected and supports or follow-up services had been provided to the families, which adequately addressed safety factors emerging from the initial reports and documented child welfare histories.

FS 9: Timeframe for Making an Appropriate Response Decision

The compliance rate for this critical measure was **74%**. The measure was applied to all 126 records in the samples; 93 of the 126 records were rated achieved and 33 were rated not achieved. In the 93 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 33 records rated not achieved, the response decision had not been determined and documented within the required 5-day timeframe. Specifically, 13 of these 33 response decisions were documented within 30 days, 13 were documented between 30 and 90 days, 3 were documented between 90 and 180 days, 3 were documented between 180 and 365 days, and 1 was documented more than a year after the report had been received. In regard to the records rated not achieved, the analysts were able to confirm that the immediate safety of the children was not a concern at the time that they reviewed the records.

FS 10: Supervisory Approval of the Response Decision

The compliance rate for this critical measure was **81%**. The measure was applied to all 126 records in the samples; 102 of the 126 records were rated achieved and 24 were rated not achieved. In the 102 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.

Of the 24 records rated not achieved, 10 lacked supervisory approval of the response decision and 14 had a response decision that was not approved within the required 24-hour timeframe. Of the 14 response decisions that were not approved within the required timeframe, 8 were approved within 30 days, 4 were approved between 30 and 90 days, and 2 were approved between 180 and 365 days 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 63 closed protection incidents augmented with 20 closed non-protection incidents that were found to have inappropriate non-protection responses. 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 = 83)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 11: Completing the Safety Assessment Process	83	54	65%	29	35%
FS 12: Completing the Safety Assessment Form	83	12	14%	71	86%
FS 13: Making a Safety Decision Consistent with the Safety Assessment	83	60	72%	23	28%
FS 14: Involving the Family in the Development of a Safety Plan*	53	22	42%	31	58%
FS 15: Supervisory Approval of the Safety Assessment and Safety Plan	83	60	72%	23	28%

* This measure was not applicable to 30 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 **65%**. The measure was applied to all 83 records in the augmented sample; 54 of the 83 records were rated achieved and 29 were rated not achieved. In the 54 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 29 records rated not achieved, 20 had no information indicating that the safety assessment process had been completed, and 9 had information indicating that the safety assessment process had not been completed during the first in-person meeting with the family and/or the children had not been seen. In regard to the records rated not achieved, the analysts were able to confirm that the immediate safety of the children was not a concern at the time that they reviewed the records.

FS 12: Completing the Safety Assessment Form

The compliance rate for this critical measure was **14%**. The measure was applied to all 83 records in the augmented sample; 12 of the 83 records were rated achieved and 71 were rated not achieved. In the 12 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 71 records rated not achieved, 23 lacked a Safety Assessment (including 1 record that had a blank form), 47 had a Safety Assessment form that was not completed within the required 24-hour timeframe, and 1 had insufficient documentation to determine when the Safety Assessment process had actually occurred. Of the 47 Safety Assessment forms that were not completed within the required timeframe, 17 were completed within 30 days, 11 were completed between 30 and 90 days, 8 were completed between 90 and 180 days, 8 were completed between 180 and 365 days, and 3 were completed more than a year after the Safety Assessment process had been completed. In regard to the records rated not achieved, the analysts were able to confirm that the immediate safety of the children was not a concern at the time that they reviewed the records.

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

The compliance rate for this critical measure was **72%**. The measure was applied to all 83 records in the augmented sample; 60 of the 83 records were rated achieved and 23 were rated not achieved. In the 60 records rated achieved, it was possible to determine that the completed Safety Assessment form and safety decision were consistent with the results of the Safety Assessment process.

All of the 23 records rated not achieved lacked a Safety Assessment.

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

The compliance rate for this critical measure was **42%**. The measure was applied to 53 of the 83 records in the augmented sample; 22 of the 53 records were rated achieved and 31 were rated not achieved. In the 22 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 developed without involving the parent(s).

Of the 31 records rated not achieved, 23 lacked a Safety Assessment, 6 did not have a required Safety Plan, and 2 had a Safety Plan that had been developed without involving the parent(s). In

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

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

The compliance rate for this critical measure was **72%**. The measure was applied to all 83 records in the augmented sample; 60 of the 83 records were rated achieved and 23 were rated not achieved. In the 60 records rated achieved, it was evident that the Safety Assessment (including the Safety Plan, when appropriate) had been approved by the supervisor.

