



Vancouver Richmond Service
Delivery Area

Family Service Practice Audit

Report Completed: October 2014

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SECTION I: INTRODUCTION

This section of the report provides information about the purpose and methodology of the Family Service (FS) practice audit that was conducted in the Vancouver Richmond Service Delivery Area (SDA) in October 2013 through to January 2014.

1. PURPOSE

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

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

2. METHODOLOGY

Three samples of FS records were selected from lists of data extracted from the Integrated Case Management (ICM) system on August 22, 2013, using the simple random sampling technique. The data lists consisted of open and closed non-protection incidents and service requests, open and closed protection incidents, and open and closed FS cases. The data within each list were randomized at the SDA level and samples were selected at a 90% confidence level, with a 10% margin of error.

Table 1: Selected Records

Record status and type	Total number at SDA level	Sample size
Open and closed non-protection incidents and service requests	1090	64
Open and closed protection incidents	905	61
Open and closed cases	1083	64

Specifically, the three samples consisted of:

1. Non-protection incidents open on July 31, 2013, that had been open for at least 4 months, and non-protection incidents closed between February 1, 2013, and July 31, 2013, 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.
2. Protection incidents open on July 31, 2013, that had been open for at least 4 months, and protection incidents closed between February 1, 2013, and July 31, 2013, where the

response was *investigation* or *family development response*. Closed was determined based on data entered in the closed date field.

3. FS cases open on July 31, 2013, and open for at least two months, and FS cases closed between February 1, 2013, and July 31, 2013.

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

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

In reviewing sampled records, the analysts focused on practice that had occurred during a 12-month period (October 1, 2012 - September 30, 2013) leading up to the time when the audit was conducted (October, 2013 - January, 2014). During this 12-month period, there were two ministry-wide initiatives that directly affected practice: Implementation of Chapter 3 of the *Child Safety and Family Support Policies* and implementation of the ICM system. Chapter 3 contained new child protection policy, procedures and standards, including Structured Decision Making (SDM) tools.

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

Quality assurance policy and procedures require that practice analysts identify for action any incident or case record that suggests a child may need protection under section 13 of the *Child, Family and Community Service Act*. During the audit, practice analysts watched for situations in which the information in the record suggested that a child may have been left at risk of harm. When identified, these records were immediately brought to the attention of the appropriate team leader (TL) and community services manager (CSM), as well as the executive director of service (EDS).

SECTION II: SERVICE DELIVERY

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

3. OVERVIEW OF SDA

3.1 GEOGRAPHY

The Vancouver Richmond SDA is located in the most populous and urban geographical area in the province. The SDA consists of three Local Service Areas (LSAs): Vancouver/Richmond, Vancouver North and Vancouver South. The SDA's borders extend from the Burrard Inlet in the north to the Fraser River in the south, and from Burnaby and New Westminster in the east to the Georgia Strait in the west.

3.2 DEMOGRAPHICS

As shown in Table 2, the Vancouver Richmond SDA has a population of approximately 793,260, which is 18.3% of the provincial population (2013). Children and youth under 19 years of age number about 135,035, or 15.1% of the provincial child population (2013). The Aboriginal population in the SDA is approximately 14,780. Within the Aboriginal population, there are about 3,600 children and youth under 19 years of age, representing approximately 2.7% of the SDA child population (2006 Census).

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

Vancouver Richmond SDA Population		Vancouver Richmond SDA Child Population by Age Cohort and Aboriginal Status				
		0 - 18	0 - 2	3 - 5	6 - 12	13 - 18
All	793,260	135,035	20,905	19,770	45,815	48,545
Aboriginal	14,780	3,600	570	535	1,285	1,210

Source: Statistics Canada, 2011, National Household Survey

Table 3 shows the Vancouver Richmond SDA child population by age cohort and the percentage of the provincial child population represented by each cohort. For example, the table shows that three to five year-old children in the SDA comprise 14.9% of three to five year-old children in the province.

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

Vancouver Richmond SDA Child Population by Age Cohort and Percentage of Provincial Child Population		
0 - 2	20,905	15.9%
3 - 5	19,770	14.9%
6 - 12	45,815	14.6%
13 - 18	48,545	15.2%

Source: Statistics Canada, 2011, National Household Survey

3.3 SERVICE DELIVERY

The Vancouver Richmond SDA has specialized teams located throughout the city of Vancouver and integrated teams co-located at one address in Richmond. In Vancouver, there are two intake and two family service teams serving Vancouver North, and the same number of teams serving Vancouver South. All four intake teams have caseloads comprised of child protection investigation, family development response, and non-protection incidents. In addition, the SDA has two offices that offer services to youth exclusively. These services range from intake through to guardianship. The SDA has three separate resource teams under the supervision of one community services manager (CSM), and separate teams offering Child and Youth with Special Needs (CYSN), guardianship, and adoption services. Child and Youth Mental Health (CYMH) services are provided through contracts with Vancouver Coastal Health. In Richmond, specialized program areas, such as youth services and CYSN, are integrated within family services, while intake is separate and centralized. The executive director of service (EDS) of Vancouver Richmond SDA also oversees the Provincial Afterhours program.

