



South Fraser Service Delivery Area

Family Service Practice Audit

Report Completed: February 2020

Office of the Provincial Director of Child Welfare and Aboriginal Services

Quality Assurance Branch

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INTRODUCTION

This report contains information and findings related to a family service practice audit that was conducted in the South Fraser Service Delivery Area (SDA) from March 2018 to September 2018.

Practice audits are conducted regularly by practice analysts in the Quality Assurance Branch of the Provincial Director of Child Welfare and Aboriginal Services Division across several of the Ministry of Children and Family Development (MCFD) service lines and for services provided by a delegated Aboriginal agency (DAA) under the Child, Family and Community Service Act (CFCSA). The audits inform continuous improvements in policy, practice, and overall service delivery. They provide quality assurance oversight and demonstrate public accountability.

Family service practice audits are 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 and relevant practice directives and practice guidelines. The Child Protection Response Model contains the policies, standards, and procedures that support the duties and functions carried out by delegated child protection social workers under the CFCSA. These duties and functions are designed to ensure the safety and wellbeing of children and youth in the province.

1. SUMMARY OF FINDINGS

The practice audit is based on a review of the following records which represent different aspects of the Child Protection Response Model: service requests, incidents (investigations and family development responses (FDR)), and family service (FS) cases. The samples contained 63 closed service requests, 60 closed s, 66 closed incidents, 60 open FS cases, and 50 closed FS cases. For service requests, memos and incidents, the review focused on all electronic information documented in the Integrated Case Management (ICM) database for records that were closed between February 1, 2017 and January 31, 2018. For open FS cases, the review focused on electronic information documented in ICM and physical information documented in the files during a specific 12-month period (February 1, 2017 – January 31, 2018). For closed FS cases, the review focused on electronic information documented in ICM and physical information documented in the files during the 12-month period prior to the closures for records closed between August 1, 2017 and January 31, 2018.

The overall compliance score for the family service practice audit of the South Fraser SDA was **54%**. The following sub-sections contain the findings and observations of the practice analyst within the context of the policy, standards and procedures that informed the design of the 23 critical measures. Some of the findings relate to specific critical measures and corresponding policy requirements, while others are informed by themes that emerged across several measures.

1.1 Screening Process

Ministry policy requires that relevant information about a child or youth, who is reported to be in need of protection, is gathered and assessed by a delegated child protection worker within a timeframe appropriate to the reported circumstances. The assessment determines whether the report requires a protection or non-protection response and, if a protection response is required, the most appropriate response priority timeframe. Some of the intended outcomes of this policy are that the assessments of reports are based on complete and accurate information, that the safety and wellbeing of children or youth are addressed in timely and appropriate manner and that children, youth and families receive available services to address their needs.

The standards of practice associated with this policy include: gather full and detailed information from the caller to sufficiently assess and respond to the report; conduct an initial records review (IRR); complete a Screening Assessment; and determine whether the report requires a protection or non-protection response. For a report requiring a protection response, the standard of practice requires determining an appropriate response priority timeframe. It must be noted that practice relating to the screening process is conducted by Provincial Centralized Screening and the SDAs. The applicable records in this audit reflect the practice from both sources. Specifically, few (12%) of all calls and reports that resulted in memos, service requests and incidents were received and documented by the South Fraser SDA.

The practice analyst found almost all the records documented sufficient information from the callers to assess and respond to the reports. Almost three-quarters of the records contained Screening Assessments that were completed within the required 24 hours. The practice analyst found that over one-third of the records contained IRRs that met all the requirements as outlined in the standard. Over three-quarters of the records had correct decisions about whether the reports required protection or non-protection responses. Lastly, all the incidents that correctly deemed the reports as requiring protection responses also identified the appropriate determinations regarding the response priority timeframes.

1.2 FDR Assessments and Investigations

Ministry policy stipulates that FDR is the primary protection response for a screened-in report that meets the following criteria: the circumstances do not involve severe physical abuse or severe neglect; and the parents are able and willing to participate in collaborative assessment and planning. Conversely, ministry policy stipulates that an investigation is the protection response for a screened-in report that meets the following criteria: the circumstances involve severe physical abuse or severe neglect; the parents are unable or unwilling to participate in collaborative assessment and planning; or there is an open FS case for the family and at least one child/youth is out of the home due to protection reasons. Some of the intended outcomes of these policies are: that children and youth are safe from immediate threats of harm or

maltreatment; that children and youth who are vulnerable to future maltreatment are identified; that families are engaged in the assessment and decision-making processes; and that Indigenous children and families are connected with their extended families and community members and have access to the most appropriate services and supports in their communities.

The standards of practice associated with these policies include: conduct a detailed record review (DRR); assess the safety of the child or youth during the first significant involvement with the family; document a Safety Assessment within 24 hours and, if there are concerns about the child/youth's immediate safety, develop and document a Safety Plan; complete in-person interviews with the parents and other adults living in the family home; have a private face-to-face conversation with every child or youth living in the home to the extent possible according to their developmental level; visit the family home; conduct collateral checks; assess the risk of future harm; determine whether there is a need for FDR protection services or ongoing protection services; and complete an FDR assessment or investigation within 30 days of receiving a report.

The practice analyst found that over half of the records contained DRRs that met all the requirements as outlined in the standard. Under half of the records had documentation confirming that the immediate safety of children and youth was assessed during the first significant contacts with the families. The requirement to complete the Safety Assessment form within 24 hours was met in over half of the records. Almost all the incidents that correctly deemed the reports as requiring protection responses and contained completed Safety Assessment forms had safety decisions that were consistent with the documentation. Under two-thirds of the records contained interviews with parents and other adults in the homes that met all the requirements as outlined in the standard and, similarly, under two-thirds of the records documented conversations with all children and youth living in the family homes as outlined in the standard. The practice analyst found that under two-thirds of the records documented the required visits to the family homes.

Child protection social workers are required to establish and maintain contact with support people and collateral sources of information who have significant knowledge about the child, youth and/or family. In conducting the audit, the practice analyst found that under half the records contained the necessary collateral checks as outlined in the standard. The primary reasons for not meeting the standard were the failure to document any collateral information and the failure to document information from necessary collateral contacts, especially from the associated DAAs or designated representatives of the First Nations, Treaty First Nations or the Metis community.

