



Coast/North Shore Service Delivery
Area

Family Service Practice Audit

Report Completed: September 2015

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INTRODUCTION

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

1. PURPOSE

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

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

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

2. METHODOLOGY

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

Table 1: Selected Records for FS Practice Audit in Coast/North Shore SDA

Record status and type	Total number at SDA level	Sample size
Closed non-protection incident	339	53
Closed protection incident	366	61
Open FS case	203	51
Closed FS case	72	35

More specifically, the four samples consisted of:

1. Non-protection incidents created after April 2, 2012, and closed between January 1, 2014, and June 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 January 1, 2014, and June 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 June 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 January 1, 2014, and June 30, 2014, and had an associated protection incident that was created after April 2, 2012, where the response was investigation or family development response.

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

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

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

Quality assurance policy and procedures require that practice analysts identify for action any incident or case record that suggests a child may need protection under section 13 of the *Child, Family and Community Service Act*. During the audit process, practice analysts watch for situations in which the information in the records suggests that a child may have been left in need of protection. When identified, these records are 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 Coast North Shore SDA consists of three Local Service Areas (LSAs): North Shore/Squamish, Sunshine Coast/Pemberton, and Central Coast. Its borders encompass urban and rural, and coastal and inland, communities in a large geographic area extending north from the Burrard Inlet, including the cities of North Vancouver, West Vancouver, Squamish, Powell River, and Pemberton, as well as communities in the Bella Cooley Valley, and along the Sunshine Coast, such as Sechelt and Gibsons.

3.2 Demographics

As shown in Table 2, The Coast North Shore SDA has a population of approximately 281,284 or 7% of the provincial population (2014). Children under 19 years of age number approximately 55,103 or about 3% of the provincial child population (2013). The Aboriginal population in the SDA is approximately 12,425. Within the Aboriginal population, there are about 3,690 children and youth under 19 years of age, representing approximately 7% of the SDA child population.

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

Coast/North Shore SDA Population	Coast/North Shore SDA Child Population by Age Cohort and Aboriginal Status					
	Total	0 - 18	0 - 2	3 - 5	6 - 12	13 - 18
All	281, 284	55, 103	7, 247	7, 828	20, 305	19, 728
Aboriginal	12, 425	3, 690	520	485	1, 270	1,415

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 Coast/North Shore 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 6.0% of 3 to 5 year-old children in the province.

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

Coast/North Shore SDA Child Population and Percentage of Provincial Child Population by Age Cohort		
0 - 2	7, 247	6.0%
3 - 5	7, 828	6.0%
6 - 12	20, 305	6.0%
13 - 18	19, 728	6.0%

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

3.3 Service Delivery

Coast/North Shore has a mix of integrated and specialized teams to meet the needs of both urban and rural communities served by the SDA. For example, within the city of North Vancouver, there are specialized teams that provide specific services, such as intake teams, family service teams, and youth justice teams—each headed by a team leader. However, for children and youth with special needs (CYSN), resources, and guardianship services, the model used is one of specialized caseloads under one team leader. In rural communities, services are provided by integrated teams that consist of workers from all service streams reporting to one team leader.

The three community services managers (CSMs) in the SDA are each assigned to a Local Service Area (LSA) and responsible for managing all service streams within their LSA, with the exception of youth justice services, which are managed by the Central Coast CSM. In addition to their day-to-day duties, the CSMs get together once a month for an all-day, face-to-face meeting, and every two weeks for a conference call. The Director of Practice (DOP) participates in these regular meetings.

The SDA has six major contracts with community agencies to provide support for children, youth and families. In the North Shore, contracted agencies include Hollyburn Family Services, Family Services of the North Shore, and Westcoast Family Services. Contracted support services for families within the areas of the Sunshine Coast, Squamish and Powell River are provided by Sunshine Coast Community Services, Sea to Sky Community Services, and Powell River Child and Family Services, respectively. These contracts cover a wide range of services in each community.

3.4 Staffing

Table 4 provides a count of the full time-equivalent (FTE) positions within each LSA at the time that the audit was conducted. The table shows that the ratio of team leaders to other professional staff (excluding the CSMs and EDS) was approximately 1 to 7 and the ratio of administrative staff to professional staff (including the CSMs and EDS) was approximately 1 to 4.5 for the SDA as a whole.