The SDA has three major contracts with community agencies to provide time limited support for children, youth and families: Westcoast Family Services, Family Services of Greater Vancouver, and Touchstone Family Services (Richmond). These agencies provide an array of services that include, but are not limited to, family preservation counselling, parenting education programs, child minding, supervised access, and one to one support for semi-independent youth.

3.4 STAFFING

The SDA management team consists of an EDS and four CSMs: one CSM for each of the three LSAs and another CSM for youth services. Child welfare staff includes the CSMs, as well as team leaders, child protection social workers, guardianship social workers, CYSN workers, and resource social workers. As stated above, most team leaders supervise specialized teams consisting primarily of adoption workers, CYSN workers, youth justice workers, or child protection workers. In Richmond, team leaders supervise integrated teams with a mix of these staff. The professional teams are supported by administrative staff.

Table 4 provides a count of the full time-equivalent (FTE) positions within each LSA at the time that the audit was conducted. The table shows that the ratio of team leaders to other professional staff (excluding the CSMs and EDS) was approximately 1 to 9, and the ratio of administrative staff to professional staff (including the CSMs and EDS) was approximately 1 to 4 for the SDA as a whole.

Table 4: Staffing by LSA

Position	Vancouver West Richmond	Vancouver North	Vancouver South	Total
Community Services Manager	1	1	1	3
Team Leader	3	6	7	16
Child Protection	16	20.6	25.6	62.2
Social Worker Assistant		2	2	4
ECD Coordinator	1			1
FGC/OCC	1.5	3.5	1.6	6.6
Guardianship	2	7.25		9.25
Resources			13.75	13.75
Adoption		4.35		4.35
Child and Youth Mental Health				
Child and Youth with Special Needs	15			15
Youth Justice		15.5		15.5
Youth Services		7	7	14
Administrative Support	6.5	12	13.5	32
Administrative Support – Youth Services		3.5	3.5	7
Total	46	82.7	74.95	203.65

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

3.5 STRENGTHS AND CHALLENGES

The EDS reported that there were challenges and strengths within the SDA. The SDA has a management and leadership team with years of varied experience and a strong work ethic. The EDS described the workforce within the SDA as “dedicated” and “competent.” The EDS identified the mentorship of new workers by experienced senior staff as the backbone of the SDA’s success. In addition, the EDS stated that the longstanding relationships that have developed with

community partners and agencies over the years have resulted in greater efficiency in service delivery. For example, community service providers, such as Westcoast Family Services, Family Services of Greater Vancouver, and Touchstone, are able to anticipate the needs of families by providing services “above and beyond” the deliverables articulated in contracts. Through joint funding from different levels of government and community fundraising initiatives these agencies have created new and additional programs and extended services to maximize outcomes for families, with the goal of “making every dollar count.”

Another strength within the SDA is professional collaboration. The EDS described the management team as a “good blend of people and experience” with a “true partnership” among the CSMs. In addition, the inclusion of Afterhours team leaders in decision making processes has resulted in an improved working relationship and greater communication between Afterhours and district offices within the SDA.

The EDS identified “staffing shortages” as the primary challenge for the SDA. Provincial equity initiatives across the province have led to workforce reductions in Vancouver/Richmond. As a result, social work positions within specialized programs have been redeployed to meet the demands of front line child protection work. For example, the number of social workers providing mediation services has been reduced by two; the number of social workers at Sheway has been reduced by one; there is no longer a social worker associated with the Alderwood Program; and the overall number of guardianship social workers has been reduced. Understaffing has also made it difficult for social workers to attend training, as caseloads are not covered by backfilling social work positions during absences.

Another challenge for the Vancouver Richmond SDA is providing support services to a growing and increasingly transient youth population. As Vancouver is the province’s largest urban centre, youth from across the province and the nation travel to, and congregate in, the city’s downtown core. Many of the resources for youth are stretched and many youth find themselves homeless on the city’s streets. The safe houses for youth are full, and according to a recent review, approximately 50% of the beds are occupied by youth who come from communities outside of the Vancouver area.

3.6 SERVICE DELIVERY TO ABORIGINAL CHILDREN AND FAMILIES

Ministry offices serving Aboriginal children, youth and families were included in this audit. Specifically, the integrated teams in Richmond provide the full range of child welfare services for the Musqueam First Nation, which is the only First Nation within the SDA. In addition, Aboriginal families living off reserve within the SDA who do not wish to be served by Vancouver Aboriginal Child and Family Services (VACFSS) receive services from their local MCFD district offices.

The EDS reported a very good working partnership with VACFSS. Both MCFD and VACFSS employ a “community approach” to service delivery. The management teams of both organizations meet regularly to discuss common issues and have developed a number of joint committees. In addition, both organizations are committed to joining forces in the provision of staff training. Curricula on topics like domestic violence, the Structured Decision Making Tools, and ICM are delivered in partnership.

SECTION III: FAMILY SERVICE PRACTICE AUDIT

This section provides information about the findings of the FS practice audit that was conducted in the Vancouver Richmond SDA in October, 2013, through to January, 2014.

