



North Central Service Delivery Area

# Family Service Practice Audit

Report Completed: March 2014

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## SECTION I: INTRODUCTION

This section of the report provides information about the purpose and methodology of the Family Service (FS) practice audit that was conducted in the North Central Service Delivery Area (SDA) in April and May 2013.

### 1. PURPOSE

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

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

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

### 2. METHODOLOGY

Three samples of FS records were selected from lists of data extracted from the Integrated Case Management (ICM) system on February 21, 2013, using the simple random sampling technique. The data lists consisted of closed non-protection incidents and service requests, closed protection incidents, and open and closed FS cases. The data within each list were randomized at the SDA level and samples were selected at a 90% confidence level, with a 10% margin of error.

**Table 1: Selected Records**

Record status and type	Total number at SDA level	Sample size
Closed non-protection incidents and service requests	256	54
Closed protection incidents	431	59
Open and closed cases	1030	64

Specifically, the three samples consisted of:

1. Non-protection incidents closed between August, 2012, and January, 2013, where the response was *offer child and family services, youth services, refer to community agency, or no further action*, and service requests closed between August, 2012, and January, 2013, of the types *Request Service: CFS* and *Request Service: CAPP*. Closed was determined based on data entered in the closed date field.
2. Protection incidents closed between August, 2012, and January, 2013, where the response was *investigation or family development response*. Closed was determined based on data entered in the closed date field.

3. FS cases open on January 31, 2013, that had been open for at least two months, and FS cases closed between August, 2012, and January, 2013.

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

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

In reviewing sampled records, the analysts focused on practice that had occurred during a 12-month period (March 1, 2012 - February 28, 2013) leading up to the time when the audit was conducted (April and May, 2013). During this 12-month period, there were two ministry-wide initiatives that directly affected practice: Implementation of Chapter 3 of the *Child Safety and Family Support Policies*, and implementation of the ICM system. Chapter 3 contained new child protection policy, procedures and standards, including Structured Decision Making (SDM) tools.

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

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

## SECTION II: SERVICE DELIVERY

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

### 3. OVERVIEW OF SDA

#### 3.1 GEOGRAPHY

The North Central SDA is located in the central interior of BC. The SDA consists of three Local Service Areas (LSAs): Quesnel, Nechako Lakes, and Prince George. The SDA's boundaries roughly encompass the communities of McBride-Valemount to the east, Quesnel to the south, Vanderhoof and Burns Lake to the west, and Mackenzie and Fort St. James to the north and northwest. There are several First Nations communities in the SDA, some of which are located as far as 240km from these main communities. Several First Nations communities in the SDA are accessible only by logging road, and some are accessible only by air transportation.

#### 3.2 DEMOGRAPHICS

As shown in Table 2, the North Central SDA has a population of approximately 145,543 people, or 3.1% of the provincial population (2013). Children and youth under 19 years of age number about 32,190, or 3.6% of the provincial child population (2013). The Aboriginal population in the SDA is approximately 17,980. Within the Aboriginal population, there are about 6,965 children and youth under 19 years of age, representing approximately 21.6% of the SDA child population (2006 Census).

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

North Central SDA Population		North Central SDA Child Population by Age Cohort and Aboriginal Status				
		0 - 18	0 - 2	3 - 5	6 - 12	13 - 18
All	145,543	32,190	4,712	5,146	11,437	10,895
Aboriginal	17,980	6,965	925	950	2,935	2,155

Source: MCFD Operational Performance & Strategic Management Report, October 2012 – March 2013

Table 3 shows the North Central SDA child population by age cohort and the percentage of the provincial child population represented by each cohort. For example, the table shows that three to five year-old children in the SDA comprise 3.7% of three to five year-old children in the province.

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

North Central SDA Child Population by Age Cohort	Percentage of Provincial Child Population
0 - 2	3.5%
3 - 5	3.7%
6 - 12	3.6%
13 - 18	3.6%

Source: MCFD Operational Performance & Strategic Management Report, October 2012 – March 2013

### **3.3 SERVICE DELIVERY**

The North Central SDA has offices in Prince George, Mackenzie, McBride/Valemount, Quesnel, Vanderhoof, Fort St. James, and Burns Lake. Some of these offices provide a range of intake and family services, while others are more specialized in areas such as adoption and resources. As the largest urban centre with a population of approximately 80,000, Prince George has both integrated and specialized offices, while smaller communities may have integrated offices with service specialists within those offices (e.g., resources, youth justice, etc.).

