



South Fraser Service Delivery Area

Family Service Practice Audit

Report Completed: October 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 South Fraser Service Delivery Area (SDA) from July to December, 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 June 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 South Fraser SDA

Record status and type	Total number at SDA level	Sample size
Closed non-protection incident	891	55
Closed protection incident	1462	69
Open FS case	551	60
Closed FS case	116	43

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

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

In reviewing sampled records, the analysts focused on practice that occurred during a 12-month period (July 1, 2013 to June 30, 2014) leading up to the time when the audit was conducted (July - 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 a practice analyst identify for action any record that suggests a child may need protection under section 13 of the *Child, Family and Community Service Act*. During the audit process, the practice analyst watches for situations in which the information in a record suggests that a child may have been left in need of protection. When identified, the record is brought to the attention of the responsible team leader (TL) and community services manager (CSM), as well as the executive director of service (EDS), for follow up, as appropriate.

SERVICE DELIVERY

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

3. OVERVIEW OF SDA

3.1 Geography

The South Fraser Service Delivery Area (SDA) encompasses all communities in the area that extends from the Fraser River in the North to the USA border in the south, and from the Georgia Strait in the West to Abbotsford in the East. The SDA has a very diverse economic base with no dominant industry sector. There is a large immigrant and working class population as well as affluent areas. The major barrier to service is language; many new immigrants speak a variety of languages and dialects, and it is often difficult to find translators or service providers with these specific language and cultural skill sets.

3.2 Demographics

As shown in Table 2, the South Fraser SDA has a population of approximately 775,731 or about 17% of the provincial population (2014). Children and youth under 19 years of age number approximately 173,090, or about 18% of the provincial child population (2014). The Aboriginal population in the SDA is approximately 18,870. Within the Aboriginal population, there are about 6,875 children and youth under 19 years of age, representing approximately 4% of the SDA child population.

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

South Fraser SDA Population		South Fraser SDA Child Population by Age Cohort and Aboriginal Status				
	Total	0 - 18	0 - 2	3 - 5	6 - 12	13 - 18
All	775,731	173,090	25,238	26,353	62,221	59,278
Aboriginal	18,870	6,875	1,090	840	2,625	2,320

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 South Fraser SDA child population by age cohort and the percentage of the provincial child population represented by each cohort. For example, the table shows that 3 to 5 year-old children in the SDA comprise 20% of 3 to 5 year-old children in the province.

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

South Fraser SDA Child Population and Percentage of Provincial Child Population by Age Cohort		
0 - 2	25,238	19%
3 - 5	26,353	20%
6 - 12	62,221	20%
13 - 18	59,278	19%

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

The South Fraser SDA is comprised of 5 Local Service Areas (LSAs): Langley, Surrey North, Surrey South, Surrey East and Delta. The SDA uses a centralized screening model for all incidents. The centralized screening team is located in Surrey and they transfer open incidents to the Child Safety Teams (FDR, investigations) located in the LSAs for follow up. Most office locations, apart from the White Rock location, use a multi-disciplinary integrated team approach. Guardianship, Family Service, Child Safety, Youth Justice, and Child and Youth Mental Health teams are co-located and these teams report to their respective program's team leaders. In White Rock, the caseloads are mostly specialized according to program type, but all staff report to one team leader. The teams are located within each LSA and report up to the CSM responsible for that geographical area. There is also a designated multi-disciplinary Aboriginal team situated in Surrey that provides services to all off-reserve Aboriginal clients not served by the delegated Aboriginal agencies (DAAs). This Aboriginal team is managed by a separate CSM.

There are also three Child and Youth with Special Needs (CYSN) teams (Surrey, Delta and Langley). These teams provide support services for CYSN clients, with the Surrey team taking on CYSN guardianship cases for the entire SDA. There is also an adoption team located in Surrey that provides service to the entire SDA.

3.4 Staffing

Table 4 provides a count of the full time-equivalent (FTE) positions within each LSA at the time that the audit was conducted. The table shows that the ratio of team leaders to other professional staff (excluding the CSMs and EDS) was approximately 1 to 6, and the ratio of administrative staff to professional staff (including the CSMs and EDS) was approximately 1 to 5, for the SDA as a whole.

Table 4: Staffing by LSA

South Fraser SDA	Surrey North	Surrey South	Surrey East	Delta	Langley	Aboriginal	Total
Community Services Manager	1	1	1	1	1	1	6
Team Leader	6	5	5.5	8	6	8	38.5
CP Social Worker	15.5	17	13	10	16	20	91.5
Social Work Assistants	1	0	0	0	0	0	1
ECD Coordinator	0	0	0.75	0	0	0	0.75
FGC/OCC	0	0	0	2	0	2	4
Guardianship	3	0	2	2.5	2	6	15.5
Resources	5	5	0	0	6.3	6	22.3
Adoptions	0	0	0	6.1	0	0	6.1
CYMH	5.7	7.25	12	2.5	9.5	6	42.95
CYSN	0.6	0	0	16.6	0	0	17.2
Youth Justice/Youth Services	7	0	0	3	2.75	2.5	15.25
Administrative Support	7.5	7.62	6.5	12.6	7	12	53.22
Roots Worker	0	0	0	0	0	3	3
Total	52.3	42.87	40.75	64.3	50.55	66.5	317.27

Source: FTE Data Management Tool, August 2014

3.5 Strengths and Challenges

Surrey is Canada’s fastest growing community and population expansion is placing increasing stress on both staff and resources.