4. FINDINGS AND ANALYSIS

The findings are presented in tables that contain counts and percentages of ratings of “Achieved,” “Partially Achieved” (where applicable), and “Not Achieved” for each of the 24 critical measures in the FS Practice Audit Tool. The records that were assessed as “Not Applicable” were excluded from the counts and percentage calculations, and the reasons for excluding these records are provided in the notes below the tables. Each table presents findings for measures that correspond with a specific component of the Child Protection Response Model, and is labelled accordingly. Each table is also followed by an analysis of the findings for the measures presented in the table.

There were a combined total of 189 records in the samples selected for the audit. Eleven of these records were subsequently assessed by the practice analysts as “Not Applicable” for every measure in the audit tool and discarded, leaving a revised combined total of 178 records in the samples. However, not all of the 178 records were assessed as applicable for every measure in the audit tool. The “n” under each measure in the tables refers to the number of records to which the measure was applied.

4.1 Screening Assessment and Response Decision

Table 5 provides compliance rates for measures FS1.1 to FS3.1, which have to do with receiving, screening, and responding to child protection reports, or requests for service. The rates are presented as percentages of all records to which the measures were applied. The records include service requests, open and closed incidents, and open and closed cases. There were a total of 178 of these records in the sample. However, not all of the 178 records were assessed as applicable for every measure. The “n” under each measure in the table refers to the number of records for which the measure was applicable. The notes below the table provide the number of records for which the measures were assessed as “Not Applicable” and explain why.

Table 5: Screening Assessment and Response Decision (Number of records in sample = 178)

Critical Measure	Achieved	Partially Achieved	Not Achieved
FS1.1 Obtaining a child protection report or request for service n=136*	96% (130/136)		4% (6/136)
FS1.2 Assessing the child protection report or request for service n=136*	75% (102/136)	14% (19/136)	11% (15/136)
FS2.1 Timeframe for assigning the response priority n=127**	75% (95/127)		25% (32/127)
FS2.2 Determining an appropriate response priority n=127**	84% (107/127)		16% (20/127)
FS3.1 Determining the response n=127**	83% (105/127)	9% (12/127)	8% (10/127)
FS3.2 Supervisory approval of the response n=127**	69% (87/127)		31% (40/127)
FS3.3 Response decision consistent with the assessment information n=136*	85% (115/136)		15% (21/136)

* 42 records were assessed as “Not Applicable” because there were no incidents within the audit timeframe (cases =29) or the calls were received outside the audit timeframe (cases =2, incidents = 11)

**51 records were assessed as “Not Applicable” because there were no incidents within the audit timeframe (cases = 29), the calls were received outside the audit timeframe (cases = 2, incidents = 11) or Screening Assessments were not required (servicer requests = 9)

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

The compliance rate for this critical measure was **96%**. The measure was applicable to 136 of the 178 records in the sample; 130 of the 136 records were rated as achieved and 6 were rated as not achieved. Records that were rated as not achieved contained insufficient detail about the report or request for service. In some instances, the practice analysts who conducted the audit were unable to determine whether the records were child protection reports or requests for service because the information in the Notes tabs in ICM was vague or ambiguous and there was no indication that the callers had terminated the calls prematurely. In regard to the records rated as not achieved, the analysts found no information indicating that a child may have been left at risk of harm.

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

The compliance rate for this critical measure was **75%**, with an additional **14%** partial compliance. The measure was applicable to 136 of the 178 records in the sample; 102 of the 136 records were rated as achieved, 19 were rated as partially achieved, and 15 were rated as not achieved. Partial compliance was achieved when the screening assessment was completed more than 24 hours after the initial report or request for service was received and the information in the record indicated that the delay had not affected the immediate safety of a child. The non-compliance rate was entirely due to the absence or incompleteness of screening assessments.

FS2.1 Timeframe for Assigning the Response Priority

The compliance rate for this critical measure was **75%**. The measure was applicable to 127 of the 178 records in the sample; 95 of the 127 records were rated as achieved and 32 were rated as not achieved. In regard to the records rated as not achieved, 15 did not have completed screening assessments attached in ICM, and the remaining 17 had screening assessments that were not completed within the required time frame of 24 hours, or within 5 calendar days, if approved by a supervisor. In regard to the 17 records with screening assessments that were not completed within the timeframe, the analysts who conducted the audit identified two records where the delays in assigning response decisions could have affected the immediate safety of the children. In one of these two records, there was a delay of 4 months, although subsequent interventions, including a decision to provide ongoing protection services, addressed the risk to the child. In the second of these two records, an immediate response seemed necessary but was not provided. In addition, no follow up or protection services were documented. This second record was referred to the team leader for action because the information in the record suggested that the child may have needed protection under section 13 of the *Child, Family and Community Service Act*. The CSM and EDS were also notified.

FS2.2 Determining an Appropriate Response Priority

The compliance rate for this critical measure was **84%**. The measure was applicable to 127 of the 178 records in the sample; 107 of the 127 records were rated as achieved and 20 were rated as not achieved. In regard to the records rated as not achieved, 15 did not have completed screening assessments attached in ICM, 3 had insufficient information within the screening assessments to make informed decisions about the response priorities, and 2 were assigned inappropriate response priorities. In one of these two records, the “high” response priority was not consistent with the information in the screening assessment, which indicated that an immediate response was required; however, subsequent interventions, including a decision to provide ongoing protection services, addressed the risk to the youth. In the second of these two records, an immediate response seemed necessary, but was not provided. In addition, no follow up or protection services were documented. This was the same record identified in FS2.1 that was referred to the team leader for action.