Prince George provides direct service for the communities of Tsey Keh/Kwadacha, north of Mackenzie because air transportation to those communities is more convenient and saves several hours of driving time. Prince George also provides supervision for staff located in smaller offices in McBride/Valemount and Mackenzie. Every LSA provides child safety and family support services (including resources and guardianship) for the communities within its geographic area. Other core services, such as adoption services and services for children and youth with special needs, may be delivered by teams located in Prince George, or elsewhere within the SDA.

### **3.4 STAFFING**

The SDA management team consists of an Executive Director of Service (EDS) and five Community Services Managers (CSMs). Child welfare staff includes the CSMs, as well as team leaders, child protection social workers, guardianship social workers, and resource social workers. Team leaders also supervise adoption and permanency planning workers, child and youth with special needs workers, child and youth mental health staff (includes a psychologist and nurses), and youth justice workers. Some team leaders supervise integrated teams with a mix of professional staff. The professional staff teams are supported by administrative staff.

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

**Table 4: Staffing by LSA**

Position	Quesnel	Nechako Lakes	Prince George	Total
Community Services Manager	1	1	3	5
Team Leader	4	3	11	18
Child Protection	11	11	33	55
Social Worker Assistant	0	1	1	2
FGC/OCC			2	2
Guardianship	2	0.5	4	6.5
Resources	2	1	8	11
Adoption	1		2.5	3.5
Child and Youth Mental Health	2.75			2.75
Child and Youth with Special Needs	1		5	6
Youth Justice	1	1	4	6
Administrative Support	3	7	19.25	29.25
Total	28.75	25.5	92.75	147

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

### 3.5 STRENGTHS AND CHALLENGES

The EDS reported that there were challenges and strengths within the SDA. The SDA encompasses a vast geographic area and contains the largest urban centre in the northern region of the province (Prince George) with many smaller municipalities surrounding it. There are also many First Nations communities located in remote areas of the SDA. This creates challenges in terms of physically accessing these areas to provide timely service. As a result, the SDA has developed positive relationships with community professionals and RCMP staff in many small communities, to facilitate coordination of services. Maintaining these positive relationships takes time and good communication.

Prince George is a centre with many specialized services—including mental health and addiction services, youth justice services, a children’s behavioural assessment centre, pediatricians, a pediatric ward at the hospital, and a child abuse screening clinic—that are accessed by families living throughout northern BC. As a result, ministry staff often provide short term supports for these families while they are accessing specialized services in Prince George.

Some ministry staff, such as adoption workers, youth justice workers, and child and youth mental health workers, must travel to rural areas to provide these specialized services, which are not immediately available in small communities.

The SDA and each LSA within the SDA also provide a variety of contracted services to support children, youth and families. To ensure effective and efficient contracted service delivery, close communication and good contract management practices are required.

The SDA has professionals in CSM roles with a great breadth of background knowledge and experience. Many offices in the SDA also have experienced team leaders, clinical practitioners, and administrative support staff. As in any other SDA, some staff are relatively inexperienced in their roles, requiring strong mentorship. Hiring and retention is a constant challenge for the North Central SDA, particularly in the smaller communities.

The SDA has a wide socio-economic composition. Some areas within the SDA have high scores on the Early Development Instrument (EDI) while others have some of the lowest scores in the province. This creates some additional pressures in the location, configuration and accessibility of programs for children who live in areas that have significant socio-economic challenges.

### **3.6 SERVICE DELIVERY TO ABORIGINAL CHILDREN AND FAMILIES**

Ministry offices serving Aboriginal children, youth and families were included in this audit, and delegated Aboriginal agencies (DAAs) with C6 Child Protection Delegation are currently being audited with the same FS Practice Audit tool, although neither of the two DAAs in the North Central SDA have C6 Child Protection Delegation.

The two DAAs in the SDA are Nezul Be Hunuyeh Child and Family Services and Carrier Sekani Family Services. Both are C4 delegated agencies with responsibility for service delivery in communities west and northwest of Prince George. Both work with children, youth and families in their communities, and both have non-delegated service contracts with the ministry. In addition, the ministry has contracts with non-delegated Aboriginal service providers, including friendship centres, Métis organizations, and other Aboriginal contractors. One First Nation south of Quesnel has a formal service agreement with a DAA in Williams Lake, which is located in an adjoining SDA.

## **SECTION III: FAMILY SERVICE PRACTICE AUDIT**

This section provides information about the findings of the FS practice audit that was conducted in the North Central SDA in April and May, 2013.