Table 4: Staffing by LSA

Coast North Shore August 2014	North Shore & Squamish	Sunshine Coast & Pemberton	Powell River & Central Coast	Total
Community Services Manager	1	1	1	3
Team Leader	6	5	4	15
CP Social Worker	18	11.5	4.8	34.3
Social Work Assistant	1.4	1	3	5.4
ECD Coordinator	0	0	0	0
FGC/OCC	0	0	0	0
Guardianship	0	1	0	1
Resources	3.8	1	1	5.8
Adoption	.6	1	0	1.6
CYMH	11.5	10	6	27.5
CYSN	2.2	.7	.3	3.2
Youth Justice/Youth Services	3	0	4	7
Administrative Support	10.5	7	4.85	22.35
Total	58	39.2	28.95	126.15

Source: FTE Data Management Tool, August 2014

3.5 Strengths and Challenges

When interviewed for this report, the EDS reported that the SDA had a number of strengths and some barriers to service delivery. First and foremost is the dedication and high skill set of the clinical and administrative staff; “team work” was the term used to describe the work environment across the various offices. Another area of strength was a good understanding of the meaning of integrated case management, as demonstrated by the consistent use of collaborative practices, including family meetings and case conferencing. Staff had also built strong and trusted relationships with the contracted and community sectors and Aboriginal agencies. For example, engagement with stakeholders and partners is achieved through joint participation at regularly

scheduled community tables/meetings. In addition, delegated Aboriginal agencies in the SDA are routinely invited to planning meetings involving members of the communities they serve.

With respect to the barriers, the EDS identified the vast geographical area of the SDA as a significant challenge. Specifically, there is inequality across various communities in terms of being able to provide intervention and support services. Contracted resources and services are minimal in outlying and remote communities, such as Bella Coola and Bella Bella. These remote locations have also been historically difficult to staff with permanent MCFD workers. In addition, up until recently, the SDA was unable to bring in new employees due to restrictive hiring policies; maternity leaves and vacancies were not being backfilled, and team leaders and social workers were experiencing high levels of burnout. With the ministry's new recruitment plan, authorization to hire is coming more quickly. Although complexity in the hiring process can still result in vacancies taking too long to fill, the SDA is hopeful that it will be able to increase its staffing complement, which will improve its capacity to meet the needs of the children, youth and families.

3.6 Service Delivery to Aboriginal Children and Families

There are two delegated Aboriginal agencies in the Coast/North Shore SDA: Ayas Men Men Child and Family Services in Squamish and West Vancouver, and Heiltsuk Kaxla Child and Family Services in Bella Bella and Bella Coola. Both of these Aboriginal agencies have C3 delegation (there are no C6 delegated agencies within the SDA) and are responsible for providing voluntary family services and voluntary care agreements for band members who wish to receive these services. The agencies, along with some of the bands located within the SDA, also have contracts with other agencies or "societies" that provide in person voluntary support to children, youth and families within various program areas.

COAST/NORTH SHORE FAMILY SERVICE PRACTICE AUDIT

This section provides information about the findings of the FS practice audit that was conducted in the Coast/North Shore SDA from July to December, 2014.

4. FINDINGS AND ANALYSIS

The findings are presented in tables that contain counts and percentages of ratings of achieved and not achieved for all of the measures in the 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, the records in the samples that were selected for this audit totalled 200. However, not all of the measures in the audit tool were applicable to all 200 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 53 closed non-protection incidents and 61 closed protection incidents.

Table 5: Report and Screening Assessment (N = 114)

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	114	108	95%	6	5%
FS 2: Conducting a Prior Contact Check (PCC)	114	105	92%	9	8%
FS 3: Assessing the Report about a Child or Youth’s Need for Protection	114	110	96%	4	4%
FS 4: Timeframe for Assessing the Report about a Child or Youth’s Need for Protection	114	90	79%	24	21%

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 **95%**. The measure was applied to all 114 records in the samples; 108 of the 114 records were rated achieved and 6 were rated not achieved. In the records rated not achieved, there was insufficient detail in the reports.

Specifically, relevant information, such as the identities of the callers, names and ages of the children, and home telephone numbers and/or addresses, were not documented. Regarding the records rated not achieved, the analysts who conducted this audit were able to confirm that the immediate safety of the children was not affected.