FS3.1 Determining the Response

The compliance rate for this critical measure was **83%**, with an additional **9%** partial compliance. The measure was applicable to 127 of the 178 records in the sample; 105 of the 127 records were rated as achieved, 12 were rated as partially achieved, and 10 were rated as not achieved. Partial

compliance was achieved when the response was determined more than 5 calendar days after the initial report or request for service was received and the information in the record indicated that the delay had not affected the immediate safety of the child. The analysts observed that in all 10 records rated as not achieved either the screening assessments were missing or the response decisions were not recorded anywhere in ICM.

FS3.2 Supervisory Approval of the Response

The compliance rate for this critical measure was **69%**. The measure was applicable to 127 of the 178 records in the sample; 87 of the 127 records were rated as achieved and 40 were rated as not achieved. Records rated as not achieved did not have supervisory approvals of the response decisions documented within the required 24 hour timeframe.

FS3.3 Response Decision Consistent with the Assessment Information

The compliance rate for this critical measure was **85%**. The measure was applicable to 136 of the 178 records in the sample; 115 of the 136 records were rated as achieved and 21 were rated as not achieved. In regard to the records rated as not achieved, 15 did not have completed screening assessments attached in ICM. Of the remaining 6 records that were rated as not achieved, 1 record was assigned a family development response, however the nature of the reported child protection concerns warranted an investigation, and 5 records had non protection responses that should have been assessed as requiring protection responses. In 4 of these 5 records, further information was collected and supports were subsequently provided, which adequately addressed the risk factors presented in the initial reports and documented family histories. The remaining record was referred to the team leader for action because the information in the record suggested that the children may have needed protection under section 13 of the *Child, Family and Community Service Act*. The CSM and EDS were also notified.

4.2 Safety Assessment and Planning

Table 6 provides compliance rates for measures FS4.1 to FS4.4, which have to do with completing a child safety assessment, making a child safety decision, and involving the family in the development of a safety plan. The rates are presented as percentages of records to which the measures were applied. The records included open and closed incidents, and open and closed cases. There were a total of 169 of these records in the sample. However, not all of the 169 records were assessed as applicable for every measure. The “n” under each measure in the table refers to the number of records for which the measure was applicable. The notes below the table provide the numbers of records for which the measures were assessed as “Not Applicable” and explain why.

Table 6: Safety Assessment and Planning (Number of records in sample = 169)

Critical Measure	Achieved	Partially Achieved	Not Achieved
FS4.1 Complete safety assessment n=84*	81% (67/84)		19% (17/84)
FS4.2 Make safety decision n=84*	43.5% (36/84)	43.5% (36/84)	13% (12/84)
FS4.3 Develop safety plan with family n=54**	57% (30/54)		43% (24/54)
FS4.4 Collaborative planning and decision making n=21***	50% (10/21)		50% (11/21)

* 85 records were assessed as “Not Applicable” because there were no incidents within the audit timeframe (cases =29), the completion of the Safety Assessments were outside the audit timeframe (cases =1, incidents = 6), the incidents were non protection (cases = 4, incidents = 43) or there was supervisory approval to terminate the INV or FDR (incidents=2).

**115 records were assessed as “Not Applicable” because there were no incidents within the audit timeframe (cases =29), the completion of the Safety Assessments were outside the audit timeframe (cases =1, incidents = 6), the incidents were non protection (cases = 4, incidents = 43), there was supervisory approval to terminate the INV or FDR (incidents=2) or safety factors were not identified in the safety assessments (cases = 8, incidents = 22)

*** 148 records were assessed as “Not Applicable” because there were no incidents within the audit timeframe (cases =29), the completion of the Safety Assessments were outside the audit timeframe (cases =1, incidents = 6), the incidents were non protection (cases = 4, incidents = 43), there was supervisory approval to terminate the INV or FDR (incidents=2) or agreements were reached on the safety plans and did not require the use of alternative dispute resolution processes (cases = 17, incidents = 46)

FS4.1 Completing the Safety Assessment

The compliance rate for this critical measure was **81%**. The measure was applicable to 84 of the 169 records in the sample; 67 of the 84 records were rated as achieved and 17 were rated as not achieved. The 17 records rated as not achieved met one or more of the following criteria: the safety assessment process was not completed during the first in-person meeting with the family; the child was not seen during the first in-person meeting with the family.

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

The compliance rate for this critical measure was **43.5%**, with an additional **43.5%** partial compliance. The measure was applicable to 84 of the 169 records in the sample; 36 of the 84 records were rated as achieved, 36 were rated as partially achieved, and 12 were rated as not achieved. Partial compliance was achieved when the safety assessment form was completed more than 24 hours after the safety assessment process with the family and included a safety decision, and the information in the record indicated that the delay had not affected the immediate safety of the child. The 12 records rated as not achieved lacked completed safety assessment forms and documentation of supervisory approvals. In regard to the 12 records rated as not achieved, the analysts verified and confirmed that the immediate safety of the children had not been affected.