Geographic isolation is not an issue, as the SDA has access to well-developed public transportation systems and community services.

The SDA has a large number of senior staff and a strong network of experienced team leaders.

An additional strength is the level of innovative practice and service integration with community partners. For example, the SDA has partnered with the RCMP and other community agencies to develop Sophie’s Place, a multi-disciplinary, child-centred service for children who are victims of abuse. The SDA also works collaboratively with the Surrey Women’s Centre, by providing domestic violence workers, and with the Maxine Wright Community Health Centre, where a delegated child protection social worker works onsite. Additionally, the SDA has good working relationships with the DAAs.

The EDS described “staff turnover” as a major challenge. Related to the rapid population growth, caseloads are continually increasing and it is difficult to keep up with the demand for services. Additional challenges include: working in an area with diverse cultures and communities, staff developing necessary skills, and “succession planning” to develop internal capacity, fill key leadership positions in the future, and reduce the high turnover of staff.

3.6 Service Delivery to Aboriginal Children and Families

Within the SDA, services to Aboriginal children are provided by 2 delegated Aboriginal agencies: Fraser Valley Aboriginal Child and Family Services (district office located in Langley) which provides services to both on- and off-reserve First Nations people, and Métis Family Services, which provides services to Métis families throughout the SDA. Both agencies are fully delegated (C6 level).

SOUTH FRASER SDA FAMILY SERVICE PRACTICE AUDIT

This section provides information about the findings of the FS practice audit that was conducted in the South Fraser 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 (FS1 to FS30). The tables present findings for measures that correspond with specific components of the Child Protection Response Model and are labelled accordingly. Each table is followed by an analysis of the findings for each of the measures presented in the table.

Combined, there were 227 records in the samples that were selected for this audit. However, not all of the measures in the audit tool were applicable to all 227 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 55 closed non-protection incidents and 69 closed protection incidents.

Table 5: Report and Screening Assessment (N = 124)

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	124	121	98%	3	2%
FS 2: Conducting a Prior Contact Check (PCC)	124	100	81%	24	19%
FS 3: Assessing the Report about a Child or Youth’s Need for Protection	124	119	96%	5	4%
FS 4: Timeframe for Assessing the Report about a Child or Youth’s Need for Protection	124	102	82%	22	18%

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 **98%**. The measure was applied to all 124 records in the samples; 121 of the 124 records were rated achieved and 3 were rated not achieved. The 121 records rated achieved had comprehensive documented information on the report about a child or youth’s need for protection, and this information was used to inform an appropriate screening assessment response priority and response decision.

Of the 3 records rated not achieved, 1 contained insufficient detail about the nature of the report, 1 did not provide the details of the caller's history with the parents, and 1 appeared to be incomplete, as the caller's information ended in mid-sentence.

FS 2: Conducting a Prior Contact Check (PCC)

The compliance rate for this critical measure was **81%**. The measure was applied to all 124 records in the samples; 100 of the 124 records were rated achieved and 24 were rated not achieved. The 100 records rated achieved had a comprehensive and itemized summary of past involvements with the ministry, including when they occurred and what the outcomes were.

The 24 records rated not achieved either did not have PCCs or the PCCs did not adequately summarize past service involvements or the relevance of past service involvements to the reported concerns.

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

The compliance rate for this critical measure was **96%**. The measure was applied to all 124 records in the sample; 119 of the 124 records were rated achieved and 5 were rated not achieved. For a rating of achieved, this measure requires that the "identifying Information," "Assessment" and "Screening Decision" sections of the Screening Assessment form be completed in a comprehensive manner. The vast majority of records reviewed for this audit met these criteria.

All 5 records rated not achieved lacked a completed Screening Assessment form.

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

The compliance rate for this critical measure was **82%**. The measure was applied to all 124 records in the sample; 102 of the 124 records were rated achieved and 22 were rated not achieved. The 102 records rated achieved had a fully completed Screen Assessment form and the screening assessment had been completed within 24 hours of receiving the report.

Of the 22 records rated not achieved, 5 lacked a Screening Assessment and 17 had a Screening Assessment that had not been completed within the required 24 hour timeframe. Of the 17 Screening Assessments that had not been completed within the required timeframe, 10 were completed within 30 days, 5 were completed between 30 and 90 days, 1 was completed between 180 and 365 days, and 1 was completed more than a year after the report about a child or youth's need for protection was received. In regard to the records rated not achieved, the analysts who conducted the audit were able to confirm that the immediate safety of the children was not 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 55 closed non-protection incidents and 69 closed protection incidents.