FS 2: Conducting a Prior Contact Check (PCC)

The compliance rate for this critical measure was **92%**. The measure was applied to all 114 records in the samples; 105 of the 114 records were rated achieved and 9 were rated not achieved. In the records rated not achieved, there were no PCCs documenting past service involvements or relevance of past service involvements to the reported concerns.

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

The compliance rate for this critical measure was **96%**. The measure was applied to all 114 records in the samples; 110 of the 114 records were rated achieved and 4 were rated not achieved. All 4 records rated not achieved did not contain a Screening Assessment (this includes one record that had a blank Screening Assessment form). In regard to the records rated not achieved, the analysts were able to confirm that the immediate safety of the children was not affected.

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

The compliance rate for this critical measure was **79%**. The measure was applied to all 114 records in the samples; 90 of the 114 records were rated achieved and 24 were rated not achieved. Of the 24 records rated not achieved, 4 did not contain a completed Screening Assessment and 20 contained a Screening Assessment that had not been completed within the required 24-hour timeframe. Of the 20 Screening Assessments that had not been completed within the required timeframe, 13 were completed within 30 days, 2 were completed between 30 and 90 days, 2 were completed between 90 and 180 days, 2 were completed between 180 and 365 days, and 1 was completed more than a year after the report had been received. In regard to the records rated not achieved, the analysts were able to confirm that the immediate safety of the children was not affected.

4.2 Response Decision

Table 6 provides compliance rates for measures FS 5 to FS 10, which have to do with assigning a response priority and making a response decision. The rates are presented as percentages of all records to which the measures were applied. The records included the selected samples of 53 closed non-protection incidents and 61 closed protection incidents.

Table 6: Response Decision (N = 114)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 5: Assigning an Appropriate Response Priority	114	110	96%	4	4%
FS 6: Timeframe for Assigning an Appropriate Response Priority	114	92	81%	22	19%
FS 7: Making an Appropriate Response Decision	114	114	100%	0	0%
FS 8: Making a Response Decision Consistent with the Assessment of the Report	114	112	98%	2	2%
FS 9: Timeframe for Making an Appropriate Response Decision	114	95	83%	19	17%
FS 10: Supervisory Approval of the Response Decision	114	94	82%	20	18%

FS 5: Assigning an Appropriate Response Priority

The compliance rate for this critical measure was **96%**. The measure was applied to all 114 records in the samples; 110 of the 114 records were rated achieved and 4 were rated not achieved. To receive a rating of achieved, the final response priority section in the Screening Assessment form had to have been completed, and an appropriate response priority assigned. The 4 records rated not achieved did not contain Screening Assessments.

FS 6: Timeframe for Assigning an Appropriate Response Priority

The compliance rate for this critical measure was **81%**. The measure was applied to all 114 records in the samples; 92 of the 114 records were rated achieved and 22 were rated not achieved. Of the 22 records rated not achieved, 4 did not contain a Screening Assessment and 18 had response priorities that were not assigned within the required 24-hour timeframe. Of the 18 response priorities that were not assigned within the required timeframe, 15 were assigned within 30 days, 1 was assigned between 30 and 180 days, and 2 were assigned between 180 and 365 days. In regard to the records rated not achieved, the analysts were able to confirm that the immediate safety of the children was not affected.

FS 7: Making an Appropriate Response Decision

The compliance rate for this critical measure was **100%**. The measure was applied to all 114 records in the samples; all 114 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 4 records that did not contain a Screening Assessment, the response decisions were documented in ICM fields or Notes.

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

The compliance rate for this critical measure was **98%**. The measure was applied to all 114 records in the samples; 112 of the 114 records were rated achieved and 2 were rated not achieved. The 2 records rated not achieved both had non-protection response decisions that were inconsistent with the information gathered. It should be noted that information contained in these 2 records indicated that further information was collected and supports or follow-up services were subsequently provided for the families, which adequately addressed the safety factors presented in 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 **83%**. The measure was applied to all 114 records in the samples; 95 of the 114 records were rated achieved and 19 were rated not achieved. In the 19 records rated not achieved, response decisions had not been determined within the required 5-day timeframe. Specifically, 16 response decisions were determined within 30 days, 2 were determined between 30 and 90 days, and 1 was determined between 90 and 180 days after the report had been received.