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

The compliance rate for this critical measure was **57%**. The critical measure was applicable to 54 of the 169 records in the sample; 30 of the 54 records were rated as achieved and 24 were rated as not achieved. The measure was only applicable when safety factors were identified during the safety assessment process with the family. The 24 records rated as not achieved lacked documented safety plans that adequately addressed the safety factors identified during the safety assessment process, or failed to show that the safety plans had been developed in collaboration with the families, or failed to show that the safety plans had been shared with the families, as required. In regard to the 24 records rated as not achieved, the analysts verified and confirmed that the children had not been left at risk of harm.

FS4.4 Collaborative Planning and Decision Making

The compliance rate for this critical measure was **50%**. The measure was applicable to 21 of the 169 records in the sample; 10 of the 21 records were rated as achieved and 11 were rated as not achieved. The measure was only applicable when agreement on resolving child safety issues or developing a safety plan had not been reached with the family. In regard to the 11 records rated as not achieved, it is possible that collaborative planning and decision making processes had occurred or were occurring outside of the incident timeframe. Mediation and family group conferences can often take more than 30 days to organize and implement, and are often not documented in the record due to legislative restrictions governing disclosure of the content of the agreements and decisions that result from these processes.

4.3 Vulnerability Assessment and Protection Finding

Table 7 provides compliance rates for measures FS5.1 to FS6.1, which have to do with completing a vulnerability assessment and making a decision about the need for protection services. The rates are presented as percentages of all records to which the measures were applied. The records included open and closed incidents and open and closed cases. There were a total of 169 of these records in the sample. However, not all of the 169 records were assessed as applicable for every measure. The “n” under each measure in the table refers to the number of records for which the measure was applicable. The notes below the table provide the numbers of records for which the measures were assessed as “Not Applicable” and explain why.

Table 7: Vulnerability Assessment and Protection Finding (Number of records in sample = 169)

Critical Measure	Achieved	Partially Achieved	Not Achieved
FS5.1 Completing vulnerability assessment n=86*	83% (71/86)		17% (15/86)
FS5.2 Determine level of vulnerability n=86*	80% (69/86)		20% (17/86)
FS5.4 Timeframe for vulnerability assessment n=86*	24% (21/86)	0% (0/86)	76% (65/86)
FS6.1 Decision on need for protection services n=90**	82% (74/90)		18% (16/90)

*83 records were assessed as “Not Applicable” because there were no incidents within the audit timeframe (cases =29), the incidents were non protection (cases = 4, incidents = 43), the completion of the vulnerability assessments were outside the audit timeframe (incidents = 3) or there was supervisory approval to terminate the INV or FDR (incidents=4).

**79 records were assessed as “Not Applicable” because there were no incidents within the audit timeframe (cases =29), the incidents were non protection (cases = 4, incidents = 43) or there was supervisory approval to terminate the INV or FDR (incidents=3).

FS5.1 Completing the Vulnerability Assessment

The compliance rate for this critical measure was **83%**. The measure was applicable to 86 of the 169 records in the sample; 71 of the 86 records were rated as achieved and 15 were rated as not achieved. Records were rated as not achieved when they lacked a completed vulnerability assessment form, had an incomplete vulnerability assessment form, or lacked supervisory approval of the vulnerability assessment.

FS5.2 Determining a Final Vulnerability Level

The compliance rate for this critical measure was **80%**. The measure was applicable to 86 of the 169 records in the sample; 69 of the 86 records were rated as achieved and 17 were rated as not achieved. The not achieved rate for this measure was largely due to the absence or incomplete state of vulnerability assessments. In addition, in 4 of the 17 records rated as not achieved, the practice analysts determined that one or more of the following factors might have affected the final vulnerability levels: risk factors were minimized; risk factors were not included or considered; child welfare histories were not documented. In regard to the 17 records rated as not achieved, the analysts verified and confirmed that the children had not been left at risk of harm.

FS5.4 Timeframe for Completing a Vulnerability Assessment

The compliance rate for this critical measure was **24%**. The measure was applicable to 86 of the 169 records in the sample; 21 of the 86 records were rated as achieved and 65 were rated as not achieved. Records were rated as partially achieved when the vulnerability assessments were completed after the required 30 day timeframe, and not achieved when the vulnerability assessments were lacking. In this instance, none of the records were rated as partially achieved.

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

The compliance rate for this critical measure was **82%**. The measure was applicable to 90 of the 169 records in the sample; 74 of the 90 records were rated as achieved and 16 were rated as not achieved. The 16 records rated as not achieved met one or more of the following criteria: 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 or not ongoing protection services were needed; there were unaddressed protection concerns documented in the record. The analysts who conducted the audit referred 2 of these 16 records to the respective team leaders for action, because the information in the records suggested that the children may have been left in need of protection services. The CSM and EDS were also notified.

4.4 Strengths and Needs Assessment

Table 8 provides compliance rates for measures FS7.1 and FS7.2, which have to do with completing a family and child strengths and needs assessment and documenting supervisory approval of the assessment. The rates are presented as percentages of all records to which the measures were applied. The records included open and closed cases. There were a total of 58 of these records in the sample. However, not all of the 58 records were assessed as applicable for every measure. The “n” under each measure in the table refers to the number of records for which the measure was applicable. The note below the table provides the number of records for which the measure was assessed as “Not Applicable” and explains why.