Table 6: Response Decision (N = 124)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 5: Assigning an Appropriate Response Priority	124	105	85%	19	15%
FS 6: Timeframe for Assigning an Appropriate Response Priority	124	103	83%	21	17%
FS 7: Making an Appropriate Response Decision	124	124	100%	0	0%
FS 8: Making a Response Decision Consistent with the Assessment of the Report	124	111	90%	13	10%
FS 9: Timeframe for Making an Appropriate Response Decision	124	104	84%	20	16%
FS 10: Supervisory Approval of the Response Decision	124	27	22%	97	78%

FS 5: Assigning an Appropriate Response Priority

The compliance rate for this critical measure was **85%**. The measure was applied to all 124 records in the samples; 105 of the 124 records were rated achieved and 19 were rated not achieved. The 105 records rated achieved had an appropriate response priority on the Screening Assessment form.

Of the 19 records rated not achieved, 5 lacked a Screening Assessment, 1 had an inappropriate “high” response priority as the reported circumstances required an “urgent” response priority instead, and 13 were inappropriately screened out for a protection response. 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 6: Timeframe for Assigning an Appropriate Response Priority

The compliance rate for this critical measure was **83%**. The measure was applied to all 124 records in the sample; 103 of the 124 records were rated achieved and 21 were rated not achieved. In the 103 records rated achieved, relevant sections of the Screening Assessment form were completed and the response priority was assigned within 24 hours, as required.

Of the records rated not achieved, 5 lacked a Screening Assessment and 16 had response priorities that were not assigned within the required 24 hour timeframe. Of the 16 response priorities that had not been assigned within the required timeframe, 9 were assigned within 30 days, 5 were assigned between 30 and 90 days, 1 was assigned between 180 and 365 days, and 1 was assigned 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.

FS 7: Making an Appropriate Response Decision

The compliance rate for this critical measure was **100%**. The measure was applied to all 124 records in the sample; all of the records were rated achieved. To receive a rating of achieved, there had to be a documented response decision in the record. Critical measure FS 8 (below) was then applied to assess whether the response decision was consistent with the information gathered. In the 5 records that lacked 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 **90%**. The measure was applied to all 124 records in the sample; 111 of the 124 records were rated achieved and 13 were rated not achieved. The measure is not intended to assess the appropriateness of an INV versus FDR response but rather the appropriateness of a protection versus non-protection response. To receive a rating of achieved, there had to be a documented response decision that was consistent with the information gathered about the child protection report, and other recorded information. The majority of records in the samples met these criteria.

Of the 13 records rated not achieved, 1 had a response decision that had been changed to “no further action” after a protection response was initiated, however it did not meet the criteria for terminating a protection response; the remaining 12 records all had non-protection response decisions that were inconsistent with the information gathered from the callers. It should be noted that other information contained in these 12 records indicated that further information had been collected and supports or follow-up services had been subsequently provided to the families, which adequately addressed safety factors emerging from the initial reports and documented child welfare histories.

FS 9: Timeframe for Making an Appropriate Response Decision

The compliance rate for this critical measure was **84%**. The measure was applied to all 124 records in the samples; 104 of the 124 records were rated achieved and 20 were rated not achieved. In the 104 records rated achieved, it was possible to determine that the response decision was made within 5 calendar days of receiving the report about a child or youth’s need for protection.

In the 20 records rated not achieved, the response decision had not been determined and documented within the required 5-day timeframe. Specifically, 8 of the response decisions were documented within 30 days, 10 were documented between 30 and 90 days, 1 was documented between 90 and 180 days, and 1 was documented between 180 and 365 days 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.

FS 10: Supervisory Approval of the Response Decision

The compliance rate for this critical measure was **22%**. The measure was applied to all 124 records in the samples; 27 of the 124 records were rated achieved and 97 were rated not achieved. In the 27 records rated achieved, there was documentation indicating that the response

decision had been approved by the supervisor within 24 hours after the response decision was determined.

Of the 97 records rated not achieved, 4 lacked supervisory approval of the response decision and 93 had a response decision that was not approved within the required 24-hour timeframe. Of the 93 response decisions that were not approved within the required timeframe, 45 were approved within 30 days, 22 were approved between 30 and 90 days, 15 were approved between 90 and 180 days, 10 were approved between 180 and 365 days, and 1 was approved more than a year after the Screening Assessment was completed and the response decision determined.

4.3 Safety Assessment and Safety Plan

Table 7 provides compliance rates for measures FS 11 to FS 15, which have to do with completing a Safety Assessment, making a safety decision, and developing a Safety Plan. The rates are presented as percentages of all records to which the measures were applied. The records include the sample of 69 closed protection incidents augmented with 13 closed non-protection incidents that were found to have inappropriate non-protection responses. The note below the table provides the number of records for which one of the measures was not applicable and explains why.