Standards require child protection social workers to assess the risk of future harm as part of an FDR or investigation and determine whether there is a need for FDR protection services or

ongoing protection services. Standards further require that an FDR assessment phase or investigation is completed within 30 days of a receiving a report or, if an FDR assessment or investigation cannot be completed within 30 days, supervisory approval for an extension to this timeframe is documented. The practice analyst found that over two-thirds of the records contained completed Vulnerability Assessments and that few protection responses were completed with the required timeframe of 30 days. With respect to determining whether there was a need for FDR protection services or ongoing protection services, the practice analyst identified one record with the decision to not provide ongoing protection services that appeared inconsistent with the documentation.

It is important to note that higher compliance would have been achieved to the standards related to assessing safety, interviews, home visits, collateral checks and Vulnerability Assessments had six protection responses not inappropriately ended prior to the social workers meeting with the families and had 14 reports about child safety not been inappropriately screened out for child protection responses. These incorrect decisions had a negative impact on the compliance ratings for the above critical measures.

1.3 Open and Closed Family Service Cases

Ministry policy requires that ongoing protection services involving continuous assessment, planning, and service provision, begin after an FDR or investigation has concluded that interventions need to remain in place to ensure the child/youth's safety and well-being while the child/youth lives with their parents or lives outside of the family home. Furthermore, policy requires that the six-month practice cycle for ongoing protection services begins after a Family Plan has been developed and implemented and includes the following components: continual evaluation of the family's progress; reassessment and analysis; and revised planning. Furthermore, policy requires that the decision to end ongoing protection services is made through reviewing the case and is based on a determination that the safety and well-being of the child/youth is sufficiently supported without further involvement of protection services.

Some of the intended outcomes of these policies are: that the vulnerability of children and youth to future harm or maltreatment is reduced; that families are fully engaged in the assessment and planning processes; that children, youth and families receive services and/or participate in strategies identified in their Family Plans; that Indigenous communities are involved in ongoing protection services in accordance with any agreements in place between them and the director; that families understand how their progress will be measured; and that families, extended families and communities are able to assume responsibility for the safety and well-being of children/youth without the involvement of child protection services.

The standards of practice associated with these policies include: complete an assessment of the strengths and needs of the child/youth and family that is reviewed and approved by a supervisor;

collaborate with the family to create a Family Plan or its equivalent; revising, at least every six months, assessments and planning with the family and others involved; and make the determination to conclude ongoing protection services in consultation with a supervisor, with the supervisor's approval of the decision documented.

The practice analyst found that less than half of the records had completed Family and Child Strengths and Needs Assessments (FSNA). Of the completed FSNA's, less than three-quarters (72%) were reviewed and signed by supervisors. With respect to family collaboration, the practice analyst found over one-quarter of the records contained written Family Plans, or equivalents, that met all the requirements as outlined in the standard. There was very low compliance to completing the Family Plans within the required timeframes and, of the completed Family Plans, few documented supervisory approvals. The lack of Family Plans raises a concern that many families may not have been given opportunities to contribute directly to the development of strategies that will provide them the supports they require to address the child protection concerns.

The child protection social worker is required to revise, at least every six months, the Vulnerability Reassessment or Reunification Assessment with the family and others involved. Over one-third of the open and closed FS cases were found to have Vulnerability Reassessments or Reunifications Assessments as required by policy. The intent of these two SDM tools is to aid social workers and supervisors in decision making regarding the appropriate service intensities, whether cases should remain open and whether children in out of home living arrangements should return to their homes. The practice analyst found over half of the closed FS cases had this required documentation; namely Vulnerability Reassessments or Reunification Assessments completed in their entirety within six months prior to the closure dates.

Within the open and closed FS cases, the practice analyst observed that many of the records lacked all the required SDM tools within the audit timeframe. Specifically, 21% (23 of the 110) of records in the open and closed FS case samples did not contain FSNA's, Family Plans or equivalents, and Vulnerability Reassessments/Reunification Assessments (does not include cases with incomplete SDM tools). This led to the question about whether these records were indeed protection, as labelled in ICM. Documentation requirements to change a protection case to a non-protection case when the protection concerns have been resolved and the file remains open for support services include a recently completed Vulnerability Re-assessment or Reunification Assessment with a rating of "low risk" and supervisory approval designating the change from a protection to non-protection case.

2. ACTIONS TAKEN BY THE SDA PRIOR TO THE DEVELOPMENT OF THE ACTION PLAN

1. On September 24, 2019, a review of the policies and procedures related to conducting safety assessment processes, developing safety plans in collaboration with the families, and completing the Safety Assessment forms was provided to all the child protection supervisors in the SDA.

3. ACTION PLAN

Actions	Persons Responsible	Outcomes	Completion Dates
1. Review the policies specific to conducting the Initial Record Review and the Detailed Record Review, including the requirement to search the Best Practice database, with all child protection supervisors. Confirmation of this review will be sent, via email, to the manager of Quality Assurance.	Executive Director of Service	Assessments of reports are based on complete and accurate information.	Completed January 21, 2020
2. Review Policy 1.6, Working with Service Providers and Collateral Contacts, with all child protection supervisors. This review will have an emphasis on the importance of completing collateral contacts with the appropriate delegated/designated community representatives when working with Indigenous families, youth and children. Confirmation that this review has been completed will be sent, via email, to the Manager of Quality Assurance.	Executive Director of Service	Children, youth and families receive services that best meet their needs, are sensitive to their views, cultural heritage and spiritual beliefs, and are based upon thorough assessments that include as much relevant information as possible from individuals who have knowledge about them, including extended family, Indigenous Bands and/or cultural groups, and community members.	Completed January 21, 2020

<p>3. Each Director of Operations will meet separately with every child protection supervisor to ensure that regularly scheduled supervision is utilized with every social worker. These meetings will also include the review of the supervisory tracking systems used to monitor the key decision points associated with protection responses and ongoing family service cases and all SDM tools. Confirmation that these meetings have been completed and that a tracking system is utilized by each supervisor, will be sent, via email, to the Manager of Quality Assurance.</p>	<p>Executive Director of Service</p>	<p>Social workers providing child protection responses and ongoing family service will receive supervision that supports competent, culturally safe, practice.</p>	<p>March 31, 2020</p>
<p>4. A sample of open ongoing family service cases will be reviewed (in ICM only) to determine the progress in increasing the compliance with completing family plans. This review will focus on practice within the 12 months preceding the start of the review. The compliance rate for completed family plans will be shared with the SDA leadership team.</p>	<p>Manager, Quality Assurance</p>	<p>Families understand how their progress will be measured.</p>	<p>December 31, 2020</p>

APPENDIX

A. METHODOLOGY

Five samples of records were selected from lists of data extracted from the Integrated Case Management (ICM) system on February 9, 2018, using the simple random sampling technique. The data lists consisted of closed service requests, closed memos, closed incidents, open FS cases, and closed FS cases. The data within each of the five lists were randomized at the SDA level, and samples were selected at a 90% confidence level, with a 10% margin of error.