### **4. FINDINGS AND ANALYSIS**

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

There were a combined total of 177 records in the samples selected for the audit. Eleven of these records were subsequently assessed by the practice analysts as “Not Applicable” for every measure in the audit tool and discarded, leaving a revised combined total of 166 records in the samples. However, not all of the 166 records were assessed as applicable for every measure in the audit tool. The “n” under each measure in the tables refers to the number of records for which the measure was applicable.

#### **4.1 SCREENING ASSESSMENT AND RESPONSE DECISION**

Table 5 provides compliance rates for measures FS1.1 to FS3.1, which have to do with receiving, screening and responding to child protection reports, or requests for service. The rates are presented as percentages of records to which the measures were applied. The records included service requests, closed incidents, and open and closed cases. There were a total of 166 of these records in this sample. The notes below the table provide the number of records for which the measures were assessed as “Not Applicable” and explain why.

**Table 5: Screening Assessment and Response Decision (Number of records in sample = 166)**

<b>Critical Measure</b>	<b>Achieved</b>	<b>Partially Achieved</b>	<b>Not Achieved</b>
FS1.1 Obtaining a child protection report or request for service n=125*	86% (108/125)		14% (17/125)
FS1.2 Assessing the child protection report or request for service n=125*	38% (47/125)	8% (10/125)	54% (68/125)
FS2.1 Timeframe for assigning the response priority n=95**	22% (21/95)		78% (74/95)
FS2.2 Determining an appropriate response priority n=95**	38% (36/95)		62% (59/95)
FS3.1 Determining the response n=97***	57% (55/97)	14% (14/97)	29% (28/97)
FS3.2 Supervisory approval of the response n=97***	60% (58/97)		40% (39/97)
FS3.3 Response decision consistent with the assessment information n=125*	60% (75/125)		40% (50/125)

\* 41 records were assessed as “Not Applicable” because they fell outside the audit timeframe

\*\*71 records were assessed as “Not Applicable” (41 fell outside the audit timeframe, 28 were requests for support services, and 2 were reports that did not require a screening assessment)

\*\*\* 69 records were assessed as “Not Applicable” (41 fell outside the audit timeframe, and 28 did not require a screening assessment)

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

The compliance rate for this critical measure was **86%**. The measure was applicable to 125 of the 166 records in the sample; 108 of the 125 records were rated as achieved and 17 were rated as not achieved. Records that were rated as not achieved contained insufficient detail about the report or request for service. In some instances, the practice analysts who conducted the audit were unable to determine whether the records were child protection reports or requests for service because the information in the Notes tabs in ICM were vague or ambiguous and there was no information indicating that the callers had terminated the calls prematurely. In regard to the records rated as not achieved, the analysts found no information indicating that a child may have been left at risk of harm.

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

The compliance rate for this critical measure was **38%**, with an additional **8%** partial compliance. The measure was applicable to 125 of the 166 records in the sample; 47 of the 125 records were rated as achieved, 10 were rated as partially achieved, and 68 were rated as not achieved. Partial compliance was achieved when the screening assessment was completed more than 24 hours after the initial report or request for service was received and the information in the record indicated that the delay had not affected the immediate safety of the child. The low compliance rate was largely due to the absence of screening assessments. The screening assessment tool was

made available in ICM more than three months after the system was implemented. This contributed to the absence of screening assessments.

### **FS2.1 Timeframe for Assigning the Response Priority**

The compliance rate for this critical measure was **22%**. The measure was applicable to 95 of the 166 records in the sample; 21 of the 95 records were rated as achieved and 74 were rated as not achieved. The analysts who conducted the audit observed that response times and priority fields in ICM were often left blank. This contributed to the low compliance rate for this measure. However, the analysts found no indication that a child may have been left at risk of harm.

### **FS2.2 Determining an Appropriate Response Priority**

The compliance rate for this critical measure was **38%**. The measure was applicable to 95 of the 166 records in the sample; 36 of the 95 records were rated as achieved and 59 were rated as not achieved. The analysts observed that response times and priority fields in ICM were often left blank, and in some instances the notes in ICM documenting team leader consultation points did not clearly identify the response priority decision. As in FS2.1, the low compliance rate for this measure was largely due to the absence of screening assessments. In addition, some records that had screening assessments were rated as not achieved because response priorities were not assigned, or assigned response priorities were assessed as inappropriate given the information in the screening assessments.

### **FS3.1 Determining the response**

The compliance rate for this critical measure was **57%**, with an additional **14%** partial compliance. The measure was applicable to 97 of the 166 records in the sample; 55 of the 97 records were rated as achieved, 14 were rated as partially achieved, and 28 were rated as not achieved. Partial compliance was achieved when the response was determined more than 5 calendar days after the initial report or request for service was received and the information in the record indicated that the delay had not affected the immediate safety of the child. The analysts observed that in all 28 records rated as not achieved either the screening assessments were missing or the response decisions were not recorded anywhere in ICM. In regard to records rated as not achieved, the analysts verified and confirmed that the immediate safety of the children had not been affected.