Table 8: Strengths and Needs Assessment (Number of records in sample = 58)

Critical Measure	Achieved	Partially Achieved	Not Achieved
FS7.1 Complete strengths and needs assessment n=46*	50% (23/46)		50% (23/46)
FS7.2 Supervisory approval of strengths and needs assessment n=46*	54% (25/46)		46% (21/46)

*12 records were assessed as “Not Applicable” because they were open to provide voluntary support services

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

The compliance rate for this critical measure was **50%**. The measure was applicable to 46 of the 58 records in the sample; 23 of the 46 records were rated as achieved and 23 were rated as not achieved. The 23 records rated as not achieved had no completed strengths and needs assessments documented in ICM or the physical files. One of these records was referred to the team leader for action because information in the record suggested that the child may have needed protection under section 13 of the *Child, Family and Community Service Act*. Specifically, there was a protection report received outside the audit time frame with no documented response or follow up. In addition, the decision was made to provide ongoing protection services, but no subsequent SDM tools, including the Family and Child Strengths and Needs Assessment and Family Plan, were completed. The CSM and EDS were also notified.

FS7.2 Supervisory Approval of the Strengths and Needs Assessment

The compliance rate for this critical measure was 54%. The measure was applicable to 46 of the 58 records in the sample; 25 of the 46 records were rated as achieved and 21 were rated as not achieved. As in FS7.1, the 25 records that were rated as achieved all had completed strengths and needs assessments as well as supervisory approvals. The 21 records rated as not achieved had no strengths and needs assessments documented in ICM or the physical files.

4.5 Family Plan

Table 9 provides compliance rates for measures FS7.3 and FS7.4, which have to do with developing a family plan in collaboration with the family and integrating a safety plan within the family plan. The rates are presented as percentages of all records to which the measures were applied. The records included open and closed cases. There were a total of 58 of these records in the sample. However, not all of the 58 records were assessed as applicable for every measure. The “n” under each measure in the table refers to the number of records for which the measure was applicable. The note below the table provides the number of records for which the measure was assessed as “Not Applicable” and explains why.

Table 9: Family Plan (Number of records in sample = 58)

Critical Measure	Achieved	Partially Achieved	Not Achieved
FS7.3 Develop family plan with family n=46*	35% (16/46)	9% (4/46)	56% (26/46)
FS7.4 Integrate safety plan in family plan n=35**	40% (14/35)	6% (2/35)	54% (19/35)

*12 records were assessed as “Not Applicable” because they were open to provide voluntary support services

**23 records were assessed as “Not Applicable” because they were open to provide voluntary support services (12) or did not contain unresolved concerns from the safety plans that needed to be integrated into the family plans (11)

FS7.3 Developing the Family Plan with the Family

The compliance rate for this critical measure was 35%, with an additional 9% partial compliance. The measure was applicable to 46 of the 58 records in the sample; 16 of the 46 records were rated as achieved, 4 were rated as partially achieved, and 26 were rated as not achieved. Records were rated as partially achieved when family plans had been developed in collaboration with the families but not within the applicable timeframe. The practice analysts who conducted the audit were looking for risk reduction service plans or family plans that were developed in collaboration with the family and completed within 15 days of completing the FDR assessment phase; within 30 days of completing the FDR protection phase or INV, when the case remained with the original child protection worker; or within 30 days from the date of transfer to a new child protection worker. Records rated as not achieved did not have family plans documented in ICM or the physical files.

FS7.4 Integrating the Safety Plan into the Family Plan

The compliance rate for this critical measure was **40%**, with an additional **6%** partial compliance. The measure was applicable to 35 of the 58 records in the sample; 14 of the 35 records were rated as achieved, 2 were rated as partially achieved, and 19 were rated as not achieved. Records were rated as partially achieved when elements of the safety plans that needed to remain in place were integrated into the family plans, but not within the applicable timeframe. Similar to FS7.3, records rated as not achieved did not have family plans documented in ICM or the physical files.

4.6 Formal Reassessment

Table 10 provides compliance rates for measures FS8.1 and FS8.2, which have to do with completing a vulnerability reassessment or a reunification assessment. The rates are presented as percentages of all records to which the measures were applied. The records included open and closed cases. There were a total of 58 of these records in the sample. However, not all of the 58 records were assessed as applicable for every measure. The “n” under each measure in the table refers to the number of records for which the measure was applicable. The note below the table provides the number of records for which the measure was assessed as “Not Applicable” and explains why.