Selected Records for FS Practice Audit in South Fraser SDA

Record status and type	Total number at SDA level	Sample size
Closed service requests	1288	63
Closed memos	625	60
Closed incidents	4519	66
Open FS cases	537	60
Closed FS cases	196	50

More specifically, the five samples consisted of:

1. Service requests that were closed in the SDA between February 1, 2017 and January 31, 2018, where the type was request service – CFS, request service – CAPP, request for family support, or youth services.
2. Memos that were closed in the SDA between February 1, 2017 and January 31, 2018, where the type was screening and with the resolution of “No Further Action” excluding memos that were created in error.
3. Incidents that were created after November 4, 2014 and were closed in the SDA between February 1, 2017 and January 31, 2018, where the type was family development response or investigation.
4. Family service cases with a service basis of protection open in the SDA on January 31, 2018 and had been open continuously for at least six months.
5. Family service cases with a service basis of protection that were closed in the SDA between August 1, 2017 and January 31, 2018 that had been open continuously for at least six months.

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 selected records were assigned to one practice analyst on the provincial audit team for review. The practice analyst used the FS Practice Audit Tool to rate the records. The FS Practice Audit Tool contains 23 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 all measures. The practice analyst entered the ratings in a SharePoint-based data collection site 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 the service requests, memos and incidents, the practice analyst reviewed each record in its entirety from opening to closing. In reviewing the open FS cases, the practice analyst focused on practice that occurred during a specific 12-month period (February 1, 2017 and January 31, 2018). In reviewing the closed FS cases, the practice analyst focused on practice that occurred during the 12-month period prior to the closure of each record.

Each record type is audited using a different set of critical measures. The table below illustrates which critical measures apply to each record type:

FS1 – FS4	<ul style="list-style-type: none"> • Memos • Service requests • Incidents
FS5 – FS16	<ul style="list-style-type: none"> • Incidents • Memos and service requests with inappropriate non-protection responses
FS17 – FS22	<ul style="list-style-type: none"> • Open and closed FS cases
FS23	<ul style="list-style-type: none"> • Closed FS cases

Quality assurance policy and procedures require practice analysts to identify for action any record that suggests a child may need protection under section 13 of the Child, Family and Community Service Act. The practice analyst watched for situations in which the information in the records suggested that the children may have been left at risk of harm at the time the record was audited and therefore in need of further protection services. During this audit, one record was identified for action and was brought to the attention of the appropriate supervisor, director of operations and the executive director of service.

B. DETAILED FINDINGS AND ANALYSIS

The findings are presented in tables that contain counts and percentages of the rating of achieved and not achieved for all the measures in the audit tool (FS 1 to FS 23). 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. The measures include a breakdown of the reasons for why

records were rated not achieved. Please note that some records received the rating of not achieved for more than one reason.

There was a combined total of 299 records in the five samples selected for this audit. However, not all the measures in the audit tool were applicable to all 299 records in the selected samples. The “Total Applicable” column in the tables contains the total number of records to which the measure was applied.

The SDA overall compliance rate was **54%**.

b.1 Report and Screening Assessment

Table 1 provides compliance rates for measures FS 1 to FS 4, which relate to obtaining and assessing a child protection report. The records included the selected samples of 63 closed service requests, 60 closed memos and 66 closed incidents. The 189 records reflect practice in both the South Fraser SDA and Provincial Centralized Screening. Specifically, 23 of the records were initiated by the SDA and 166 records were initiated by Provincial Centralized Screening. Separating the practice of Provincial Centralized Screening and the SDA within the tables is not possible because that would not meet the confidence level and margin of error at which the samples were selected. Therefore, the compliance rates and analyses contained within critical measures FS 1 to FS 3 apply to a combination of SDA and Provincial Centralized Screening practice. The breakdowns provided in the analysis under each measure are for information purposes only.

Table 1: Report and Screening Assessment (N = 189)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 1: Gathering Full and Detailed Information	189	7	4%	182	96%
FS 2: Conducting an Initial Record Review (IRR)	189	117	62%	72	38%
FS 3: Completing the Screening Assessment	189	49	26%	140	74%
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response	189	22	12%	167	88%

FS 1: Gathering Full and Detailed Information

The compliance rate for this critical measure was **96%**. The measure was applied to all 189 records in the samples: 182 received the rating of achieved and seven received the rating of not achieved. Of the 182 records that received the rating of achieved, 20 documented practice by the SDA and 162 documented practice by Provincial Centralized Screening. To receive the rating

of achieved, the information gathered from the caller was full, detailed and sufficient to determine an appropriate pathway.

Of the seven records that received the rating of not achieved, all reports were about a children/youths' need for protection (three documented practice by the SDA and four documented practice by Provincial Centralized Screening). All lacked full, detailed and sufficient information to assess and respond to the reports.

FS 2: Conducting an Initial Record Review (IRR)

The compliance rate for this critical measure was **38%**. The measure was applied to all 189 records in the samples: 72 received the rating of achieved and 117 received the rating of not achieved. Of the 72 records that received the rating of achieved, three documented practice by the SDA and 69 documented practice by Provincial Centralized Screening. To receive the rating of achieved:

- an IRR was conducted from electronic databases within 24 hours of receiving the report;
- the IRR identified previous issues or concerns and the number of past service requests, incidents or reports;
- if the family had recently moved to BC, or there was reason to believe there may have been prior child protection involvement in one or more jurisdictions, the appropriate child protection authorities were contacted, and information was requested and recorded.

Of the 117 records that received the rating of not achieved, 20 documented practice by the SDA and 97 documented practice by Provincial Centralized Screening. Of these 117 records, 12 did not document IRRs (six by the SDA and six by Provincial Centralized Screening), 82 IRRs did not include checks of Best Practice (14 by the SDA and 68 by Provincial Centralized Screening), 49 IRRs did not contain sufficient information (four by the SDA and 45 by Provincial Centralized Screening), one IRR did not indicate that child protection authorities in another jurisdiction were contacted (practice by Provincial Centralized Screening), and nine IRRs were not documented within 24 hours of receiving the reports (two by the SDA and seven by Provincial Centralized Screening). Of the nine IRRs that were documented beyond 24 hours, the range of time it took to complete the IRRs was between three and 189 days, with the average time being 31 days (see appendix for bar graph). The total adds to more than the number of records that received the rating of not achieved because 36 records had combinations of the above noted reasons.