### **FS3.2 Supervisory Approval of the Response**

The compliance rate for this critical measure was **60%**. The measure was applicable to 97 of the 166 records in the sample; 58 of the 97 records were rated as achieved and 39 were rated as not achieved. Records rated as not achieved were either missing screening assessments or did not have supervisory approvals of the response decisions documented within the required 24 hour timeframe.

### **FS3.3 Response Decision Consistent with the Assessment Information**

The compliance rate for this critical measure was **60%**. The measure was applicable to 125 of the 166 records in the sample; 75 of the 125 records were rated as achieved and 50 were rated as not achieved. This moderate compliance rate was largely due to the absence of screening assessments and/or response decisions. The analysts found that 7 of the records rated as not achieved had

non-protection response decisions that should have been assessed as requiring a protection response. The analysts observed that supports were subsequently provided which adequately addressed the risk factors presented in the initial reports and family histories. An additional 2 records rated as not achieved had FDR response decisions that should have been INV response decisions because of the risk factors in the initial reports and family histories. In regard to these 2 records, the analysts observed that subsequent interventions with the families had adequately addressed the risk factors.

## 4.2 SAFETY ASSESSMENT AND PLANNING

Table 6 provides compliance rates for measures FS4.1 to FS4.4, which have to do with completing a child safety assessment, making a child safety decision, and involving the family in the development of a safety plan. The rates are presented as percentages of records to which the measures were applied. The records included closed incidents, and open and closed cases. There were a total of 141 of these records in the sample. The notes below the table provide the numbers of records for which the measures were assessed as “Not Applicable” and explain why.

**Table 6: Safety Assessment and Planning (Number of records in sample = 141)**

Critical Measure	Achieved	Partially Achieved	Not Achieved
FS4.1 Complete safety assessment n=84*	52% (44/84)		48% (40/84)
FS4.2 Make safety decision n=84*	12% (10/84)	51% (43/84)	37% (31/84)
FS4.3 Develop safety plan with family n=56**	59% (33/56)		41% (23/56)
FS4.4 Collaborative planning and decision making n=24***	33% (8/24)		67% (16/24)

\* 57 records were assessed as “Not Applicable” (37 fell outside the audit timeframe and 20 were non-protection)

\*\*85 records were assessed as “Not Applicable” (37 fell outside the audit timeframe, 20 were non-protection, and 28 did not identify safety factors in the safety assessment)

\*\*\* 117 records were assessed as “Not Applicable” (37 fell outside the audit timeframe, 20 were non-protection, and 60 reached agreement on a safety plan and did not require the use of alternative dispute resolution processes)

### FS4.1 Completing the Safety Assessment

The compliance rate for this critical measure was **52%**. The measure was applicable to 84 of the 141 records in the sample; 44 of the 84 records were rated as achieved and 40 were rated as not achieved. The 40 records rated as not achieved met one or more of the following criteria: the safety assessment process was not completed during the first in-person meeting with the family; the child was not seen during the first in-person meeting with the family; details of the safety assessment process conducted during the first in-person meeting with the family were not recorded in ICM. In regard to the records rated as not achieved, the analysts verified and confirmed that the children had not been left at risk of harm.

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

The compliance rate for this critical measure was **12%**, with an additional **51%** partial compliance. The measure was applicable to 84 of the 141 records in the sample; 10 of the 84 records were rated as achieved, 43 were rated as partially achieved, and 31 were rated as not achieved. Partial compliance was achieved when the safety assessment form was completed more than 24 hours after the safety assessment process with the family and included a safety decision, and the information in the record indicated that the delay had not affected the immediate safety of the child. The 31 records rated as not achieved lacked completed safety assessment forms and documentation of supervisory approvals. In regard to these 31 records, the analysts verified and confirmed that the immediate safety of the children had not been affected.

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

The compliance rate for this critical measure was **59%**. The critical measure was applicable to 56 of the 141 records in the sample; 33 of the 56 records were rated as achieved and 23 were rated as not achieved. The measure was only applicable when safety factors were identified during the safety assessment process with the family. The 23 records rated as not achieved lacked documented safety plans that adequately addressed the safety factors identified during the assessment process, or failed to show that the safety plans had been developed in collaboration with the families, or that documented plans had been shared with the families, as required.