Table 10: Formal Reassessment (Number of records in sample = 58)

Critical Measure	Achieved	Partially Achieved	Not Achieved
FS8.1 Complete vulnerability reassessment n=34*	50% (17/34)		50% (17/34)
FS8.2 Complete reunification assessment n=12**	67% (8/12)		33% (4/12)

*24 records were assessed as “Not Applicable” because they were open to provide voluntary support services (11), they did not have vulnerability reassessments due within the audit timeframe (1) or they were related to children in care and therefore assessed under critical measure FS8.2 (12)

**46 records were assessed as “Not Applicable” because they were open to provide voluntary support services (11), they did not have vulnerability reassessments due within the audit timeframe (1) or they were related to children out of care and therefore assessed under critical measure FS8.1 (34)

FS8.1 Completing a Vulnerability Reassessment

The compliance rate for this critical measure was **50%**. The measure was applicable to 34 of the 58 records in the sample; 17 of the 34 records were rated as achieved and 17 were rated as not achieved. Records rated as not achieved did not have vulnerability assessments documented in ICM or the physical files that had been completed within the appropriate timeframe.

FS8.2 Completing a Reunification Assessment

The compliance rate for this critical measure was **67%**. The measure was applicable to 12 of the 58 records in the sample; 8 of the 12 records was rated as achieved and 4 were rated as not achieved. Records rated as not achieved did not have reunification assessments documented in ICM or the physical files that had been completed within the appropriate timeframe.

4.7 Case Transfer and Case Closure

Table 11 provides compliance rates for measures FS9.1 to FS9.4, which have to do with transferring and closing cases. The rates are presented as percentages of all records to which the measures were applied. The records included open and closed cases. There were a total of 58 of these records in the sample. However, not all of the 58 records were assessed as applicable for every measure. The “n” under each measure in the table refers to the number of records for which the measure was applicable. The note below the table provides the number of records for which the measure was assessed as “Not Applicable” and explains why.

Table 11: Case Transfer and Case Closure (Number of records in sample = 58)

Critical Measure	Achieved	Partially Achieved	Not Achieved
FS9.1 Decision on case transfer n=22*	82% (18/22)		18% (4/22)
FS9.2 Supervisory approval for case transfer n=22*	77% (17/22)		23% (5/22)
FS9.3 Decision on case closure n=13**	92% (12/13)		8% (1/13)
FS9.4 Supervisory approval for case closure n=13**	100% (13/13)		0% (0/13)

*36 records were assessed as “Not Applicable” because they did not involve a case transfer

**45 records were assessed as “Not Applicable” because they did not involve a case closure

FS9.1 Decision on Transferring a Case

The compliance rate for this critical measure was **82%**. The measure was applicable to 22 of the 58 records in the sample; 18 of the 22 records was rated as achieved and 4 was rated as not achieved. The records rated as not achieved did not have documented approvals from the supervisors of both the originating and receiving workers for the decision to transfer the case.

FS9.2 Supervisory Approval for Transferring a Case

The compliance rate for this critical measure was **77%**. The measure was applicable to 22 of the 58 records in the sample; 17 of the 22 records were rated as achieved and 5 were rated as not achieved because supervisory approvals were not documented.

FS9.3 Decision on Closing a Case

The compliance rate for this critical measure was **92%**. The measure was applicable to 13 of the 58 records in the sample; 12 of the 13 records were rated as achieved and 1 was rated as not achieved. The analysts who conducted the audit were looking for information indicating that, at the point of closure, the goals in the family plan were achieved, protection concerns were resolved, vulnerabilities were being managed safely, and the family was able to access and use

resources. The records rated as not achieved did not meet one or more of these criteria at the point that the decisions to close the cases were made.

FS9.4 Supervisory Approval for Closing a Case

The compliance rate for this critical measure was **100%**. The measure was applicable to 13 of the 58 records in the sample; 13 of the 13 records were rated as achieved. The analysts who conducted the audit were looking for information indicating that supervisory approvals were obtained and documented prior to case closures, or that the supervisors had granted exceptions.

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, 5 records were identified for action because the information in the records suggested that the children may have been left at risk of harm, or in need of ongoing protection services. (See FS2.1 on page 11, FS3.3 on page 12, FS6.1 on page 16, and FS7.1 on page 16.) The team leaders, CSMs, and EDS were immediately notified and subsequently confirmed that all protection concerns had been addressed.

5. OBSERVATIONS AND THEMES

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

The SDA overall compliance rate was **71%**, with an additional **4%** partial compliance.

5.1 SCREENING PROCESS

The practice analysts who conducted this audit found that documented practice related to the screening assessment and response decision achieved relatively high compliance rates. With the exception of the compliance rate for obtaining and documenting supervisory approval of the response decision within 24 hours (69%), all measures related to the screening process resulted in compliance rates of 75% or higher. One of the factors that contributed to these high compliance rates was completion of the screening assessment form. Of the 127 records that required a screening assessment, only 15 failed to have a completed screening assessment form attached in ICM. This is an important factor because many of the critical measures in the FS audit tool require that decisions associated with the screening process be documented in the screening assessment form. The consistency with which screening assessment forms were completed enabled the practice analysts to provide a clear appraisal of the appropriateness of the responses, the timeliness of the decisions, and the consistency of supervisory involvement.

Another important factor was the diligence with which social workers documented information from callers (96% compliance), including the circumstances of the concerns being reported. As previously noted, strength was evident in high rates of compliance for measures related to response decisions, including the timeframe for assigning the response priority (75%), the appropriateness of the response priority (84%), determining the response (83%), and making a response decision that was consistent with the assessment information (85%).