Table 7: Safety Assessment and Safety Plan (N = 82)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 11: Completing the Safety Assessment Process	82	42	51%	40	49%
FS 12: Completing the Safety Assessment Form	82	25	30%	57	70%
FS 13: Making a Safety Decision Consistent with the Safety Assessment	82	61	74%	21	26%
FS 14: Involving the Family in the Development of a Safety Plan*	53	7	13%	46	87%
FS 15: Supervisory Approval of the Safety Assessment and the Safety Plan	82	62	76%	20	24%

* This measure was not applicable to 29 records because safety factors were not identified in the safety assessments in those records.

FS 11: Completing the Safety Assessment Process

The compliance rate for this critical measure was **51%**. The measure was applied to all 82 records in the augmented sample; 42 of the 82 records were rated achieved and 40 were rated not achieved. In the 42 records rated achieved, it was possible to determine that the safety assessment process had been completed during the first in-person meeting with the family, and the children had been seen.

Of the 40 records rated not achieved, 11 had no information indicating that the safety assessment process had been completed and 29 had information indicating that the safety assessment process

had not been completed during the first in-person meeting with the family and/or the children had not been seen. In regard to the records rated not achieved, the analysts were able to confirm that the immediate safety of the children was not affected.

FS 12: Completing the Safety Assessment Form

The compliance rate for this critical measure was **30%**. The measure was applied to all 82 records in the augmented sample; 25 of the 82 records were rated achieved and 57 were rated not achieved. In the 25 records rated achieved, it was possible to determine that the Safety Assessment form had been completed within 24 hours after completion of the safety assessment process with the family, and the safety decision was recorded on the form.

Of the 57 records rated not achieved, 18 lacked a completed Safety Assessment form (this includes 1 form that was partially completed) and 39 had a Safety Assessment form that was not completed within the required 24-hour timeframe. Specifically, 21 safety assessment forms were completed within 30 days, 6 were completed between 30 and 90 days, 5 were completed between 90 and 180 days, 6 were completed between 180 and 365 days, and 1 was completed more than a year after the safety assessment process had been completed with the family. In regard to the records rated not achieved, the analysts were able to confirm that the immediate safety of the children was not affected.

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

The compliance rate for this critical measure was **74%**. The measure was applied to all 82 records in the augmented sample; 61 of the 82 records were rated achieved and 21 were rated not achieved. In the 61 records rated achieved, it was possible to determine that the completed Safety Assessment form and safety decision were consistent with the results of the safety assessment process.

Of the 21 records rated not achieved, 18 lacked a completed Safety Assessment form and 3 had a documented safety decision that was not consistent with the information gathered in the Safety Assessment form. Specifically, all 3 records had “safe” as the safety decision even though the child protection worker had identified safety factors on the Safety 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 14: Involving the Family in the Development of a Safety Plan

The compliance rate for this critical measure was **13%**. The measure was applied to 53 of the 82 records in the augmented sample; 7 of the 53 records were rated achieved and 46 were rated not achieved. In the 7 records rated achieved, there was a documented safety plan and it was evident that the plan had been developed collaboratively with the family, or when necessary during an investigation, the information had been gathered and the safety plan developed without involving the parent(s).

Of the 46 records rated not achieved, 18 lacked a completed Safety Assessment form, 3 had an inappropriate “safe” safety decision, and 25 had an appropriate “safe with interventions” safety decision, but lacked a written Safety Plan. 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 15: Supervisory Approval of the Safety Assessment and Safety Plan

The compliance rate for this critical measure was **76%**. The measure was applied to all 82 records in the augmented sample; 62 of the 82 records were rated achieved and 20 were rated not achieved. In the 62 records rated achieved, there was evidence that the Safety Assessment form (including the Safety Plan, when appropriate) had been approved by the supervisor.

Of the 20 records rated not achieved, 18 lacked a completed Safety Assessment form and 2 lacked supervisory approval of the completed Safety Assessment form and Safety Plan.

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 include the sample of 69 closed protection incidents augmented with 13 closed non-protection incidents that had an inappropriate non-protection response.

Table 8: Vulnerability Assessment (N = 82)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 16: Completing the Vulnerability Assessment Form	82	64	78%	18	22%
FS 17: Timeframe for Completing the Vulnerability Assessment Form	82	16	20%	66	80%
FS 18: Determining the Final Vulnerability Level	82	64	78%	18	22%

FS 16: Completing the Vulnerability Assessment Form

The compliance rate for this critical measure was **78%**. The measure was applied to all 82 records in the augmented sample; 64 of the 82 records were rated achieved and 18 were rated not achieved. In the 64 records rated achieved, the Vulnerability Assessment form was fully completed and there was evidence of supervisory approval.

All 18 records rated not achieved lacked a completed Vulnerability Assessment form.

FS 17: Timeframe for Completing the Vulnerability Assessment Form

The compliance rate for this critical measure was **20%**. The measure was applied to all 82 records in the augmented sample; 16 of the 82 records were rated achieved and 66 were rated not achieved. In the 16 records rated achieved, it was evident that the Vulnerability Assessment form had been completed within the required 30-day timeframe.