#### **FS4.4 Collaborative Planning and Decision Making**

The compliance rate for this critical measure was **33%**. The measure was applicable to 24 of the 141 records in the sample; 8 of the 24 records were rated as achieved and 16 were rated as not achieved. The measure was only applicable when agreement on meeting child safety issues or a safety plan had not been reached with the family. In regard to the 16 records rated as not achieved, it is possible that collaborative planning and decision making processes had occurred or were occurring outside of the incident timeframe. Mediation and family group conferences can often take more than 30 days to organize and implement, and are often not documented in the record due to legislative restrictions governing disclosure of the content of the decisions and agreements that result from these processes.

### **4.3 VULNERABILITY ASSESSMENT AND PROTECTION FINDING**

Table 7 provides compliance rates for measures FS5.1 to FS6.1, which have to do with completing a vulnerability assessment and making a decision about the need for protection services. The rates are presented as percentages of records to which the measures were applied. The records included closed incidents, and open and closed cases. There were a total of 141 of these records in the sample. The notes below the table provide the numbers of records for which the measures were assessed as “Not Applicable” and explain why.

**Table 7: Vulnerability Assessment and Protection Finding (Number of records in sample = 141)**

<b>Critical Measure</b>	<b>Achieved</b>	<b>Partially Achieved</b>	<b>Not Achieved</b>
FS5.1 Completing vulnerability assessment n=88*	57% (50/88)		43% (38/88)
FS5.2 Determine level of vulnerability n=88*	58% (51/88)		42% (37/88)
FS5.4 Timeframe for vulnerability assessment n=88*	14% (12/88)	36% (32/88)	50% (44/88)
FS6.1 Decision on need for protection services n=89**	75% (67/89)		25% (22/89)

\*53 records were assessed as “Not Applicable” (29 had no INV or FDR in progress within the audit timeframe, 20 were non-protection, and 4 had supervisory approval to terminate the INV or FDR)

\*\* 52 records were assessed as “Not Applicable” (28 had no INV or FDR in progress within the audit timeframe, 20 were non-protection, and 4 had supervisory approval to terminate the INV or FDR). The discrepancy in the number of records assessed as “Not Applicable” because they had no INV or FDR in progress within the audit timeframe can be explained by one record in which the decision to continue with protection services fell within the audit timeframe.

#### **FS5.1 Completing the Vulnerability Assessment**

The compliance rate for this critical measure was **57%**. The measure was applicable to 88 of the 141 records in the sample; 50 of the 88 records were rated as achieved and 38 were rated as not achieved. Records were rated as not achieved when they lacked a completed vulnerability assessment form, had an incomplete vulnerability assessment form, or lacked supervisory approval of the vulnerability assessment.

#### **FS5.2 Determining a Final Vulnerability Level**

The compliance rate for this critical measure was **58%**. The measure was applicable to 88 of the 141 records in the sample; 51 of the 88 records were rated as achieved and 37 were rated as not achieved. The moderate compliance rate for this measure was largely due to the absence or incomplete state of vulnerability assessments. In addition, 4 records that contained completed vulnerability assessments that were approved by the supervisors were rated not achieved because the levels of vulnerability selected were not consistent with the information in the assessments.

#### **FS5.4 Timeframe for Completing a Vulnerability Assessment**

The compliance rate for this critical measure was **14%**, with an additional **36%** partial compliance. The measure was applicable to 88 of the 141 records in the sample; 12 of the 88 records were rated as achieved, 32 were rated as partially achieved, and 44 were rated as not achieved. Records were rated as partially achieved when the vulnerability assessments were completed after the required 30 day timeframe, and not achieved when the vulnerability assessments were lacking.

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

The compliance rate for this critical measure was **75%**. The measure was applicable to 89 of the 141 records in the sample; 67 of the 89 records were rated as achieved and 22 were rated as not

achieved. The 22 records rated as not achieved met one or more of the following criteria: there was insufficient information in the assessments and notes to determine whether ongoing protection services were needed; the record did not contain a decision on whether ongoing protection services were provided; there were unaddressed protection concerns documented in the record; there was information in the record indicating that ongoing monitoring of the child’s wellbeing was required. The analysts who conducted the audit referred 9 of these 22 records to the appropriate team leaders and community services managers for action, because the information in the records suggested that the children may have been left in need of ongoing protection services. The executive director of service was also notified.

#### 4.4 STRENGTHS AND NEEDS ASSESSMENT

Table 8 provides compliance rates for measures FS7.1 and FS7.2, which have to do with completing a family and child strengths and needs assessment and documenting supervisory approval of the assessment. The rates are presented as percentages of records to which the measures were applied. The records included open and closed cases. There were a total of 59 of these records in the sample. However, not all of the 59 records were assessed as applicable for every measure. The “n” under each measure in the table refers to the number of records for which the measure was applicable. The note below the table provides the number of records for which the measure was assessed as “Not Applicable” and explains why.