5.2 ICM

In a small number of records, analysts discovered attachments that were intended for incidents incorrectly attached to cases, and vice versa. Specifically, SDM tools and notes associated with protection and non-protection responses were sometimes found attached to ICM cases. Similarly, SDM tools and notes associated with ongoing protection services were sometimes found attached to ICM incidents. Greater attention should be given to closing an incident after the decision to provide ongoing protection services is made. Subsequent documentation should then be uploaded into the associated case.

Lastly, ICM notes were often labelled incorrectly. Better identification of note “types” could increase conciseness, access to information, and efficiency.

5.3 USE OF STRUCTURED DECISION MAKING TOOLS

The compliance rates for use of the SDM tools associated with incidents were high: Screening assessment 89% (includes 14% partial compliance for screening assessments that were completed but not within the required timeframe); safety assessment 81%; and vulnerability assessment 83%. In contrast, the compliance rates for use of the SDM tools associated with the provision of ongoing protection services were low: family and child strengths and needs assessment 50%; family plan 44% (includes 9% partial compliance for family plans that were completed but not within the required timeframe); vulnerability reassessment 50%; and reunification assessment 67%. This suggests that workers may be prioritizing the use of SDM tools related to investigations of child protection reports.

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

5.4 TIMELINESS

An area that analysts found needed improvement was the consistency with which required timeframes were met. Specifically, measures related to the completion of SDM tools and corresponding supervisory approvals within required timeframes had compliance rates that ranged between 24% and 75%. Timeframes associated with the completion of the safety assessment form (43%), vulnerability assessment (24%) and family plan (35%) received the lowest compliance rates. The analysts also found that many incidents coded as needing a protection response were open well beyond the 30 and 120-day timeframes set in policy.

5.5 COLLABORATIVE PRACTICE

The analysts found that documentation of efforts to collaboratively engage families in planning processes could be improved. For example, safety assessments often did not reflect the standards and procedures that are in place to ensure that families are participating in identifying their own needs and finding solutions (57% compliance). It was also difficult to determine if documented efforts to involve the families and children or youth had occurred during the safety assessment process or first in-person meetings with the families. The compliance rate for involving family members in developing family plans was even lower (35%). The analysts found that very few cases contained consolidated family plans that itemized the interventions or services the families identified as most supportive. Fragments of the plans were often found in different forms, case notes, attachments, minutes from meetings, consultations with team leaders, etc. One way of improving compliance in this area would be to document the results of all family case planning meetings, conferences, mediations, consultations, etc. in one consolidated plan.

6. ACTIONS TAKEN TO DATE

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

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

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

2. On April 9 and 30, 2014, and May 23, 2014, screening assessment training was provided to all intake, family service and Afterhours team leaders, as well as the community services managers and executive director of service. Practice standards related to the assessments of child protection reports and service requests, timeframes, descriptors and use of descriptors when completing the screening assessment tool, as well as the requirement of supervisory approval, were reviewed. In addition, expectations for the completion of specific sections

within the screening assessment document were developed in accordance with the SDM guidelines and the process was reviewed with the Afterhours and centralized screening teams. Specifically, when child protection reports are received by Afterhours the social workers complete sections 1 and 2 and then transfer the documents to the centralized screening team for completion and team leaders' sign off. This training was then delivered by the team leaders, with the support of their community services managers, to their respective teams, between April 30 and June 30, 2014.

3. Child protection team leader meetings, including the executive director of service, community services managers and Afterhours, occur every 6 to 8 weeks. The focus of these meetings is to promote the consistent interpretation and application of Chapter 3 standards, policy and procedures, and practice directives.
4. Director of practice meetings, including team leaders from all service delivery areas, occur every 6 to 8 weeks. These meetings focus on practice issues that are relevant across service delivery areas. Agenda items can include, but are not limited to, policy changes, practice directives, inter-provincial protocols, staff supervision and inter-program collaboration. Time is given at each meeting for team leaders to bring up current issues and participate in case consultations with their peers.

7. ACTION PLAN

ACTION	PERSON RESPONSIBLE	COMPLETION DATE
<p>At the next Team Leader Practice Meeting, the following practice standards and related procedures, contained with <i>Chapter 3: Child Protection Response</i>, will be reviewed:</p> <ul style="list-style-type: none"> - 3.2 (6), 3.3 (10): Developing a Safety Plan (with family); - 3.2 (29 & 30), 3.6 (3,4 &5): Completing the Family and Child Strengths and Needs Assessment; - 3.2 (31 & 32), 3.6 (6 & 7): Creating and Implementing a Family Plan; - 3.2 (35): Reassessing at the End of the FDR Protection Services Phase; - 3.2(36): Concluding the FDR Protection Services Phase; - 3.7(3 & 4): Reassessing in the Practice Cycle 	Deb Kohen	January 14, 2015
<p>All team leaders responsible for open ongoing protection service cases will review those cases and ensure that all overdue or outstanding family and child strengths and needs assessments, family plans, vulnerability re-assessments, and re-unification assessments are completed.</p>	Dennis Padmore	June 30, 2015
<p>A tracking system will be created, shared with all team leaders and implemented to monitor and document the completion of the SDM assessment tools and family plans associated with ongoing protection service cases.</p>	Dennis Padmore	February 28, 2015