FS 3: Completing the Screening Assessment

The compliance rate for this critical measure was **74%**. The measure was applied to all 189 records in the samples: 140 received the rating of achieved and 49 received the rating of not achieved. Of the 140 records that received the rating of achieved, 68 documented practice by the SDA and 72 documented practice by Provincial Centralized Screening. To receive the rating

of achieved, a Screening Assessment was completed immediately, if the child/youth appeared to be in a life-threatening or dangerous situation, or within 24 hours in all other situations.

Of the 49 records that received the rating of not achieved, one did not contain a Screening Assessment (not completed by the SDA), 23 contained incomplete Screening Assessments (20 documented practice by the SDA and three documented practice by Provincial Centralized Screening) and 25 Screening Assessments were not documented within the required timeframe (24 documented practice of the SDA, 19 of which were transferred by Provincial Centralized Screening without Screening Assessments, and one documented practice of Provincial Centralized Screening). Of the 25 Screening Assessments that were documented beyond the required timeframe, the range of time it took to complete the Screening Assessments was between two and 425 days, with the average time being 54 days (see appendix for a bar graph).

FS 4: Determining Whether the Report Requires a Protection or Non-protection Response

The compliance rate for this critical measure was **88%**. The measure was applied to all 189 records in the samples: 167 received the rating of achieved and 22 received the rating of not achieved. To receive the rating of achieved, the decision to provide protection or non-protection response decision was appropriate and consistent with the information gathered.

Of the 22 records that received the rating of not achieved, 13 were memos, one was a service request and eight were incidents. The 13 memos and one service request were added to the incident sample from FS 5 to FS 16 and received the rating of not achieved for these measures because the required protection responses were not provided. Of these 14 memos/service requests, 13 confirmed that further information was collected by the social workers and/or supports were subsequently provided to the families which adequately addressed the risk factors presented in the initial reports and documented family histories and one memo was brought to the attention of the SDA for follow up because information in the record suggested that a child may have been left at risk of harm at the time the record was audited. The eight incidents that received not achieved ratings for FS4 were removed from the incident sample from FS 5 to FS 16, because the protection responses were not required.

b.2 Response Priority, Detailed Records Review and Safety Assessment

Table 2 provides compliance rates for measures FS 5 to FS 9, which relate to assigning a response priority timeframe, conducting a detailed record review (DRR) and completing the safety assessment process and the Safety Assessment form. The records included the selected sample of 66 closed incidents augmented with the records described in the note below the table.

Table 2: Response Priority, Detailed Record Review and Safety Assessment (N = 72)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 5: Determining the Response Priority	72*	14	19%	58	81%
FS 6: Conducting a Detailed Record Review (DRR)	72*	34	47%	38	53%
FS 7: Assessing the Safety of the Child or Youth	72*	37	51%	35	49%
FS 8: Documenting the Safety Assessment	72*	32	44%	40	56%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	72*	21	29%	51	71%

*Total applicable includes the sample of 66 incidents augmented with the addition of 13 memos and one service request with inappropriate non-protection responses and the removal of eight incidents with inappropriate protection responses

FS 5: Determining the Response Priority

The compliance rate for this critical measure was **81%**. The measure was applied to all 72 records in the augmented sample: 58 received the rating of achieved and 14 received the rating of not achieved. To receive the rating of achieved, the response priority timeframe was appropriate and, if there was an override, it was approved by the supervisor.

Of the 14 records that received the rating of not achieved, all were memos/service requests that had inappropriate non-protection responses.

The audit also assessed whether the families were contacted within the timeframes of the assigned response priority timeframes (immediate/within 24 hours or within five days). Of the 58 records with appropriate protection responses, 34 confirmed that the families were contacted within the assigned response priority timeframes and 24 did not confirm that the families were contacted within the assigned response priority timeframes. Of these 24 records, all were given the response priority timeframe of “within five days” and the range of time it took to contact these families was between six days and 540 days, with the average time being 46 days (see appendix for a bar graph).

FS 6: Conducting a Detailed Record Review (DRR)

The compliance rate for this critical measure was **53%**. The measure was applied to all 72 records in the augmented sample: 38 received the rating of achieved and 34 received the rating of not achieved. To receive the rating of achieved, the DRR:

- was conducted in electronic databases and physical files;
- contained any information that was missing in the IRR;

- described how previous issues or concerns have been addressed, the responsiveness of the family in addressing the issues and concerns and the effectiveness of the last intervention;
- was not required because there were no previous MCFD/DAA histories;
- was not required because the supervisor approved ending the protection responses before the DDR were conducted and the rationale was documented and appropriate.

Of the 34 records that received the rating of not achieved, 14 did not document DRRs, two DRRs did not contain the information missing from the IRRs, one DRR did not indicate how previous issues/concerns were addressed, one DRR did not indicate the family's responsiveness to previous issues, one DRR did not indicate the effectiveness of the last intervention, one protection response ended prior to a DRR being completed and the rationale for the decision was not appropriate, and 14 memos/service requests had inappropriate non-protection responses.

FS 7: Assessing the Safety of the Child or Youth

The compliance rate for this critical measure was **49%**. The measure was applied to all 72 records in the augmented sample: 35 received the rating of achieved and 37 received the rating of not achieved. To receive the rating of achieved:

- the safety assessment process was completed during the first significant contact with the child/youth's family;
- if concerns about the child/youth's immediate safety were identified and the child/youth was not removed under the CFCSA, a Safety Plan was developed, and the Safety Plan was signed by the parents and approved by the supervisor;
- the supervisor approved ending the protection response before the safety assessment process was completed and the rationale was documented and appropriate.

Of the 37 records that received the rating of not achieved, 14 either did not document the safety assessment processes or the documented safety assessment processes were not completed during the first significant contacts with the families, six did not contain Safety Plans despite the fact that safety concerns were identified and the children/youth were not removed, four protection responses ended prior to the first significant contacts with the families and the rationales for the decisions were not appropriate, and 14 memos/service requests had inappropriate non-protection responses. The total adds to more than the number of records that received the rating of not achieved because one record had a combination of the above noted reasons.