Of the 66 records rated not achieved, 18 lacked a completed Vulnerability Assessment form and 48 contained a Vulnerability Assessment form that had not been completed within the required 30-day timeframe. Of the 48 Vulnerability Assessments that had not been completed within the required timeframe, 19 were completed between 30 and 90 days, 15 were completed between 90

and 180 days, 11 were completed between 180 and 365 days, and 3 were completed more than a year after the report about a child or youth’s need for protection had been received.

FS 18: Determining the Final Vulnerability Level

The compliance rate for this critical measure was **78%**. The measure was applied to all 82 records in the augmented sample; 64 of the 82 records were rated achieved and 18 were rated not achieved. In the 64 records rated achieved, the final vulnerability level was consistent with the information gathered in the Vulnerability Assessment form.

All 18 records rated not achieved lacked a completed Vulnerability Assessment form and consequently the final vulnerability level was also lacking. In regard to the records rated not achieved, the analysts were able to confirm that the immediate safety of the children was not affected.

4.5 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 69 closed protection incidents augmented with 13 closed non-protection incidents that had an inappropriate non-protection response.

Table 9: Protection Services (N = 82)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 19: Making an Appropriate Decision on the Need for Protection Services	82	64	78%	18	22%
FS 20: Supervisory Approval of the Decision on the Need for Protection Services	82	66	80%	16	20%

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

The compliance rate for this critical measure was **78%**. The measure was applied to all 82 records in the augmented sample; 64 of the 82 records were rated achieved and 18 were rated not achieved. In the 64 records rated achieved, it was possible to determine that the documented decision on the need for protection services was consistent with all of the information gathered.

In the 18 records rated not achieved, the decision on the need for protection services appeared to be inconsistent with the information gathered. Specifically, each of these incidents had been closed without opening a family service case despite the existence of possible safety factors. In reviewing these records, the analysts found information indicating that either informal community or familial supports were involved, or follow-up services were subsequently provided, which adequately addressed the possible safety factors in existence at the time that the decision to close each of these incidents was made.

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

The compliance rate for this critical measure was **80%**. The measure was applied to all 82 records in the augmented sample; 66 of the 82 records were rated achieved and 16 were rated not achieved. In the 66 records rated achieved, it was possible to find evidence of supervisory approval of the decision on the need for protection services.

All 16 records rated not achieved lacked supervisory approval of the decision on the need for protection services.

4.6 Strengths and Needs Assessment

Table 10 provides compliance rates for measures FS 21 and FS 22, which have to do with completing a Family and Child Strengths and Needs Assessment and obtaining supervisory approval for that assessment. The rates are presented as percentages of all records to which the measures were applied. The records included the samples of 60 open FS cases and 43 closed FS cases, augmented with 8 protection incidents in which both the FDR assessment and protection phases had been initiated.

Table 10: Strengths and Needs Assessment (N = 111)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 21: Completing a Family and Child Strengths and Needs Assessment	111	63	57%	48	43%
FS 22: Supervisory Approval of the Family and Child Strengths and Needs Assessment	111	50	45%	61	55%

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

The compliance rate for this critical measure was **57%**. The measure was applied to all 111 records in the augmented samples; 63 of the 111 records were rated achieved and 48 were rated not achieved. In the 63 records rated achieved, the Family and Child Strengths and Needs Assessment form was fully completed.

Of the 48 records rated not achieved, 43 lacked a completed Family and Child Strengths and Needs Assessment altogether (this includes 1 record that contained a blank assessment form) and 5 had a partially completed Family and Child Strengths and Needs Assessment form.

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

The compliance rate for this critical measure was **45%**. The measure was applied to all 111 records in the augmented samples; 50 of the 111 records were rated achieved and 61 were rated not achieved. In the 50 records rated achieved, there was a fully completed Family and Child Strengths and Needs Assessment and evidence that the assessment had been approved by the supervisor.

Of the 61 records rated not achieved, 48 lacked a fully completed Family and Child Strengths and Needs Assessment and 13 had a fully completed assessment, but it was not evident that the assessment had been approved by the supervisor.

4.7 Family Plan

Table 11 provides compliance rates for measures FS 23 to FS 26, which have to do with developing a Family Plan, integrating the Safety Plan into 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 60 open FS cases and 43 closed FS cases augmented with 8 protection incidents in which both FDR assessment and protection phases were initiated.

Table 11: Family Plan (N = 111)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 23: Developing a Family Plan with the Family	111	28	25%	83	75%
FS 24: Integrating the Safety Plan into the Family Plan	111	14	13%	97	87%
FS 25: Timeframe for Completing the Family Plan and Integrating the Safety Plan	111	17	15%	94	85%
FS 26: Supervisory Approval of the Family Plan	111	22	20%	89	80%

FS 23: Developing a Family Plan with the Family

The compliance rate for this critical measure was **25%**. The measure was applied to all 111 records in the augmented samples; 28 of the 111 records were rated achieved and 83 were rated not achieved. In the 28 records rated achieved, it was possible to determine that a Family Plan had been developed in collaboration with the family.