All of the 23 records rated not achieved lacked a Safety Assessment.

4.4 Vulnerability Assessment

Table 8 provides compliance rates for measures FS 16 to FS 18, which have to do with completing a Vulnerability Assessment and determining the vulnerability level. The rates are presented as percentages of all records to which the measures were applied. The records included the sample of 63 closed protection incidents augmented with 20 closed incidents that had an inappropriate non-protection response. The note below the table provides the number of records for which the measures were not applicable and explains why.

Table 8: Vulnerability Assessment (N = 83)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 16: Completing the Vulnerability Assessment Form*	82	51	62%	31	38%
FS 17: Timeframe for Completing the Vulnerability Assessment Form*	82	6	7%	76	93%
FS 18: Determining the Final Vulnerability Level*	82	51	62%	31	38%

* This measure was not applicable to 1 record because the protection response was appropriately terminated prior to the completion of a Vulnerability Assessment for a reason specified in the standard.

FS 16: Completing the Vulnerability Assessment Form

The compliance rate for this critical measure was **62%**. The measure was applied to 82 of the 83 records in the augmented sample; 51 of the 82 records were rated achieved and 31 were rated not achieved. In the 51 records rated achieved, the Vulnerability Assessment form was fully completed and there was evidence of supervisory approval.

Of the 31 records rated not achieved, 23 lacked a completed Vulnerability Assessment form or a documented supervisory exception, and 8 had a Vulnerability Assessment form that was informed by insufficient information (for example, no home visit, missing interviews, missing collateral contacts) to adequately assess child safety and family capacity.

FS 17: Timeframe for Completing the Vulnerability Assessment Form

The compliance rate for this critical measure was **7%**. The measure was applied to 82 of the 83 records in the augmented sample; 6 of the 82 records were rated achieved and 76 were rated not

achieved. In the 6 records rated achieved, it was evident that the Vulnerability Assessment form had been completed within the required 30-day timeframe.

Of the 76 records rated not achieved, 23 lacked a Vulnerability Assessment and 53 contained a Vulnerability Assessment that had not been completed within the required 30-day timeframe. Of the 53 Vulnerability Assessments that had not been completed within the required timeframe, 19 were completed between 30 and 90 days, 13 were completed between 90 and 180 days, 14 were completed between 180 and 365 days, and 7 were completed more than a year after the report about a child or youth’s need for protection was received.

FS 18: Determining the Final Vulnerability Level

The compliance rate for this critical measure was **62%**. The measure was applied to 82 of the 83 records in the augmented sample; 51 of the 82 records were rated achieved and 31 were rated not achieved. In the 51 records rated achieved, the final vulnerability level was consistent with the information gathered in the Vulnerability Assessment.

Of the 31 records rated not achieved, 23 lacked a Vulnerability Assessment or a documented supervisory exception, and 8 had a Vulnerability Assessment that was informed by insufficient information to adequately assess child safety and family capacity. In regard to the records rated not achieved, the analysts were able to confirm that the immediate safety of the children was not a concern at the time that they reviewed the records.

4.5 Protection Services

Table 9 provides compliance rates for measures FS 19 to FS 20, which have to do with making an appropriate decision about the need for protection services and obtaining supervisory approval of the decision. The rates are presented as percentages of all records to which the measures were applied. The records include the sample of 63 closed protection incidents augmented with 20 closed incidents that had an inappropriate non-protection response. The note below the table provides the number of records for which the measures were not applicable and explains why.

Table 9: Protection Services (N = 83)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 19: Making an Appropriate Decision on the Need for Protection Services*	82	58	71%	24	29%
FS 20: Supervisory Approval of the Decision on the Need for Protection Services*	82	60	73%	22	27%

* This measure was not applicable to 1 record because the protection response was appropriately terminated prior to the completion of a Vulnerability Assessment for a reason specified in the standard.

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

The compliance rate for this critical measure was **71%**. The measure was applied to 82 of the 83 records in the augmented sample; 58 of the 82 records were rated achieved and 24 were rated not

achieved. In the 58 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.

In the 24 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 analysts 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 in existence 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 **73%**. The measure was applied to 82 of the 83 records in the augmented sample; 60 of the 82 records were rated achieved and 22 were rated not achieved. In the 60 records rated achieved, it was possible to find evidence of supervisory approval of the decision on the need for protection services.