FS 8: Documenting the Safety Assessment

The compliance rate for this critical measure was **56%**. The measure was applied to all 72 records in the augmented sample: 40 received the rating of achieved and 32 received the rating of not achieved. To receive the rating of achieved, a Safety Assessment form was completed within 24 hours after completion of the safety assessment process, or the supervisor approved ending the protection response before a Safety Assessment was documented and the rationale was documented and appropriate.

Of the 32 records that received the rating of not achieved, 14 Safety Assessment forms were not completed within 24 hours after the completion of the safety assessment processes, four protection responses ended prior to the first significant contacts with the families and the rationales for the decisions were not appropriate, and 14 memos/service requests had inappropriate non-protection responses. Of the 14 records where the Safety Assessment forms were not completed within 24 hours after the completion of the safety assessment processes, the range of time it took to complete the forms was between two days and 447 days, with the average time being 98 days (see appendix for a bar graph).

FS 9: Making a Safety Decision Consistent with the Safety Assessment

The compliance rate for this critical measure was **71%**. The measure was applied to all 72 records in the augmented sample: 51 received the rating of achieved and 21 received the rating of not achieved. To receive the rating of achieved, the safety decision was consistent with the information documented in the Safety Assessment form, or the supervisor approved ending the protection response before the Safety Assessment form was documented and the rationale was documented and appropriate.

Of the 21 records that received the rating of not achieved, three had safety decisions that were not consistent with the information documented in the Safety Assessment forms, four protection responses ended prior to the first significant contacts with the families and the rationales for the decisions were not appropriate, and 14 memos/service requests had inappropriate non-protection responses.

b.3 Steps of the FDR Assessment or Investigation

Table 3 provides compliance rates for measures FS 10 to FS 13, which relate to meeting with or interviewing the parents and other adults in the family home, meeting with every child or youth who lives in the family home, visiting the family home and working with collateral contacts. The records included the selected sample of 66 closed incidents augmented with the records described in the note below the table.

Table 3: Steps of the FDR Assessment or Investigation (N = 72)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	72*	27	37%	45	63%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	72*	25	35%	47	65%
FS 12: Visiting the Family Home	72*	27	37%	45	63%
FS 13: Working with Collateral Contacts	72*	41	57%	31	43%

*Total applicable includes the sample of 66 incidents augmented with the addition of 13 memos and one service request with inappropriate non-protection responses and the removal of eight incidents with inappropriate protection responses.

FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home

The compliance rate for this critical measure was **63%**. The measure was applied to all 72 records in the augmented sample: 45 received the rating of achieved and 27 received the rating of not achieved. To receive the rating of achieved, the social worker met with or interviewed the parents and other adults in the home (if applicable) and gathered sufficient information about the family to assess the safety and vulnerability of all children/youth living or being cared for in the family home, or the supervisor approved ending the protection response before the social worker met with or interviewed the parents and other adults in the home and the rationale was documented and appropriate.

Of the 27 records that received the rating of not achieved, one did not confirm that the social workers had met with or interviewed the parents, five confirmed that the social workers had met with or interviewed the mothers but not the fathers, two confirmed that the social workers interviewed the parents but these interviews were conducted on the telephone and insufficient information was gathered about the families to assess the safety and vulnerability of all children/youth living or being cared for in the family homes, one did not confirm that an adult living in the home was interviewed, five protection responses ended prior to meeting or interviewing the parents and/or other adults living in the homes and the rationales for the decisions were not appropriate, and 14 memos/service requests had inappropriate non-protection responses. The total adds to more than the number of records that received the rating of not achieved because one record had a combination of the above noted reasons.

FS 11: Meeting with Every Child or Youth Who Lives in the Family Home

The compliance rate for this critical measure was **65%**. The measure was applied to all 72 records in the augmented sample: 47 received the rating of achieved and 25 received the rating of not achieved. To receive the rating of achieved, the social worker had a private, face-to-face conversation with every child/youth living in the family home according to their developmental

level, or the supervisor granted an exception and the rationale was documented, or the supervisor approved ending the protection response before the social worker had a private, face-to-face conversation with every child/youth living in the family home and the rationale was documented and appropriate.

Of the 25 records that received the rating of not achieved, four did not confirm that the social workers had private, face-to-face conversations with any of the children/youth living in the homes, two confirmed that the social workers had private, face-to-face conversations with some, but not all, of the children/youth living in the homes, five protection responses ended prior to meetings or interviews with the children/youth and the rationales for the decisions were not appropriate, and 14 memos/service requests had inappropriate non-protection responses.

FS 12: Visiting the Family Home

The compliance rate for this critical measure was **63%**. The measure was applied to all 72 records in the augmented sample: 45 received the rating of achieved and 27 received the rating of not achieved. To receive the rating of achieved, the social worker visited the family home before completing the FDR assessment or the investigation, or the supervisor granted an exception and the rationale was documented, or the supervisor approved ending the protection response before the social worker visited the family home and the rationale was documented and appropriate.

Of the 27 records that received the rating of not achieved, eight did not confirm that the social workers visited the family homes, five protection responses ended prior to visiting the family homes and the rationales for the decisions were not appropriate, and 14 memos/service requests had inappropriate non-protection responses.

FS 13: Working with Collateral Contacts

The compliance rate for this critical measure was **43%**. The measure was applied to all 72 records in the augmented sample: 31 received the rating of achieved and 41 received the rating of not achieved. To receive the rating of achieved:

- the social worker obtained information from individuals who may have relevant knowledge of the family and/or the child/youth before completing the FDR assessment or the investigation, or;
- the supervisor approved ending the protection response before the social worker obtained information from individuals who may have relevant knowledge of the family and/or the child/youth and the rationale was documented and appropriate.

Of the 41 records that received the rating of not achieved, 15 did not confirm that any collaterals were completed, five did not confirm that necessary collaterals were completed with Delegated Aboriginal Agencies or designated representatives of the First Nations, Treaty First Nations or

Metis community, five did not confirm that necessary collaterals were completed with involved specialized services (two required medical examinations and three required collaterals with police), five protection responses ended prior to completing collaterals and the rationales for the decisions were not appropriate, and 14 memos/service requests had inappropriate non-protection responses. The total adds to more than the number of records that received the rating of not achieved because two records had combinations of the above noted reasons.