**Table 8: Strengths and Needs Assessment (Number of records in sample = 59)**

Critical Measure	Achieved	Partially Achieved	Not Achieved
FS7.1 Complete strengths and needs assessment n=46*	9% (4/46)		91% (42/46)
FS7.2 Supervisory approval of strengths and needs assessment n=46*	4% (2/46)		96% (44/46)

\*13 records were assessed as “Not Applicable” (8 were open in error due to MIS conversions and 5 were open to provide voluntary support services)

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

The compliance rate for this critical measure was **9%**. The measure was applicable to 46 of the 59 records in the sample; 4 of the 46 records were rated as achieved and 42 were rated as not achieved. The 42 records rated as not achieved had no strengths and needs assessments documented in ICM or the physical files.

##### FS7.2 Supervisory Approval of the Strengths and Needs Assessment

The compliance rate for this critical measure was **4%**. The measure was applicable to 46 of the 59 records in the sample; 2 of the 46 records were rated as achieved and 44 were rated as not achieved. As in FS7.1, there were 4 records that had completed strengths and needs assessments. Of those 4 records, 2 had supervisory approvals and were rated as achieved, and 2 did not have supervisory approvals and were rated as not achieved. The other 42 records rated as not achieved had no strengths and needs assessments documented in ICM or the physical files.

#### 4.5 FAMILY PLAN

Table 9 provides compliance rates for measures FS7.3 and FS7.4, which have to do with developing a family plan in collaboration with the family and integrating a safety plan within the family plan. The rates are presented as percentages of all records to which the measures were applied. The records included open and closed cases. There were a total of 59 of these records in the sample. However, not all of the 59 records were assessed as applicable for every measure. The “n” under each measure in the table refers to the number of records for which the measure was applicable. The note below the table provides the number of records for which the measure was assessed as “Not Applicable” and explains why.

**Table 9: Family Plan (Number of records in sample = 59)**

Critical Measure	Achieved	Partially Achieved	Not Achieved
FS7.3 Develop family plan with family n=46*	4% (2/46)	4% (2/46)	91% (42/46)
FS7.4 Integrate safety plan in family plan n=46*	4% (2/46)	4% (2/46)	91% (42/46)

\*13 records were assessed as “Not Applicable” (8 were open in error due to MIS conversions and 5 were open to provide voluntary support services)

##### FS7.3 Developing the Family Plan with the Family

The compliance rate for this critical measure was **4%**, with an additional **4%** partial compliance. The measure was applicable to 46 of the 59 records in the sample; 2 of the 46 records were rated as achieved, 2 were rated as partially achieved, and 42 were rated as not achieved. Records were rated as partially achieved when family plans had been developed in collaboration with the families but not within the applicable timeframe. The practice analysts who conducted the audit were looking for risk reduction service plans or family plans that were completed within 15 days of completing the FDR or INV stage, or within 30 days, if the cases were transferred to other workers. Records rated as not achieved did not have family plans documented in ICM or the physical files.

##### FS7.4 Integrating the Safety Plan into the Family Plan

The compliance rate for this critical measure was **4%**, with an additional **4%** partial compliance. The measure was applicable to 46 of the 59 records in the sample; 2 of the 46 records were rated as achieved, 2 were rated as partially achieved, and 42 were rated as not achieved. Records were rated as partially achieved when elements of the safety plans that needed to remain in place were integrated into the family plans but not within the applicable timeframe. Similar to FS7.3, records rated as not achieved did not have family plans documented in ICM or the physical files.

#### 4.6 FORMAL REASSESSMENT

Table 10 provides compliance rates for measures FS8.1 and FS8.2, which have to do with completing a vulnerability reassessment or a reunification assessment. The rates are presented as percentages of records to which the measures were applied. The records included open and closed

cases. There were a total of 59 of these records in the sample. However, not all of the 59 records were assessed as applicable for every measure. The “n” under each measure in the table refers to the number of records for which the measure was applicable. The note below the table provides the number of records for which the measure was assessed as “Not Applicable” and explains why.