All of the 22 records rated not achieved lacked 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 58 open FS cases and 42 closed FS cases. There were no closed protection incidents in which both the FDR assessment and protection services phases had been initiated.

Table 10: Strengths and Needs Assessment (N = 100)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 21: Completing a Family and Child Strengths and Needs Assessment	100	61	61%	39	39%
FS 22: Supervisory Approval of the Family and Child Strengths and Needs Assessment	100	64	64%	36	36%

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

The compliance rate for this critical measure was **61%**. The measure was applied to all 100 records in the samples; 61 of the 100 records were rated achieved and 39 were rated not achieved. In the 61 records rated achieved, the Family and Child Strengths and Needs Assessment was fully completed prior to developing the Family Plan.

Of the 39 records rated not achieved, 32 lacked a Family and Child Strength and Needs Assessment (including 2 that had a blank assessment form) and 7 had a Family and Child Strengths and Needs Assessment that was not completed prior to developing the Family Plan.

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

The compliance rate for this critical measure was **64%**. The measure was applied to all 100 records in the samples; 64 of the 100 records were rated achieved and 36 were rated not achieved. In the 64 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 36 records rated not achieved, 32 lacked a Family and Child Strengths and Needs Assessment and 4 had a fully completed assessment, but it was not evident that the assessment had been approved by the supervisor.

4.7 Family Plan

Table 11 provides compliance rates for measures FS 23 to FS 26, which have to do with developing a Family Plan, integrating the Safety Plan within the Family Plan, and obtaining supervisory approval for the Family Plan. The rates are presented as percentages of all records to which the measures were applied. The records include the samples of 58 open FS cases and 42 closed FS cases. There were no closed protection incidents in which both the FDR assessment and protection services phases had been initiated.

Table 11: Family Plan (N = 100)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 23: Developing a Family Plan with the Family	100	53	53%	47	47%
FS 24: Integrating the Safety Plan into the Family Plan	100	53	53%	47	47%
FS 25: Timeframe for Completing the Family Plan and Integrating the Safety Plan	100	30	30%	70	70%
FS 26: Supervisory Approval of the Family Plan	100	53	53%	47	47%

FS 23: Developing a Family Plan with the Family

The compliance rate for this critical measure was **53%**. The measure was applied to all 100 records in the samples; 53 of the 100 records were rated achieved and 47 were rated not achieved. In the 53 records rated achieved, it was possible to determine that a Family Plan had been developed in collaboration with the family.

Of the 47 records rated not achieved, 46 lacked the Family Plan altogether 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 analysts were able to confirm that the immediate safety of the children was not a concern at the time that they reviewed the records.

FS 24: Integrating the Safety Plan into the Family Plan

The compliance rate for this critical measure was **53%**. The measure was applied to all 100 records in the samples; 53 of the 100 records were rated achieved and 47 were rated not achieved. In the 53 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 47 records rated not achieved, 46 lacked a Family Plan altogether 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 analysts were able to confirm that the immediate safety of the children was not a concern at the time that they reviewed the records.

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

The compliance rate for this critical measure was **30%**. The measure was applied to all 100 records in the samples; 30 of the 100 records were rated achieved and 70 were rated not achieved. In the 30 records rated achieved, the Family Plan had been completed within the required timeframe.

Of the 70 records rated not achieved, 46 lacked a Family Plan altogether and 24 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 or INV phase, 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 or INV phase. 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 24 Family Plans that were not completed within the required timeframe, 3 were completed between 90 and 180 days and 1 was completed between 180 and 365 days after the case had been opened or transferred to a new child protection worker. The remaining 20 records were cases that had been open for more than 6 months without a transfer to a new child protection worker, and in those records the Family Plan had not been created, or reviewed, within the last 6 month protection cycle, as required.

FS 26: Supervisory Approval of the Family Plan

The compliance rate for this critical measure was **53%**. The measure was applied to all 100 records in the samples; 53 of the 100 records were rated achieved and 47 were rated not achieved. In the 53 records rated achieved, it was evident that the Family Plan had been completed and approved by the supervisor.

Of the 47 records rated not achieved, 46 lacked a Family Plan altogether and 1 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 58 open FS cases and 42 closed FS cases. There were no closed protection incidents in which both the FDR assessment and protection services phases had been initiated.