FS 10: Supervisory Approval of the Response Decision

The compliance rate for this critical measure was **82%**. The measure was applied to all 114 records in the samples; 94 of the 114 records were rated achieved and 20 were rated not achieved. Of the 20 records rated not achieved, 4 did not contain documented supervisory approval of the response decision and 16 contained response decisions that had not been approved within the required 24-hour timeframe. Specifically, 12 response decisions were approved within 30 days, 3 were approved between 30 and 90 days, and 1 was approved between 90 and 180 days after the Screening Assessment had been completed.

4.3 Safety Assessment and Safety Plan

Table 7 provides compliance rates for measures FS 11 to FS 15, which have to do with completing a Safety Assessment, making a safety decision, and developing a safety plan. The rates are presented as percentages of all records to which the measures were applied. The records included the selected sample of 61 closed protection incidents augmented with 1 non-protection incident that had been inappropriately assigned a non-protection response. The footnote below the table provides the number of records for which one of the measures was not applicable and explains why the measure was not applicable.

Table 7: Safety Assessment and Safety Plan (N = 62)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 11: Completing the Safety Assessment Process	62	50	81%	12	19%
FS 12: Completing the Safety Assessment Form	62	18	29%	44	71%
FS 13: Making a Safety Decision Consistent with the Safety Assessment	62	50	81%	12	19%
FS 14: Involving the Family in the Development of a Safety Plan *	51	39	76%	12	24%
FS 15: Supervisory Approval of the Safety Assessment and the Safety Plan	62	46	74%	16	26%

*This measure was not applicable to 11 records because safety factors were not identified in the Safety Assessments.

FS 11: Completing the Safety Assessment Process

The compliance rate for this critical measure was **81%**. The measure was applied to all 62 records in the augmented sample; 50 of the 62 records were rated achieved and 12 were rated not achieved. Of the 12 records rated not achieved, 3 did not indicate that home visits had been conducted during the safety assessment process, 2 did not indicate that the children or youth were seen during the safety assessment process, and 7 did not contain any documentation of the safety assessment process.

FS 12: Completing the Safety Assessment Form

The compliance rate for this critical measure was **29%**. The measure was applied to all 62 records in the augmented sample; 18 of the 62 records were rated achieved and 44 were rated not achieved. Of the 44 records rated not achieved, 5 did not contain Safety Assessment forms (this includes 1 record that contained a blank Safety Assessment form), 2 contained incomplete Safety Assessment forms, and 37 Safety Assessment forms were fully completed, but not within the required 24-hour time frame. Of the 37 Safety Assessment forms that were not completed within the required timeframe, 18 were completed within 30 days, 6 were completed between 30 and 90 days, 9 were completed between 90 and 180 days, 3 were completed between 180 and 365 days, and 1 was completed more than a year after the safety assessment process had been completed.

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

The compliance rate for this critical measure was **81%**. The measure was applied to all 62 records in the augmented sample; 50 of the 62 records were rated achieved and 12 were rated not achieved. Of the 12 records rated not achieved, 7 did not contain completed Safety Assessment forms and 5 had documented safety decisions that were not consistent with the information gathered in the report and safety assessment process. In regard to the records rated not achieved, the analysts were able to confirm that the immediate safety of the children was not affected.

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

The compliance rate for this critical measure was **76%**. The measure was applied to 51 records in the augmented sample; 39 of the 51 records were rated achieved and 12 were rated not achieved. Of the 12 records rated not achieved, 6 did not contain completed Safety Assessment forms (one of the records that did not contain a completed Safety Assessment form was rated achieved because a safety plan had been developed and the child had been brought into care under a Voluntary Care Agreement immediately after the safety assessment process was completed), 5 had documented safety decisions that were not consistent with the information gathered in the report and safety assessment process, and therefore did not contain necessary safety plans, and 1 had a “safe with interventions” safety decision documented, but not the safety plan.

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

The compliance rate for this critical measure was **74%**. The measure was applied to all 62 records in the augmented sample; 46 of the 62 records were rated achieved and 16 were rated not achieved. Of the 16 records rated not achieved, 7 did not have completed Safety Assessment forms, and 9 did not have documented supervisory approval of the Safety Assessment and safety plan, when applicable.

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 form 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 61 closed protection incidents augmented with 1 closed non-protection incident that had been inappropriately assigned a non-protection response.