**Table 10: Formal Reassessment (Number of records in sample = 59)**

Critical Measure	Achieved	Partially Achieved	Not Achieved
FS8.1 Complete vulnerability reassessment n=23*	4% (1/23)		96% (22/23)
FS8.2 Complete reunification assessment n=20**	5% (1/20)		95% (19/20)

\*36 records were assessed as “Not Applicable” (8 were open in error due to MIS conversions, 5 were open to provide voluntary support services, 3 did not have vulnerability reassessments due within the audit timeframe, and 20 related to children in care and were therefore applicable for critical measure FS8.2

\*\*39 records were assessed as “Not Applicable” (8 were open in error due to MIS conversions, 5 were open to provide voluntary support services, 3 did not have vulnerability reassessments due within the audit timeframe, and 23 were related to children out of care and were therefore applicable for critical measure FS8.1

#### **FS8.1 Completing a Vulnerability Reassessment**

The compliance rate for this critical measure was **4%**. The measure was applicable to 23 of the 59 records in the sample; 1 of the 23 records was rated as achieved and 22 were rated as not achieved. Records rated as not achieved did not have vulnerability assessments documented in ICM or the physical files.

#### **FS8.2 Completing a Reunification Assessment**

The compliance rate for this critical measure was **5%**. The measure was applicable to 20 of the 59 records in the sample; 1 of the 20 records was rated as achieved and 19 were rated as not achieved. Records rated as not achieved did not have reunification assessments documented in ICM or the physical files.

### **4.7 CASE TRANSFER AND CASE CLOSURE**

Table 11 provides compliance rates for measures FS9.1 to FS9.4, which have to do with transferring and closing cases. The rates are presented as percentages of records to which the measures were applied. The records included open and closed cases. There were a total of 59 of these records in the sample. However, not all of the 59 records were assessed as applicable for every measure. The “n” under each measure in the table refers to the number of records for which the measure was applicable. The note below the table provides the number of records for which the measure was assessed as “Not Applicable” and explains why.

**Table 11: Case Transfer and Case Closure (Number of records in sample = 59)**

<b>Critical Measure</b>	<b>Achieved</b>	<b>Partially Achieved</b>	<b>Not Achieved</b>
FS9.1 Decision on case transfer n=2*	50% (1/2)		50% (1/2)
FS9.2 Supervisory approval for case transfer n=2*	0% (0/2)		100% (2/2)
FS9.3 Decision on case closure n=6**	83% (5/6)		17% (1/6)
FS9.4 Supervisory approval for case closure n=6**	83% (5/6)		17% (1/6)

\*57 records were assessed as "Not Applicable" because they did not involve a case transfer

\*\* 53 records were assessed as "Not Applicable" because they did not involve a case closure

### **FS9.1 Decision on Transferring a Case**

The compliance rate for this critical measure was **50%**. The measure was applicable to 2 of the 59 records in the sample; 1 of the 2 records was rated as achieved and 1 was rated as not achieved. The record rated as not achieved did not have documented approval from the supervisors of both the originating and receiving workers for the decision to transfer the case.

### **FS9.2 Supervisory Approval for Transferring a Case**

The compliance rate for this critical measure was **0%**. The measure was applicable to 2 of the 59 records in the sample; both of these records were rated as not achieved because supervisory approvals were not documented.

### **FS9.3 Decision on Closing a Case**

The compliance rate for this critical measure was **83%**. The measure was applicable to 6 of the 59 records in the sample; 5 of the 6 records were rated as achieved and 1 was rated as not achieved. The analysts who conducted the audit were looking for information indicating that, at the point of closure, the goals in the family plan were achieved, protection concerns were resolved, vulnerabilities were being managed safely, and the family was able to access and use resources. The record rated as not achieved did not meet one or more of these criteria before the decision to close the case was made.

### **FS9.4 Supervisory Approval for Closing a Case**

The compliance rate for this critical measure was **83%**. The measure was applicable to 6 of the 59 records in the sample; 5 of the 6 records were rated as achieved and 1 was rated as not achieved. The analysts who conducted the audit were looking for information indicating that supervisory approvals were obtained and documented prior to case closure, or that the supervisors had granted an exception. The record rated as not achieved met neither of these criteria.

### **Records Identified for Action**

Quality assurance policy and procedures require practice analysts to identify for action any incident or case record that suggests a child may need protection under section 13 of the *Child, Family and Community Service Act*. During the course of this audit, 9 records were identified for action because the information in the records suggested that the children may have been in need of ongoing protection services. (See FS6.1 on page 14.) The team leaders, community services managers, and executive directors of service associated with these 9 records were immediately notified and subsequently confirmed that all protection concerns had been addressed.

## **5. OBSERVATIONS AND THEMES**

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

The SDA overall compliance rate was **50%**, with an additional **21%** partial compliance.