Table 12: Vulnerability Re-Assessment and Reunification Assessment (N = 100)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 27: Completing a Vulnerability Re-Assessment or a Reunification Assessment	100	54	54%	46	46%
FS 28: Timeframe for Completing a Vulnerability Re-Assessment or a Reunification Assessment	100	36	36%	64	64%

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

The compliance rate for this critical measure was **54%**. The measure was applied to all 100 records in the samples; 54 of the 100 records were rated achieved and 46 were rated not achieved. In the 54 records rated achieved, it was evident that the required Vulnerability Re-assessment or Reunification Assessment had been completed.

Of the 46 records rated not achieved, 17 lacked the required Vulnerability Re-Assessment altogether, 7 had an incomplete Vulnerability Re-Assessment, 19 lacked the required Reunification Assessment altogether, and 3 had an incomplete Reunification Assessment.

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

The compliance rate for this critical measure was **36%**. The measure was applied to all 100 records in the samples; 36 of the 100 records were rated achieved and 64 were rated not achieved. In the 36 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 64 records rated not achieved, 46 lacked a fully completed Vulnerability Re-Assessment or Reunification Assessment and 18 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 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 include the sample of 42 closed FS cases. There were no closed protection incidents in which both the FDR assessment and protection services phases had been initiated.

Table 13: Ending Protection Services (N = 42)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 29: Making an Appropriate Decision on Ending FDR Protection Services or Ongoing Protection Services	42	33	79%	9	21%
FS 30: Supervisory Approval of Decision on Ending FDR Protection Services or Ongoing Protection Services	42	41	98%	1	2%

FS 29: Making an Appropriate Decision on Ending Protection Services

The compliance rate for this critical measure was **33%**. The measure was applied to all 42 records in the sample; 33 of the 42 records were rated achieved and 9 were rated not achieved. In the 33 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 9 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 **98%**. The measure was applied to all 42 records in the sample, 41 of the 42 records were rated achieved and 1 was rated not achieved. In the 41 records rated achieved there was documentation indicating that the decision to end ongoing protection services had been approved by a supervisor.

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 that a practice analyst identify for action any record that suggests a child may need protection under section 13 of the *Child, Family and Community Service Act*. No such records were identified during the course of this audit.

5. OBSERVATIONS AND THEMES

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

The SDA overall compliance rate was **68%**.

5.1 Screening Process

Overall, the North Fraser SDA showed a high compliance rate for the screening assessment process outlined in Chapter 3. The critical measure associated with obtaining full and detailed information about a child or youth's need for protection (FS 1) had a very high compliance rate (93%), which indicates that the documentation was thorough and included relevant details about the circumstances underlying the report about a child or youth's need for protection. The measure associated with conducting a Prior Contact Check (PCC) was moderately high (83%); there were four records that did not contain a PCC and an additional seventeen records in which the PCC lacked the necessary details about the family's previous involvements with the ministry, the family's responsiveness in addressing prior concerns, and/or the effectiveness of services that were previously provided. The measure related to completing specific sections of the Screening Assessment form (FS 3) had an extremely high completion rate (98%). However, the measure related to the timeframe for completing the Screening Assessment (FS 4) had a lower (83%) compliance rate. When the analysts took a closer look, they found that more than half (13/22) 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 time that it took to complete the form was 63 days. Subsequent measures associated with the screening assessment process had high compliance rates, including FS 5 (assigning an appropriate response priority), which had a 90% compliance rate, and FS 6 (timeframe for assigning an appropriate response priority), which had an 85% 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 (84% compliance rate). What caused the lower compliance rate for FS 8 were ten records that were assigned a non-protection response when there were child protection concerns that still needed to be addressed. The response decision in each of these ten records had been changed to non-protection response even though the criteria for termination of a protection response set out in Chapter 3 (i.e., a case of mistaken identity, a malicious call, or the family could not be located) did not apply. It is important to note that more than half of the records (12/20) rated not achieved for FS 8 involved allegations of domestic violence, with police involvement. The findings suggest that reports involving allegations of domestic violence were not always thoroughly assessed. There was a moderate (74%) compliance rate for the measure related to making the response decision within the required 5-day timeframe (FS 9). The measure associated with supervisory approval of the response decision (FS 10) showed a moderately high compliance rate (81%). Regarding the response decisions that were not approved by supervisors

within the required 24-hour timeframe, the average time that it took to approve the decision was 68 days.