Table 8: Vulnerability Assessment (N = 62)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 16: Completing the Vulnerability Assessment Form	62	56	90%	6	10%
FS 17: Timeframe for Completing the Vulnerability Assessment Form	62	16	26%	46	74%
FS 18: Determining the Final Vulnerability Level	62	56	90%	6	10%

FS 16: Completing the Vulnerability Assessment Form

The compliance rate for this critical measure was **90%**. The measure was applied to all 62 records in the augmented sample; 56 of the 62 records were rated achieved and 6 were rated not achieved. In all 6 records rated not achieved, the Vulnerability Assessments were not attached to the records and supervisory exceptions had not been granted.

FS 17: Timeframe for Completing the Vulnerability Assessment Form

The compliance rate for this critical measure was **26%**. The measure was applied to all 62 records in the augmented sample; 16 of the 62 records were rated achieved and 46 were rated not achieved. Of the 46 records rated not achieved, 6 did not contain Vulnerability Assessment forms and 40 contained Vulnerability Assessment forms that were not completed within the required 30-day timeframe. Of the 40 Vulnerability Assessment forms that were not completed within the required timeframe, 17 were completed between 30 and 90 days, 12 were completed between 90 and 180 days, 10 were completed between 180 and 365 days, and 1 was completed more than a year after the report had been received.

FS 18: Determining the Final Vulnerability Level

The compliance rate for this critical measure was **90%**. The measure was applied to all 62 records in the augmented sample; 56 of the 62 records were rated achieved and 6 were rated not achieved. In the records rated not achieved, Vulnerability Assessments were not attached to the records, and therefore the final vulnerability levels were not determined.

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 included the sample of 61 closed protection incidents augmented with 1 closed non-protection incident that had been inappropriately assigned a non-protection response.

Table 9: Protection Services (N = 62)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 19: Making an Appropriate Decision on the Need for Protection Services	62	57	92%	5	8%
FS 20: Supervisory Approval of the Decision on the Need for Protection Services	62	53	85%	9	15%

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

The compliance rate for this critical measure was **92%**. The measure was applied to all 62 records in the augmented sample; 57 of the 62 records were rated achieved and 5 were rated not achieved. In the records rated not achieved, the decisions on the need for protection services appeared to be inconsistent with all of the information gathered. Specifically, the incidents were closed despite possible safety factors still existing. In reviewing the records rated not achieved, the analysts found information indicating that either informal community or familial supports were involved, or follow-up services were subsequently provided, which adequately addressed safety factors that may have existed when the decision to close the incident was made.

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

The compliance rate for this critical measure was **85%**. The measure was applied to all 62 records in the augmented sample; 53 of the 62 records were rated achieved and 9 were rated not achieved. All of the records rated not achieved were missing 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 and FS 22, which have to do with completing a Family and Child Strengths and Needs Assessment and obtaining supervisory approval for the assessment. The rates are presented as percentages of all records to which the measures were applied. The records included the samples of 53 open FS cases and 33 closed FS cases augmented with 2 closed protection incidents in which both FDR assessment and protection phases had been initiated.

Table 10: Strengths and Needs Assessment (N =88)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 21: Completing a Family and Child Strengths and Needs Assessment	88	52	59%	36	41%
FS 22: Supervisory Approval of the Family and Child Strengths and Needs Assessment	88	47	54%	41	46%

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

The compliance rate for this critical measure was **59%**. The measure was applied to all 88 records in the augmented samples; 52 of the 88 records were rated achieved and 36 were rated not achieved. Of the 36 records rated not achieved, 34 did not contain Family and Child Strengths and Needs Assessments (this includes 2 records that contained blank assessment forms) and 2 contained incomplete Family and Child Strengths and Needs Assessments.

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

The compliance rate for this critical measure was **54%**. The measure was applied to all 88 records in the augmented samples; 47 of the 88 records were rated achieved and 41 were rated not achieved. In the records rated as not achieved, 36 did not contain completed Family and Child Strengths and Needs Assessments and 5 did not document supervisory approvals for the Family and Child Strengths and Needs Assessments.

4.7 Family Plan

Table 11 provides compliance rates for measures FS 23 to FS 26, which have to do with developing a family plan, integrating the safety plan within the family plan, and obtaining supervisory approval for the family plan. The rates are presented as percentages of all records to which the measures were applied. The records included the samples of 53 open FS cases and 33

closed FS cases augmented with 2 closed protection incidents that had both FDR assessment and protection phases.