Of the 83 records rated not achieved, 80 lacked the Family Plan altogether and 3 had a Family Plan that did not appear to have been developed in collaboration with the family. In regard to the records rated not achieved, the analysts were able to confirm that the immediate safety of the children was not affected.

FS 24: Integrating the Safety Plan into the Family Plan

The compliance rate for this critical measure was **13%**. The measure was applied to all 111 records in the augmented samples; 14 of the 111 records were rated achieved and 97 were rated not achieved. In the 14 records rated achieved, it was possible to observe that elements of a Safety Plan that needed to stay in place had been integrated into the Family Plan, or the Family Plan had been completed without the need to integrate elements of a Safety Plan.

Of the 97 records rated not achieved, 80 lacked a Family Plan altogether and 17 had a Family Plan that lacked elements of a Safety Plan associated with a previous closed incident that needed to stay in place. In regard to the records rated not achieved, the analysts were able to confirm that the immediate safety of the children was not affected.

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

The compliance rate for this critical measure was **15%**. The measure was applied to all 111 records in the augmented samples; 17 of the 111 records were rated achieved and 94 were rated not achieved. In the 17 records rated achieved, the Family Plan had been completed within the required timeframe.

Of the 94 records rated not achieved, 80 lacked a Family Plan altogether and 14 had a Family Plan that had not been completed within the required timeframe. Specifically, the analysts looked for a Family Plan that had been completed within 15 days of completing the FDR assessment phase; within 30 days of completing the FDR or INV, when the case remained with the original child protection worker; or within 30 days of the date of transfer, when the case was transferred to a new child protection worker after completing the FDR or INV.

Of the 14 Family Plans that were not completed within the required timeframe, 1 was completed between 30 and 90 days and another was completed between 90 and 180 days after completing the FDR or INV (in situations where the case remained with the original child protection worker). In addition, 2 were completed between 30 and 90 days, 4 were completed between 90 and 180 days, 5 were completed between 180 and 365 days, and 1 was completed more than a year after the date of transfer (in situations where the case was transferred to a new child protection worker).

FS 26: Supervisory Approval of the Family Plan

The compliance rate for this critical measure was **20%**. The measure was applied to all 111 records in the augmented samples; 22 of the 111 records were rated achieved and 89 were rated not achieved. In the 22 records rated achieved, it was evident that the Family Plan had been completed and approved by the supervisor.

Of the 89 records rated not achieved, 80 lacked a Family Plan altogether and 19 had a Family Plan, but it was not evident that the plan had been approved by the supervisor.

4.8 Vulnerability Re-assessment and Reunification Assessment

Table 12 provides compliance rates for measures FS 27 and FS 28, which have to do with the completion of either a Vulnerability Re-assessment or a Reunification Assessment within a prescribed timeframe. The rates are presented as percentages of all records to which the measures were applied. The records included the samples of 60 open FS cases and 43 closed FS cases, augmented with 8 protection incidents in which both FDR assessment and protection phases were initiated. The note below the table provides the numbers of records for which the measures were not applicable and explains why.

Table 12: Vulnerability Re-assessment and Re-unification Assessment (N = 111)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 27: Completing a Vulnerability Re-Assessment or a Re-Unification Assessment*	110	61	55%	49	45%
FS 28: Timeframe for Completing a Vulnerability Re-Assessment or a Reunification Assessment*	110	28	25%	82	75%

*These measures were not applicable to 1 record because the FDR protection phase had been open for less than 4 months.

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

The compliance rate for this critical measure was **55%**. The measure was applied to all 110 records in the augmented samples; 61 of the 110 records were rated achieved and 49 were rated not achieved. In the 61 records rated achieved, it was evident that the required Vulnerability Re-assessment or Reunification Assessment had been completed.

Of the 49 records rated not achieved, 38 lacked the required Vulnerability Re-Assessment and 11 lacked the required Reunification Assessment.

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

The compliance rate for this critical measure was **25%**. The measure was applied to all 110 records in the augmented samples; 28 of the 110 records were rated achieved and 82 were rated not achieved. In the 28 records rated achieved, it was possible to determine that the Vulnerability Re-assessment or Reunification Assessment had been completed within the required timeframe.

The analysts looked for a Vulnerability Re-assessment or Reunification Assessment that had been completed within the 6-month formal reassessment cycle that occurs prior to closing an ongoing protection services case, or at the time when a case was transferred, if the previous assessment was more than 3 months old or no longer relevant.

Of the 82 records rated not achieved, 49 lacked the required Vulnerability Re-Assessment or Reunification Assessment and 33 had a Vulnerability Re-assessment or Reunification Assessment that had not been completed within the prescribed timeframe.

4.9 Ending Protection Services

Table 13 provides compliance rates for measures FS 29 and FS 30, which have to do with ending protection services. The rates are presented as percentages of all records to which the measures were applied. The records included the selected sample of 43 closed FS cases augmented with 8 closed protection incidents in which both the FDR assessment and protection phases were initiated.