5.2 Use of the Structured Decision Making Tools

There is room for improvement in the use of the SDM assessment and planning tools, which provide a foundation for critical decisions in the provision of effective child protection services. The moderately low (65%) compliance rate for completion of the Safety Assessment process (FS 11) and very low (14%) compliance rate for completion of the Safety Assessment form (FS 12) reflect both a lack of documentation and a lack of timeliness. Specifically, nearly one third (21/71) of the records rated not achieved for FS 12 did not have a completed Safety Assessment form, and more than two thirds (49/71) had a Safety Assessment form that had not been completed within 24 hours after the Safety Assessment process was completed. Of the Safety Assessment forms that were not completed within the required timeframe, the average time it took to complete was 111 days. When the analysts compared the safety decision to the information gathered in a completed Safety Assessment form (FS 13), the decision appeared to be consistent with the information gathered 72% of the time. There was a low (42%) compliance rate for involving the family in the development of a Safety Plan (FS 14), caused primarily by the assignment of an inappropriate non-protection response in 20 of the 30 records rated not achieved. Because they were inappropriately assigned a non-protection response, these 20 records lacked the required Safety Assessment and Safety Plan. Of the remaining ten records rated not achieved for FS 14, half (5/10) had a Safety Assessment that identified safety factors, and a safety decision of “safe with intervention,” but no Safety Plan.

The Vulnerability Assessment form was fully completed and signed by a supervisor (FS 16) 62% of the time. Improved compliance with this measure could be achieved by ensuring that comprehensive information is gathered and documented during the protection response phase and the supervisor signs the completed assessment form. With respect to the timeframe for completion of the Vulnerability Assessment form (FS 17), the audit showed an extremely low (7%) compliance rate. More than two thirds (54/76) of the records had a Vulnerability Assessment that was completed more than 30 days after the report about a child or youth’s need for protection was received. The analysts found that many incidents screened in for a protection response were open well beyond the 30-day timeframe set in Chapter 3, and the Vulnerability Assessment was often completed at the time when the incident was closed, which negatively affected the compliance rate for FS 17. Of the Vulnerability Assessment forms that were not completed within the required timeframe, the average time that it took to complete the form was 181 days. Another factor that contributed to the extremely low compliance rate for FS 17 was the lack of a Vulnerability Assessment in nearly one third (22/76) of the records. When compared to the information collected in a completed Vulnerability Assessment form (FS 18), the final vulnerability level was found to be appropriate 62% of the time.

The measures associated with the provision of ongoing protection services had low to moderate compliance rates. Nearly two thirds (61%) of the applicable records had a completed Family and Child Strengths and Needs Assessment and more than half (53%) had a completed Family Plan. These moderately low compliance rates raise concern that some families may not have had a clear

understanding of what the ministry expected or required of them. The compliance rates for these measures could be improved by completing the Family and Child Strengths and Needs Assessment prior to completing the Family Plan, so that the assessment could inform the plan. It was noted that when the Family and Child Strengths and Needs Assessment and Family Plan were found in a record, they were completed thoroughly and accurately most of the time. The Vulnerability Re-assessment or Reunification Assessment (FS 27) was found in more than half (54%) of the applicable records. Of the 46 records rated not achieved for FS 27, 36 did not have the required re-assessment and 10 had a re-assessment that was not completed in its entirety (i.e., the re-assessment was completed using only check marks and scores, and lacked text on the family's strengths and needs, or the social worker's or family's perspective on progress made in relation to the Family Plan).

5.3 Supervisory Approval

There are 6 critical measures in the FS practice audit tool that have to do with obtaining and documenting supervisory approval. Three of these measures are about supervisory approval of decisions, including the response decision (FS 10), the decision on the need for protection services (FS 20) and the decision on ending protection services (FS 30). The other 3 measures relate to supervisory approval of SDM 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 high (81%) compliance rate for documentation of supervisory approval of the response decision (FS 10). To determine supervisory approval, the analysts looked for either a signed-off Screening Assessment form or a consultation note indicating that the supervisor had approved the response decision. This critical measure also requires that the response decision be approved within 24 hours.