If the incidents were FDR responses, the audit also assessed whether the social workers contacted the parents prior to contacting collaterals. The audit also assessed whether the parents identified which collateral contacts could provide the necessary information and reached agreements with the parents about the plans to gather information from specific collaterals. Of the 54 records with FDR responses, 39 documented that the social workers contacted the parents prior to contacting collaterals and one FDR response ended prior to contacting the family and the rationale for the decision was appropriate. Furthermore, of these 54 FDR responses, 27 documented discussions with the parents about which collateral contacts could provide the necessary information and reached agreements about the plans to gather information from specific collaterals.

b.4 Assessing Risk of Future Harm and Determining the Need for Protection Services

Table 4 provides compliance rates for measures FS 14 to FS 16, which relate to assessing the risk of future harm, determining the need for protection services and the timeframe for completing the FDR assessment or investigation. The records included the selected sample of 66 closed incidents augmented with the records described in the note below the table.

Table 4: Assessing the Risk of Future Harm and Determining the Need for Protection Services (N = 72)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 14: Assessing the Risk of Future Harm	72*	23	32%	49	68%
FS 15: Determining the Need for Protection Services	72*	21	29%	51	71%
FS 16: Timeframe for Completing the FDR Assessment or the Investigation	72*	60	83%	12	17%

*Total applicable includes the sample of 66 incidents augmented with the addition of 13 memos and one service request with inappropriate non-protection responses and the removal of eight incidents with inappropriate protection responses.

FS 14: Assessing the Risk of Future Harm

The compliance rate for this critical measure was **68%**. The measure was applied to all 72 records in the augmented sample: 49 received the rating of achieved and 23 received the rating of not achieved. To receive the rating of achieved, a Vulnerability Assessment was completed in its entirety and approved by the supervisor, or the supervisor approved ending the protection

response before a Vulnerability Assessment was completed in its entirety and the rationale was documented and appropriate.

Of the 23 records that received the rating of not achieved, two did not contain Vulnerability Assessments, one contained an incomplete Vulnerability Assessment, six protection responses ended prior to completing Vulnerability Assessments and the rationales for the decisions were not appropriate, and 14 memos/service requests had inappropriate non-protection responses.

The audit also assessed the length of time it took to complete the Vulnerability Assessments. Of the 49 records that received the rating of achieved, two protection responses ended prior to the Vulnerability Assessments being completed and the rationales for the decisions were appropriate and the range of time it took to complete the remaining 47 forms was between three and 447 days, with the average time being 93 days (see appendix for a bar graph).

FS 15: Determining the Need for Protection Services

The compliance rate for this critical measure was **71%**. The measure was applied to all 72 records in the augmented sample: 51 received the rating of achieved and 21 received the rating of not achieved. To receive the rating of achieved, the decision regarding the need for FDR protection services or ongoing protection services was consistent with the information obtained during the FDR assessment or the investigation, or the supervisor approved ending the protection response before the decision was made regarding the need for FDR protection services or ongoing protection services and the rationale was documented and appropriate.

Of the 21 records that received the rating of not achieved, one decision to not provide FDR protection services or ongoing protection services was not consistent with the information gathered during the protection response, six protection responses ended without completing all of the required steps and the rationales for the decisions were not appropriate, and 14 memos/service requests had inappropriate non-protection responses. With respect to the record that had a decision to not provide FDR protection services or ongoing protection services that was inconsistent with the information gathered during the protection response, supports were subsequently provided to the family which adequately addressed the risk factors presented in the initial report and documented family history.

FS 16: Timeframe for Completing the FDR Assessment or the Investigation

The compliance rate for this critical measure was **17%**. The measure was applied to all 72 records in the augmented sample: 12 received the rating of achieved and 60 received the rating of not achieved. To receive the rating of achieved, the FDR assessment or investigation was completed within 30 days of receiving the report or the FDR assessment or investigation was completed in accordance with the extended timeframe and plan approved by the supervisor.

Of the 60 records that received the rating of not achieved, 40 FDR assessments or investigations were not completed within 30 days, six protection responses ended without completing all of the required steps and the rationales for the decisions were not appropriate and 14 memos/service requests had inappropriate non-protection responses. Of the 40 FDR assessments or investigations that were not completed within 30 days or within the extended timeframes approved by the supervisors, the range of time it took to complete the FDR assessments or investigations was between 35 and 447 days, with the average being 121 days (see appendix for bar graph).

b.5 Strength and Needs Assessment and Family Plan

Table 5 provides compliance rates for measures FS 17 to FS 21, which relate to the completion of the Family and Child Strengths and Needs Assessment and the Family Plan. The rates are presented as percentages of all records to which the measures were applied. The records included the selected sample of 60 open FS cases and 50 closed FS cases.

Table 5: Strength and Needs Assessment and Family Plan (N = 110)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 17: Completing a Family and Child Strengths and Needs Assessment	110	56	51%	54	49%
FS 18: Supervisory Approval of the Family and Child Strengths and Needs Assessment	110	71	65%	39	35%
FS 19: Developing the Family Plan with the Family	110	80	73%	30	27%
FS 20: Timeframe for Completing the Family Plan	110	106	96%	4	4%
FS 21: Supervisory Approval of the Family Plan	110	104	95%	6	5%

FS 17: Completing a Family and Child Strengths and Needs Assessment

The compliance rate for this critical measure was **49%**. The measure was applied to all 110 records in the samples: 54 received the rating of achieved and 56 received the rating of not achieved. To receive the rating of achieved, a Family and Child Strength and Needs Assessment completed in its entirety within the 12-month time frame of the audit.

Of the 56 records that received the rating of not achieved, 51 did not contain Family and Child Strengths and Needs Assessments and five contained incomplete Family and Child Strengths and Needs Assessments.

Of the 54 records that received the rating of achieved, 15 Family and Child Strengths and Needs Assessments were completed within the most recent six-month practice cycle and 39 Family and

Child Strengths and Needs Assessments were not completed within the most recent six-month practice cycle, but they were completed within the 12-month time frame of the audit.

FS 18: Supervisory Approval of the Family and Child Strengths and Needs Assessment

The compliance rate for this critical measure was **35%**. The measure was applied to all 110 records in the samples: 39 received the rating of achieved and 71 received the rating of not achieved. To receive the rating of achieved, the Family and Child Strength and Needs Assessment was approved by the supervisor.

Of the 71 records that received the rating of not achieved, 51 did not contain Family and Child Strengths and Needs Assessments, five contained incomplete Family and Child Strengths and Needs Assessments (that were also not approved by the supervisors) and 15 Family and Child Strength and Needs Assessments were not approved by the supervisors.