Table 11: Family Plan (N =88)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 23: Developing a Family Plan with the Family	88	30	34%	58	66%
FS 24: Integrating the Safety Plan into the Family Plan	88	14	16%	74	84%
FS 25: Timeframe for Completing the Family Plan and Integrating the Safety Plan	88	14	16%	74	84%
FS 26: Supervisory Approval of the Family Plan	88	22	25%	66	75%

FS 23: Developing a Family Plan with the Family

The compliance rate for this critical measure was **34%**. The measure was applied to all 88 records in the augmented samples; 30 of the 88 records were rated achieved and 58 were rated not achieved. The practice analysts who conducted the audit were looking for completed family plans that were developed with the families. In all of the records rated not achieved, family plans were not documented in ICM or the physical files.

FS 24: Integrating the Safety Plan into the Family Plan

The compliance rate for this critical measure was **16%**. The measure was applied to all 88 records in the augmented samples; 14 of the 88 records were rated achieved and 74 were rated not achieved. Of the 74 records rated not achieved, 58 did not contain family plans, 14 were missing the required safety plans from preceding closed incidents, and 2 had safety plans from the preceding closed incidents that had elements that needed to be, but were not, integrated into the family plans.

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

The compliance rate for this critical measure was **16%**. The measure was applied to all 88 records in the augmented samples; 14 of the 88 records were rated achieved and 74 were rated not achieved. Of the 74 records rated not achieved, 58 did not contain family plans and 16 contained family plans that were not completed within 15 days of completing the FDR assessment phase, or within 30 days of completing the FDR or INV phase when a newly opened case remained with the original social worker, or within 30 days from the date of transfer of the case to a new worker. Of the 16 family plans that were not completed within one of these timeframes, 5 were completed between 30 and 90 days, 5 were completed between 90 and 180 days, 4 were completed between 180 and 365 days, and 2 were completed more than a year after the required timeframe.

FS 26: Supervisory Approval of the Family Plan

The compliance rate for this critical measure was **25%**. The measure was applied to all 88 records in the augmented samples; 22 of the 88 records were rated achieved and 66 were rated not achieved. Of the 66 records rated not achieved, 58 did not contain family plans and 8 did not have documentation of supervisory approval of the family plans.

4.8 Vulnerability Re-assessment and Reunification Assessment

Table 12 provides compliance rates for measures FS 27 and FS 28, which have to do with the completion of either a Vulnerability Re-assessment or a Reunification Assessment, and the timeframe for completing either assessment. The rates are presented as percentages of all records to which the measures were applied. The records included the samples of 53 open FS cases and 33 closed FS cases augmented with 2 closed protection incidents that had both FDR and protection services phases. The note below the table provides the number of records for which the measures were not applicable and explains why.

Table 12: Vulnerability Re-assessment and Re-unification Assessment (N = 88)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 27: Completing a Vulnerability Re-assessment or a Reunification Assessment *	86	49	57%	37	43%
FS 28: Timeframe for Completing a Vulnerability Re-Assessment or a Reunification Assessment *	86	17	20%	69	80%

* These measures were not applicable to 2 records because the FDR protection services phase had been open for less than 6 months.

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

The compliance rate for this critical measure was **57%**. The measure was applied to 86 of the 88 records in the augmented samples; 49 of the 86 records were rated achieved and 37 were rated not achieved. All 37 records rated not achieved were missing required Vulnerability Re-assessments or Reunification Assessments (this includes 1 record that contained a blank assessment form).

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

The compliance rate for this critical measure was **20%**. The measure was applied to 86 of the 88 records in the augmented samples; 17 of the 86 records were rated achieved and 69 were rated not achieved. Of the 69 records rated not achieved, 37 were missing required Vulnerability Re-assessments or Reunification Assessments and 32 contained Vulnerability Re-assessments or Reunification Assessments that were not completed within the required timeframe. Regarding the timeframes, the analysts were looking for assessments that were completed within the 6-month formal assessment cycle, before closing an ongoing protection services case, or at the time that the case was transferred to another child protection worker, when the previous assessment was more than 3 months old or no longer relevant.