### **5.1 DOCUMENTATION**

The practice analysts who conducted the audit found that social workers were diligent in documenting information from callers and identifying the circumstances of the concerns being reported. In many incidents, the analysts found within the ICM Notes tabs extensive descriptions of the actions that were initiated and the support services that were provided. Documentation related to service requests was also an area of strength. All critical measures associated with service requests scored above a 75% compliance rate. However, in reviewing the entirety of the records, the analysts found that guidelines in Physical Document Management related to ICM Service Request, Incident or Case (2012) were not always followed. Specifically, there were inconsistencies in how and where key decision points and supervisory approvals were documented in ICM.

The analysts also found that the transition from the FDR assessment phase to the FDR protection services phase was not being documented. As a result, analysts were unable to determine, within an incident, when the FDR assessment phase ended and the FDR protection services phase began. This posed a rating challenge for the analysts, as the FDR protection services phase requires the completion of additional structured decision making tools.

### **5.2 ICM**

The analysts identified a number of issues related to social workers' use of ICM. In regard to open FS cases, the analysts found that 56% of the FS cases audited did not have a closed incident attached. Instead, there were multiple incidents open for longer than 6 months. The absence of a

closed incident meant that critical measures FS1.1 to FS6.1 were not applicable to the cases and, therefore, they were only audited from FS7.1 onward.

Also, the compliance rate for use of the screening assessment tool was low. This was likely due to the tool not being available in ICM when the system was first implemented on April 2, 2012. It is expected that use of the screening assessment tool in ICM has increased (and will continue to increase) over time, and therefore the compliance rates for critical measures that rely on completion of the screening assessment should also increase over time.

Finally, in a small number of records, analysts found corrupted attachments and instances where physical copies of documents had not been saved, or saved documents were blank. The Helpdesk was notified and tasked with the responsibility of recovering the corrupted documents. When a corrupted document was not recoverable, the social worker was notified and another service request or incident within that case was audited. If the case did not contain another service request or incident, a new case was selected for the audit.

### **5.3 USE OF STRUCTURED DECISION MAKING TOOLS**

Overall, the compliance rates for use of the structured decision making tools were low. The analysts found that the structured decision making tools associated with incidents were completed at a much higher rate than the structured decision making tools associated with the provision of ongoing services. Specifically, compliance rates for screening assessments, safety assessments and vulnerability assessments were in the 40-65% range, while compliance rates for completion of family and child strengths and needs assessments (9%) and vulnerability reassessments (4-5%) were much lower. This suggests that workers may be prioritizing the use of structured decision making tools related to investigation of child protection reports.

The analysts also found that within some of the completed structured decision making tools only the boxes were checked and no narrative information was added. Adding descriptions of the families' circumstances would provide a better understanding of how decisions are being made.

### **5.4 TIMELINESS**

An area that analysts found needed improvement was meeting required timeframes. Specifically, completion of structured decision making tools and corresponding supervisory approvals within required timeframes had compliance rates in the 12-60% range. The analysts also found that many incidents coded as needing a protection response were open well beyond the 30 and 120-day timeframes set by policy.

### **5.5 COLLABORATIVE PRACTICE**

Finally, the analysts found that the documentation of efforts to collaboratively engage families in planning processes could be improved. For example, safety assessments often did not meet the standards or comply with the procedures that are in place to ensure that families are participating in identifying their own needs and finding solutions. It was also difficult to determine if the documented efforts to involve the family and the child or youth had occurred during the safety assessment process or first in-person meeting with the family. Compliance rates for involving

family members in developing family plans were also very low. The analysts found that very few of the applicable cases contained consolidated family plans that itemized the interventions or services the families identified as most supportive. One way of improving compliance in this area would be to document all family case planning meetings, conferences and mediations in consolidated forms, within the required timeframes.

## 6. ACTIONS TAKEN TO DATE

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

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

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

## 7. ACTION PLAN

<u>Action</u>	<u>Person responsible</u>	<u>Date to be completed by</u>
Managers meet with audit team to walk through audit tool/results, and identify 5 critical measures that will be targeted to significantly improve compliance rates for INV/FDR (target = 85%)	EDS	June 30, 2014
Develop system that will allow CSMs and Team Leaders to conduct self-audits every 6 months and report results to EDS	CSMs	First self-audit – December, 2014

Identify sub-set of FS files with children under 5 years of age, and track use of SDM tools by worker and office to be able to demonstrate increased compliance in monthly reports to EDS	CSMs	First tracking report – September, 2014
Child protection consultant leads review of SDM tools with all protection staff in SDA	DOP	June 30, 2014
Define consistent process for documenting collaborative practice and planning	EDS and DOP	June 30, 2014