FS 19: Developing the Family Plan with the Family

The compliance rate for this critical measure was **27%**. The measure was applied to all 110 records in the samples: 30 received the rating of achieved and 80 received the rating of not achieved. To receive the rating of achieved, a Family Plan form or its equivalent was developed in collaboration with the family. An equivalent to the Family Plan form can be the plan developed during a facilitated meeting, such as at a Family Case Planning Conference or Family Group Conference. The plan developed may be in lieu of a Family Plan if the plan has:

- the priority needs to be addressed;
- the goals described in clear and simple terms regarding what the family would like to change in their lives in relation to the identified need;
- indicators that describe in clear and simple terms what will appear different when the needs are met;
- strategies to reach goals where the person responsible for implementing the strategy is also noted;
- a review date when progress towards the goal will be reviewed and a determination made on whether the goal has been met.

Of the 80 records that received the rating of not achieved, 74 did not contain Family Plans or equivalents and five Family Plans or equivalents were not developed in collaboration with the families.

The audit also assessed whether the Family Plans were informed by completed Family and Child Strengths and Needs Assessments. Of the 35 Family Plans or equivalents, 14 were completed after the completion of the Family and Child Strengths and Needs Assessments and 21 were completed without first completing the Family and Child Strengths and Needs Assessments.

FS 20: Timeframe for Completing the Family Plan

The compliance rate for this critical measure was **4%**. The measure was applied to all 110 records in the samples: four received the rating of achieved and 106 received the rating of not achieved. To receive the rating of achieved, the Family Plan or its equivalent was created within 30 days of initiating ongoing protection services (if initiated within the 12-month time frame of the audit) and the Family Plan was revised within the most recent six-month practice cycle.

Of the 106 records that received the rating of not achieved, 74 did not contain Family Plans or equivalents within the 12-month time frame of the audit, 16 Family Plans or equivalents were not created within 30 days of initiating ongoing protection services and 16 Family Plans or equivalents were not created within the most recent six-month practice cycle but were created within the 12-month time frame of the audit.

FS 21: Supervisory Approval of the Family Plan

The compliance rate for this critical measure was **5%**. The measure was applied to all 110 records in the samples: 6 received the rating of achieved and 104 received the rating of not achieved. To receive the rating of achieved, the Family Plan or equivalent was approved by the supervisor.

Of the 104 records that received the rating of not achieved, 74 did not contain Family Plans or equivalents and 30 Family Plans or equivalents were not approved by the supervisors.

b.6 Reassessment and the Decision to End Protection Services

Table 6 provides compliance rates for measures FS 22 to FS 23, which relate to the completion of a Vulnerability Reassessment or Reunification Assessment and making the decision to end ongoing protection services. The rates are presented as percentages of all records to which the measures were applied. The records included the selected sample of 60 open FS cases and 50 closed FS cases.

Table 6 Reassessment and the Decision to End Protection Services (N = 110)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 22: Completing a Vulnerability Reassessment or Reunification Assessment	110	69	63%	41	37%
FS 23: Making the Decision to End Ongoing Protection Services	51*	22	43%	29	57%

* Total applicable include the sample of 51 closed cases

FS 22: Completing a Vulnerability Reassessment or Reunification Assessment

The compliance rate for this critical measure was **37%**. The measure was applied to all 110 records in the samples: 41 received the rating of achieved and 69 received the rating of not achieved. To receive the rating of achieved, a Vulnerability Reassessment or Reunification

Assessment was completed within the most recent six-month practice cycle and a Reunification Assessment was completed within three months of the child's return or a court proceeding regarding custody and the assessments was approved by the supervisor.

Of the 69 records that received the rating of not achieved, 60 did not contain Vulnerability Reassessments or Reunification Assessments completed within the most recent six-month practice cycle and five contained incomplete Vulnerability Reassessments or Reunification Assessments within the most recent six-month practice cycle. Of the 60 records that did not contain Vulnerability Reassessments or Reunification Assessments completed within the most recent six-month practice cycle, 48 also did not contain Vulnerability Reassessments or Reunification Assessments completed within the 12-month time frame of the audit.

FS 23: Making the Decision to End Ongoing Protection Services

The compliance rate for this critical measure was **57%**. The measure was applied to all 51 records in the closed FS case sample: 29 received the rating of achieved and 22 received the rating of not achieved. To receive the rating of achieved:

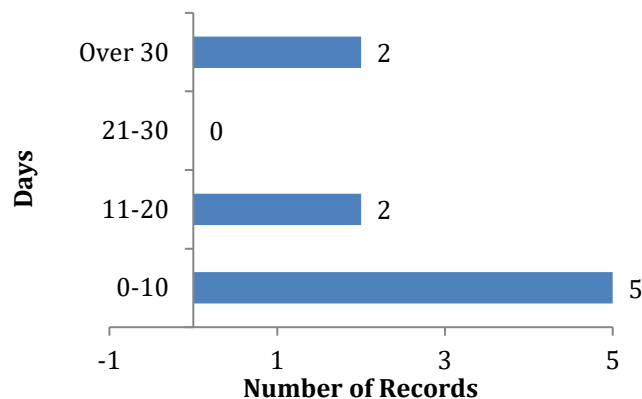
- the decision to conclude ongoing protection services was made in consultation with a supervisor;
- there were no unaddressed reports of abuse or neglect;
- there were no indications of current or imminent safety concerns;
- the family demonstrated improvements as identified in the Family Plan;
- a recent Vulnerability Reassessment or Reunification Assessment confirmed that factors identified as contributing to high vulnerability no longer existed or have been sufficiently addressed;
- the family demonstrated the ability to access and use formal and informal resources and the family had the ability to parent without MCFD support.

Of the 22 records that received the rating of not achieved, 15 ended ongoing protection services without completing Vulnerability Re-assessments or Reunification Assessments within the last six-month practice cycle, six ended ongoing protection services without confirming how the families demonstrated the improvements identified in their Family Plans, two ended ongoing protection services without confirming that all the reports of abuse and or neglect were addressed, and one ended ongoing protection services following a Vulnerability Reassessment or Reunification Assessment that indicated high vulnerability. The total adds to more than the number of records that received the rating of not achieved because two records had combinations of the above noted reasons.

C. TIME INTERVALS OBSERVED AS PART OF FAMILY SERVICE PRACTICE

In reviewing the 189 incidents, memos and service requests for this audit, the practice analyst captured data in relation to the time intervals for certain aspects of practice. These time intervals are displayed in the six bar charts below.