4.9 Ending Protection Services

Table 13 provides compliance rates for measures FS 29 and FS 30, which have to do with ending protection services. The rates are presented as percentages of all records to which the measures were applied. The records included the selected sample of 35 closed FS cases augmented with 2 closed protection incidents that had both FDR and protection services phases.

Table 13: Ending Protection Services (N = 37)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 29: Making an Appropriate Decision on Ending FDR Protection Services or Ongoing Protection Services	37	37	100%	0	0%
FS 30: Supervisory Approval of Decision on Ending FDR Protection Services or Ongoing Protection Services	37	35	95%	2	5%

FS 29: Making an Appropriate Decision on Ending Protection Services

The compliance rate for this critical measure was **100%**. The measure was applied to all 37 records in the augmented sample; all 37 records were rated achieved, because, in each of these records, the criteria for making an appropriate decision on ending protection services were met before the decision to end protection services was made.

FS 30: Supervisory Approval of Decision on Ending Protection Services

The compliance rate for this critical measure was **95%**. The measure was applied to all 37 records in the augmented sample; 35 of the 37 records were rated achieved and 2 were rated not achieved. The 2 records rated not achieved did not contain documented supervisory approval of the decision to end protection services.

Records Identified for Action

Quality assurance policy and procedures require practice analysts to 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 for action during the course of this audit.

5. OBSERVATIONS AND THEMES

This section summarizes 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 observations relate to specific critical measures and corresponding policy and standards, 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%**.

5.1 Screening Process

The compliance rates related to the screening assessment process were very high. The critical measure associated with obtaining full and detailed information about a child or youth's need for protection (FS 1) had a 95% compliance rate, although there were records that combined multiple reports in one incident, rather than creating a new incident for each report that was received more than 30 days apart, as required. The compliance rate for conducting PCCs (FS 2) was also very high (92%), which indicates that child welfare histories were reviewed consistently as part of the screening assessment process. And the compliance rate for assessing the report about a child or youth's need for protection (FS 3) was even higher (96%), which indicates that Screening Assessment forms were consistently completed in their entirety and attached in ICM.

Compliance rates for subsequent critical measures, FS 4 (79%), FS 5 (96%) and FS 6 (81%), all of which are dependent on completion of the Screening Assessment form, were also high. In addition, there was a perfect compliance rate (100%) for FS 7, indicating that response decisions were always determined and documented, and an extremely high compliance rate (98%) for FS 8, indicating that the response decisions were almost always consistent with the information gathered for the Screening Assessment. However, it should be noted that two records were rated not achieved for FS 8 because they had been assigned non-protection responses and there were past and/or current domestic violence concerns that needed to be addressed.

Also, there were several records in which the initial "Protection Response" code in the "Incident Details" tab in ICM had been changed after the report was assessed and the need for protection services determined. This may indicate that social workers are unclear about the purpose of the "Protection Response" field, which is to identify—at the time of the report—what approach will be taken. When a report is initially coded as requiring a protection response and further assessment or intervention determines that a non-protection response is more appropriate, workers must not go back and change the initial "Protection Response" code without supervisory approval and without documenting the rationale for changing the response pathway.

5.2 Use of the Structured Decision Making Tools

There was a high compliance rate (81%) for completion of the safety assessment process. In more than three quarters of the applicable records, the safety assessment process was conducted during the first in-person meeting with the family and the subject child or children were seen before decisions were made about their immediate safety. Furthermore, when safety decisions were

recorded in the Safety Assessments, more than three quarters of these decisions were found to be consistent with the information collected and documented, as reflected in the high compliance rate (81%) for critical measure FS 13. However, the analysts found documented histories of domestic violence that were not taken into consideration as safety factors in some of the records rated not achieved for FS 13. The analysts also found that Safety Assessments were completed unnecessarily for some of the non-protection incidents in the sample.

Overall, there is room for improvement in the completion and timeliness of the SDM assessment and planning tools, which provide a foundation for critical decisions in the provision of effective child protection services. For example, there was a very low compliance rate (29%) for completion of Safety Assessment forms within 24 hours after a report is received (FS 12). This is largely explained by 7 records that lacked completed Safety Assessment forms and 37 records that contained Safety Assessment forms that were completed more than 24 hours after the safety assessment process. Overall, more than half of the records contained Safety Assessments that were completed up to 30 days after the report was received, and 10% of these records lacked safety plans to address the safety factors identified in the assessments.