Table 13: Ending Protection Services (N = 51)

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 29: Making an Appropriate Decision on Ending FDR Protection Services or Ongoing Protection Services	51	44	86%	7	14%
FS 30: Supervisory Approval of Decision on Ending FDR Protection Services or Ongoing Protection Services	51	46	90%	5	10%

FS 29: Making an Appropriate Decision on Ending Protection Services

The compliance rate for this critical measure was **86%**. The measure was applied to all 51 records in the augmented sample; 44 of the 51 records were rated achieved and 7 were rated not achieved. In the 44 records rated achieved, it was possible to observe that the criteria in the standard were met before the decision to end FDR protection services, or ongoing protection services, was made.

In the 7 records rated not achieved, documentation was missing on one or more of the following criteria: achievement of the goals in the Family Plan; resolution of child protection concerns; safe management of vulnerabilities; and ability of family to access and use resources to help resolve problems that could arise in the future.

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

The compliance rate for this critical measure was **90%**. The measure was applied to all 51 records in the augmented sample; 46 of the 51 records were rated achieved and 5 were rated not achieved. In the 46 records rated achieved there was evidence of supervisory approval of the decision to end FDR protection services or ongoing protection services.

In all of the records rated not achieved, supervisory approval of the decision to end FDR protection services, or ongoing protection services, was not documented.

Records Identified for Action

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

5. OBSERVATIONS AND THEMES

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

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

5.1 Screening Process

The critical measure associated with obtaining full and detailed information about a child or youth's need for protection showed a 98% compliance rate, indicating that the information gathered in the vast majority of records was thorough and included relevant details. Compliance with screening requirements remained high. For instance, the compliance rate for completion of a prior contact check was 81%; the analysts found 6 records (5% of the sample) that did not contain a prior contact check and an additional 18 records (14% of the sample) that contained prior contact checks that lacked the necessary details about the family's previous involvement with the ministry, the family's responsiveness in addressing previous concerns, and the effectiveness of services that were previously provided. The measure associated with completion of the Screening Assessment form had a very high completion rate (96%), and because a majority of records contained a fully completed Screening Assessment, there were high compliance rates for measures associated with completing the form within the required timeframe (83%), assigning an appropriate response priority (85%) and assigning the response priority within the required timeframe (83%).

There was a perfect (100%) compliance rate for determining and documenting the response decision (FS 7), and the response decision was found to be appropriate (FS 8) 90% of the time. However, it should be noted that 13 records were rated not achieved for FS 8 because they had been assigned non-protection responses even though there were past and/or current child welfare concerns that needed to be addressed. There was a high compliance rate (84%) for making appropriate response decisions within the required timeframe (FS 9). In contrast, the measure associated with supervisory approval of the response decision (FS 10) showed a very low compliance rate (22%). Specifically, the analysts found 4 records that did not have supervisory approval of the response decision documented and 93 records that had documented supervisory approval, but not within the required timeframe. In this group of 93 records, supervisors had reviewed and approved the response decisions an average of 73 days after the Screening Assessments were completed and/or the workers had recorded the response decisions in ICM.

5.2 Use of the Structured Decision Making Tools

Overall, there is room for improvement in the use of the SDM assessment and planning tools, which provide a foundation for critical decisions in the provision of effective child protection services. Low compliance rates for completion of the Safety Assessment process (51%) and the Safety Assessment form (30%) reflect both a lack of documentation and a lack of timeliness. Within the sampled records, 13% did not contain information indicating that the Safety Assessment process was undertaken and an additional 36% did not contain information about some of the required steps in the process. In 22% of the records the Safety Assessment form was not completed, and in an additional 48% of the records the form was not completed within 24 hours following completion of the Safety Assessment process. Of the forms that were not completed within the 24-hour timeframe, the average time taken to complete them was 87 days.

When the analysts compared the safety decision to the information gathered within the completed Safety Assessment form, the decision appeared to be consistent with the information on the form 95% of the time. Despite this high rate of achievement, the analysts noted that there was some

confusion about the purpose of the Safety Assessment. For example, many of the forms included information about the likelihood of future maltreatment, which is a component of the Vulnerability Assessment. Consequently, many of the “safe with interventions” safety decisions, although consistent with identified safety factors, were not based on conditions and safety issues that were present at the time of the first face-to-face contact with the family, but rather on the likelihood of future maltreatment. This confusion was found to be, along with the lack of a completed Safety Assessment form, one of the two principle causes for the low (13%) compliance rate for developing a Safety Plan (FS 14).

The analysts found a higher (78%) compliance rate for completion of the Vulnerability Assessment form (FS 16) and the final vulnerability level was found to be appropriate in all of the records rated achieved for FS 16. With respect to timeliness, 58% of the required Vulnerability Assessment forms were completed more than 30 days after the report about a child or youth’s need for protection was received; the average time that it took to complete these forms was 160 days.