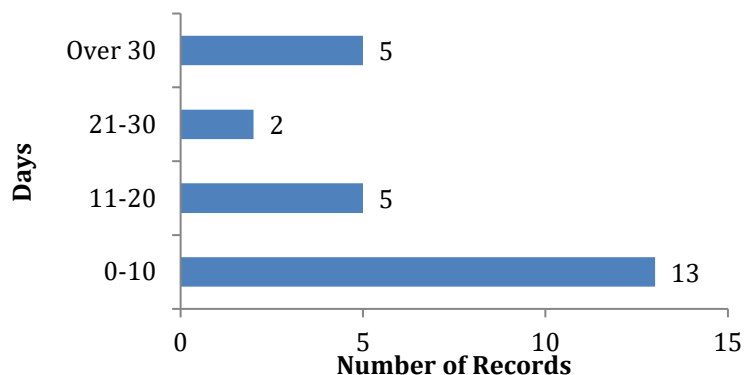
Figure 1: Timeframe for IRR completion, if not completed within 24 hours (FS 2)



Note:

1. N = 9 records received the rating of not achieved on FS 2 because the IRR was not completed within 24 hours.

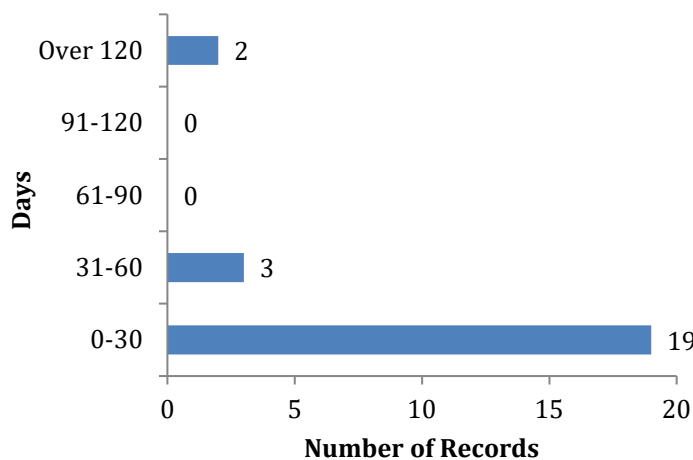
Figure 2: Timeframe for completion of Screening Assessment, if not completed within 24 hours (FS 3)



Note:

1. N = 25 records received the rating of not achieved on FS 3 because the IRR was not completed within 24 hours.

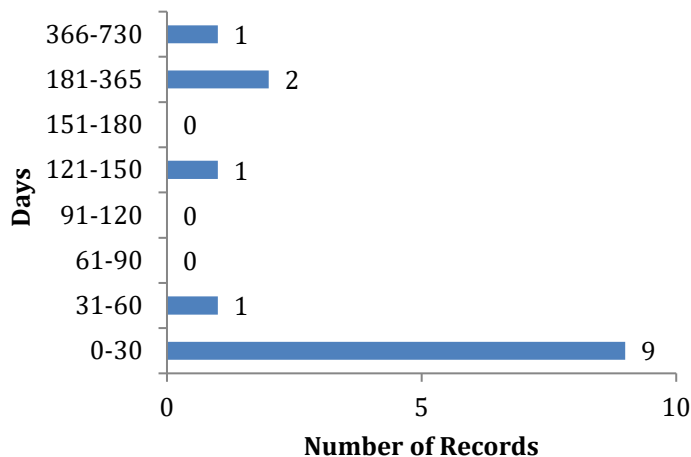
Figure 3: Timeframe to contact the family, if contact not made within the timeframe of the assigned response priority (FS 5)



Note:

1. N = 24 records where the family was not contacted within the timeframe of the assigned response priority.

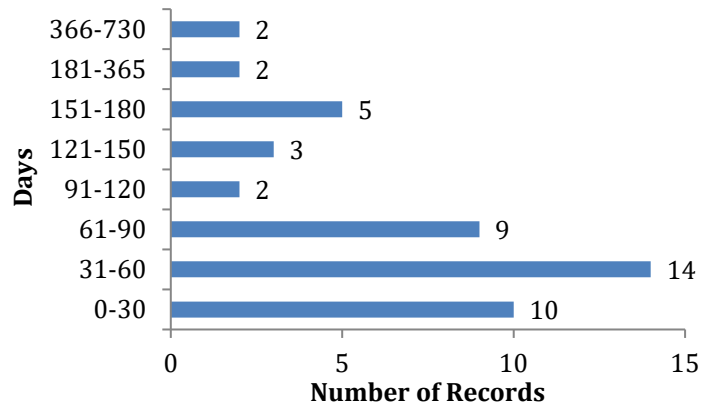
Figure 4: Timeframe to complete the Safety Assessment form, if not documented within 24 hours of the completion of the safety assessment process (FS 8)



Note:

1. N =14 records received the rating of not achieved at FS 8 because the Safety Assessment form was not completed within 24 hours of the completion of the safety assessment process.

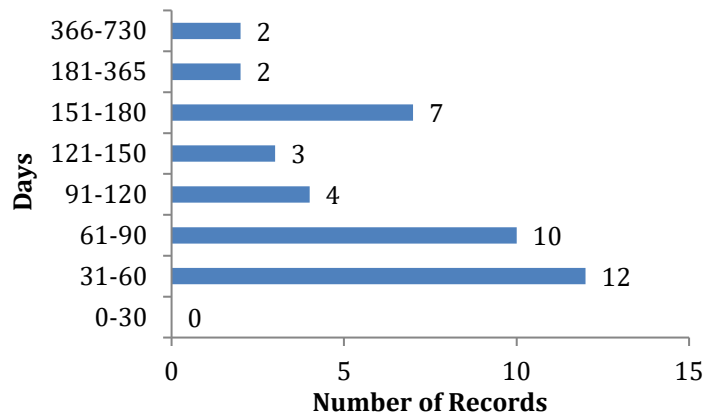
Figure 5: Timeframe to complete the Vulnerability Assessment from the date the report was received? (FS 14)



Note:

1. N = 47 records received the rating of achieved at FS 14 because the Vulnerability Assessment was completed.
2. Does not include 2 records where the protection responses ended prior to the completion of the Vulnerability Assessments and the rationales for the decisions were appropriate.

Figure 6: Timeframe to complete the FDR assessment or the investigation, if it was not completed within 30 days or within the timeframe approved for an extension (FS 16)



Note:

1. N = 40 records received the rating of not achieved at FS 16 because the FDR assessment or investigation was not completed within 30 days or within the timeframe approved for an extension.