There was a very high compliance rate (90%) for completion of Vulnerability Assessment forms (FS 16) and an equally high compliance rate (90%) for determining final vulnerability levels (FS 18). However, less than a third of the Vulnerability Assessment forms were completed within 30 days, and more than a third were completed more than 90 days after the report was received (FS 17).

The measures associated with the provision of ongoing protection services had moderate to low compliance rates. About 59% of the applicable records had completed Family and Child Strengths and Needs Assessments attached in ICM, or in the physical files. Completed family plans were found in only 34% of applicable records, and Vulnerability Re-assessments or Reunification Assessments were found in 57% of applicable records.

5.3 Supervisory Approval

There are six critical measures in the FS Practice Audit tool that have to do with obtaining and documenting supervisory approval. Three of the measures have to do with supervisory approval of decisions, including the response decision (FS 10), the decision on the need for protection services (FS 20), and the decision on ending protection services (FS 30), and all three of these measures showed a high or very high compliance rate (82%, 85% 95%, respectively). It should be noted that the compliance rate for critical measure FS 19, which has to do with making an appropriate decision on the need for protection services, was also very high (92%).

The other three measures have to do with supervisory approval of 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), and these measures showed more variability. For example, supervisory approval of the Safety Assessment and safety plan had a moderately high compliance rate of 74%, while supervisory approval of the Family and Child Strengths and Needs Assessment had a moderately low compliance rate of 55%, and supervisory approval of the family plan had a very low compliance rate of 25%. There was evidence that some

of the completed SDM tools made their way into case records without being signed or approved by supervisors. The analysts also noted that in many records supervisors had approved Safety Assessments and Safety Plans a considerable amount of time after the social workers had completed the forms and often just prior to the closure of the incidents. This pattern was also evident with regard to supervisory approval of Vulnerability Assessments, which was often documented at the same time as supervisory approval of related Safety Assessments. This may indicate that supervisors are not reviewing completed assessments and plans in a timely manner.

5.4 Timeliness

There is much room for improvement when it comes to meeting timeframes. For example, the analysts found that many incidents screened in for investigation response were open well beyond the 30-day timeframe set in policy. Also, measures that have to do with completion of SDM tools and documentation of supervisory approval within specific timeframes had compliance rates ranging from a high of 83% to a low of 16%. Overall, 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, and FS 11) were higher than compliance rates for measures associated with timeframes for completing the tools and documenting supervisory approval later on in the process (FS 12, FS 17, FS 25, and FS 28). In other words, timeframes were met much more often when completing the screening assessment process (79%), assigning an appropriate response priority (81%), making an appropriate response decision (83%), documenting supervisory approval of the response decision (82%) and completing the safety assessment process (81%) than they were at the point of completing the Safety Assessment form (29%), the Vulnerability Assessment form (26%), the family plan (16%) and the Vulnerability Re-assessment or Reunification Assessment (20%).

5.5 Collaborative Practice

The analysts noted a similar pattern in areas of practice that require collaboration with family members, as the SDM process progressed. To assess collaborative practice, the analysts looked for safety plans and family plans that were signed by family members, or meeting notes and emails indicating that family members 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 moderately high (76%) while the compliance rate for developing the family plan in collaboration with the family (FS 23) was low (34%). In many of the records rated achieved for FS 23, the analysts observed that social workers discussed elements of planning and progress with clients and service providers. Typically, these were conversations that were occurring between the social worker and a single individual rather than in interdisciplinary case meetings, case conferences, or care team meetings.

6. ACTIONS TAKEN TO DATE

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

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

Between May and October, 2014, training was provided to all child protection staff in the SDA on the Screening Assessment tool, timeframes, and requirements for supervisory approval.

In July, 2014, training via Live Meeting on Chapter 3 of the Child Safety and Family Support Policies was provided to all staff in the SDA.

Between September and November, 2014, ICM Phase 4 training was provided to all staff in the SDA.

7. ACTION PLAN

Action	Person responsible	Date to be completed by
Tracking systems will be developed, shared with all Team Leaders and implemented to monitor and document the completion of the SDM assessment tools and Family Plans associated with incidents and ongoing protection service cases. These tracking systems will be provided to the Office of the Provincial Director of Child Welfare.	Sarah James	January 31, 2015