There was a moderate (71%) 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 10 records with response decisions that were changed from protection to non-protection even though the reasons for terminating the protection response did not meet the criteria set out in Chapter 3. As a result, the information in each of these records was incomplete and the analysts could not determine the appropriateness of the decision on the need for protection services. This also negatively affected the compliance rate for supervisory approval of the decision on the need for protection services (FS 20), which was 73%. However, the measure related to supervisory approval of the decision on ending FDR protection services or ongoing protection services (FS 30) showed an extremely high (98%) compliance rate.

In regard to the 3 measures that relate to supervisory approval of SDM tools, the compliance rates ranged from moderately high to moderately low. The compliance rate for the measure related to supervisory approval of the Safety Assessment and Safety Plan (FS 15) was moderately high (72%). In some of the records, the team leader approved the Safety Assessment and Safety Plan weeks and months 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 (FS 22) showed a moderately low compliance rate (64%) largely because 30 of the 36

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 compliance rate (53%) largely due to the 46 records that did not have a Family Plan. These findings suggest that team leaders may not be monitoring and reviewing the requirement to complete plans during the ongoing assessment and protection cycle.

5.4 Timeframes

There is much room for improvement when it comes to meeting timeframes. The analysts found that many incidents screened in for investigation or FDR (assessment phase) were open well beyond the 30-day timeframe set in policy. Overall, the measures that have to do with completion of the SDM tools and documentation of supervisory approval within specific timeframes had compliance rates ranging from 85% to 7%. Generally, the compliance rates for measures associated with timeframes for completing tools and documenting supervisory approval at the front end of the SDM process (FS 4, FS 6, FS 9, FS 10) were higher than the compliance rates for measures associated with timeframes for completing tools and documenting supervisory approval later on in the process (FS 12, FS 17, FS 25, FS 28). In other words, timeframes were met much more frequently when completing the Screening Assessment process (83% rated achieved), assigning an appropriate response priority (85% rated achieved), making an appropriate response decision (74% rated achieved), and documenting supervisory approval of the response decision (81% rated achieved), than they were when completing the Safety Assessment form (14% rated achieved), completing the Vulnerability Assessment form (7% rated achieved), completing the Family Plan (30% rated achieved) and completing the Vulnerability Re-assessment or Reunification Assessment form (36% rated achieved).

In reviewing the sampled FS cases, the analysts focused on practice that occurred during the 12-month period (September 1, 2013 – August 30, 2014) covered by the audit. For an achieved rating on 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 during the last 6-month protection cycle. The low (30%) compliance rate for the measure related to the timeframe for completing the Family Plan (FS 25) and the low (36%) compliance rate for the measure related to the timeframe for completing the Vulnerability Re-assessment or Reunification Assessment (FS 28) reveal that although more than half of the records contained a completed Family Plan and Vulnerability Re-assessment or Reunification Assessment for the audit period, some records lacked SDM tools that were required to be completed within the last 6-month protection cycle.

5.5 Collaborative Practice

The analysts found low rates of compliance in areas of practice that require collaboration with family members. 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 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 (42%). It should be noted that of the records rated not achieved for FS 14, only 2 lacked documentation of collaboration with the family in developing the Safety Plan. This compliance

rate was negatively affected primarily by the lack of a Safety Assessment and a required Safety Plan. The compliance rate for developing the Family Plan in collaboration with the family (FS 23) was higher (53%). Much like the Safety Plan, the analysts found only 1 record that did not contain documentation of collaboration with the family in developing the Family Plan. This moderately low compliance rate was based on the absence of a Family Plan in approximately half of the records.

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 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	Date to be completed by
<p>1. A tracking system will be created, shared with all team leaders, and implemented to monitor and document the completion of the SDM assessment tools, including family plans associated with protection incidents and ongoing family service cases. This tracking system will be provided to the Office of the Provincial Director of Child Welfare</p>	<p>Debbie Samija, Executive Director of Service</p>	<p>May 1, 2016</p>
<p>2. At the next Team Leader “Book Club” practice forum, the following practice standards in Chapter 3: Child Protection Response Policies (December, 2015), including timeframes and supervisory approvals, will be reviewed:</p> <ul style="list-style-type: none"> – 3.2(3), 3.3(4) Developing a Safety Plan – 3.6(1) Assessing the Strengths and Needs of a Family – 3.6(2) Creating and Implementing a Family Plan – Reassessing in the Practice Cycle <p>Confirmation of this review will be provided to the Office of the Provincial Director of Child Welfare.</p>	<p>Debbie Samija, Executive Director of Service</p>	<p>May 1, 2016</p>