The compliance rate for making an appropriate decision on the need for protection services (FS 19) was moderately high (78%). However, the measures associated with the provision of ongoing protection services had moderate to low compliance rates. About 57% of the applicable records had a completed Family and Child Strengths and Needs Assessment attached in ICM, or in the physical file. Completed Family Plans were found in only 25% of applicable records, and Vulnerability Re-assessments or Reunification Assessments were found in 55% of applicable records.

5.3 Supervisory Approval

There are 6 critical measures in the FS Practice Audit tool that have to do with obtaining and documenting supervisory approval. Three of the measures have to do with supervisory approval of a decision, including the response decision (FS 10), the decision on the need for protection services (FS 20), and the decision on ending protection services (FS 30). The analysts found a low (22%) compliance rate for documenting supervisory approval of the response decision (FS 10), a high (80%) compliance rate for documenting supervisory approval of the decision on the need for protection services (FS 20), and a very high (90%) compliance rate for supervisory approval of the decision on ending protection services (FS 30). 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). These measures showed some variability. For example, supervisory approval of the Safety Assessment and Safety Plan had a moderately high compliance rate of 76%, while supervisory approval of the Family and Child Strengths and Needs Assessment had a low compliance rate of 45%, and supervisory approval of the Family Plan had a very low compliance rate of 20%. Although the lower compliance rates can be partially explained by the absence of necessary SDM tools, there was also 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 the Safety Assessment and Safety Plan a considerable amount of time after the social worker had completed the form and often just prior to the closure of the

incident. This pattern was also evident with regard to supervisory approval of the Vulnerability Assessment, which was often documented at the same time as supervisory approval of a related Safety Assessment. 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 or FDR assessment phase were open well beyond the 30-day timeframe set in policy. Also, measures that have to do with the completion of SDM tools and documentation of supervisory approval within specific timeframes had compliance rates ranging from a high of 82% to a low of 15%. Overall, the compliance rates for measures associated with timeframes for completing SDM tools and documenting supervisory approval at the front end of the SDM process (FS 4, FS 6, FS 9,) were higher than the compliance rates for measures associated with timeframes for completing the tools and documenting supervisory approval later on in the process (FS 10, FS 11, FS 12, FS 17, FS 25, and FS 28). In other words, the timeframes were met much more often when completing the screening assessment process (82%), assigning an appropriate response priority (83%) and making an appropriate response decision (84%) than they were when documenting supervisory approval of the response decision (22%), completing the safety assessment process (51%), completing the Safety Assessment form (30%), completing the Vulnerability Assessment form (20%), completing the Family Plan (15%), and completing the Vulnerability Re-assessment or Reunification Assessment (25%).

5.5 Collaborative Practice

The analysts noted low rates of compliance in areas of practice that require collaboration with family members. To assess collaborative practice, the analysts looked for a Safety Plan and Family Plan that were signed by family members, or meeting notes and emails indicating that family members 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 very low (13%). This rate was greatly affected by the lack of a Safety Assessment and/or written Safety Plan rather than the lack of information indicating that the family had been involved in developing the plans, or had been provided with copies of the plans. The compliance rate for developing the Family Plan in collaboration with the family (FS 23) was slightly higher (25%). This rate was also affected by the absence of a Family Plan in the vast majority of the records. However, the analysts observed that social workers discussed elements of planning with clients and service providers, and Integrated Case Planning Conferences (ICPC) were noted in some of the records, although the documents produced at these meetings did not meet all of the requirements necessary for a rating of achieved. When planning did occur, it was often coordinated by the social worker through consultations with single individuals or service providers, and the resulting plan was often fragmented, within multiple documents.

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.

In January, 2015, a dedicated Collaborative Practice Team was fully implemented within the SDA.

7. ACTION PLAN

Action	Person responsible	Date to be completed by
<p>1. Provide training to all team leaders (TLs) and senior delegated staff in all child protection offices on the following practice standards and related procedures in Chapter 3 of the Child Safety and Family Support Policies and related Practice Guidelines for Using SDM Assessment Tools:</p> <ul style="list-style-type: none"> – 3.2 (5-8), 3.3 (9-12): Conducting a Safety Assessment and Developing a Safety Plan – 3.2 (16-18), 3.3 (17-19): Conducting a Vulnerability Assessment – 3.2 (29-30), 3.6 (3-5): Completing the 	Karen Blackman	March 31, 2016

<p>Family and Child Strengths and Needs Assessment</p> <ul style="list-style-type: none"> - 3.2 (31-32), 3.6 (6-8): Creating and Implementing a Family Plan - 3.2 (35): Reassessing at the End of the FDR Protection Services Phase - 3.7 (3-4): Reassessing in the Practice Cycle. 		
<p>2. All child protection TLS will develop and implement tracking systems to monitor and document completion of the SDM assessment tools (including safety plans and family plans) associated with protection incidents and ongoing protection services cases. These tracking systems will be provided to the Office of the Provincial Director of Child Welfare.</p>	<p>Karen Blackman</p>	<p>January 30, 2016</p>