



North Fraser Service Delivery Area

# Family Service Practice Audit

Report Completed: June 2019

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## INTRODUCTION

This report is divided into 8 sections that provide information about the Family Service (FS) practice audit that was conducted in the North Fraser Service Delivery Area (SDA) from March to June 2018. These sections include:

1. Purpose
2. Methodology
3. Findings and Analysis
4. Observations and Themes
5. Action Plan
6. Actions Taken to Date
7. Action Plan
8. Appendix: Time Intervals Observed as Part of Family Service Practice.

### 1. PURPOSE

Practice audits are conducted regularly by the Provincial Director of Child Welfare (PDCW) across the Ministry of Children and Family Development (MCFD) service lines and for services provided by Delegated Aboriginal Agencies (DAAs) under the Child, Family and Community Service Act (CFCSA). Practice audits are grounded in the Quality Assurance Standards and Quality Assurance Audit Policy. These quality assurance audits examine compliance with legislation, policy, and standards, while providing a systematic approach to the evaluation and improvement of services. Practice audits also provide quality assurance oversight and public accountability, which in turn informs continuous improvements in practice, policy, and service delivery.

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

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

- Service Requests
- Memos
- Incidents (investigations and family development responses)
- Family Service Cases

### 2. METHODOLOGY

Five samples of FS records were selected from lists of data extracted from the Integrated Case Management (ICM) system on September 13, 2017, 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 North Fraser SDA**

<b>Record status and type</b>	<b>Total number at SDA level</b>	<b>Sample size</b>
Closed Service Requests	747	62
Closed Memos	247	53
Closed Incidents	2,831	66
Open FS Cases	443	59
Closed FS Cases	79	37

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 a practice analyst on the provincial audit team for review. The data collection phase for this audit was conducted from March – June 2018. The 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 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 analyst reviewed each record in its entirety from opening to closing. In reviewing the open FS cases, the analyst focused on practice that occurred during a specific 12-month period (February 1, 2017 – January 31, 2018). In reviewing the closed FS cases, the 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"> <li>• Memos</li> <li>• Service Requests</li> <li>• Incidents</li> </ul>
FS5 – FS16	<ul style="list-style-type: none"> <li>• Incidents</li> <li>• Memos or Service Requests with an inappropriate non-protection responses</li> </ul>
FS17 – FS22	<ul style="list-style-type: none"> <li>• Open and Closed Cases</li> </ul>
FS23	<ul style="list-style-type: none"> <li>• Closed Cases</li> </ul>

Quality assurance policy and procedures require practice analysts identify for action any record that suggests a child may need protection under section 13 of the CFCSA. During this audit, practice analysts watched for any situation in which the information in the record suggested that a child may have been left at risk of harm at the time the record was audited. When identified, the record is brought to the attention of the appropriate team leader (TL) and director of operations (DOO), as well as the executive director of service (EDS). There were no records identified within the North Fraser SDA.

### 3. FINDINGS AND ANALYSIS

The findings are presented in tables that contain counts and percentages of ratings of achieved and not achieved for all of the measures in the 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 received ratings of achieved and not achieved. Please note that some records received ratings of not achieved for more than one reason.

There were a combined total of 277 records in the five samples selected for this audit. However, not all of the measures in the audit tool were applicable to all 277 records in the selected samples. The “Total Applicable” column in the tables contains the total number of records to which the measure was applied.

#### 3.1 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 62 closed Service Requests, 53 closed Memos and 66 closed Incidents. The 181 records reflect practice in both the North Fraser SDA and Provincial Centralized Screening. Specifically, 44 of the records were initiated by the SDA and 137 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. Breakdowns are provided in the analysis under each measure are for information purposes only.

**Table 1: Report and Screening Assessment (N = 181)**

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 1: Gathering Full and Detailed Information	181	2	1%	179	99%
FS 2: Conducting an Initial Record Review (IRR)	181	123	69%	58	32%
FS 3: Completing the Screening Assessment	181	32	18%	149	82%
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response	181	3	2%	178	98%

#### **FS 1: Gathering Full and Detailed Information**

The compliance rate for this critical measure was **99%**. The measure was applied to all 181 records in the samples; 179 of the 159 records received ratings of achieved and 2 received ratings of not achieved. Of the 179 records that received ratings of achieved, 43 documented practice by the SDA and 136 documented practice by Provincial Centralized Screening. To receive a rating of achieved, the information gathered from the caller was full, detailed and sufficient to determine an appropriate pathway.

Of the 2 records that received ratings of not achieved, both were reports about children's/youth's need for protection (1 memo documented practice by the SDA and 1 incident 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 **32%**. The measure was applied to all 181 records in the samples; 58 of the 181 records received ratings of achieved and 123 received ratings of not achieved. Of the 58 records that received ratings of achieved, 7 documented practice by the SDA and 51 documented practice by Provincial Centralized Screening. To receive a rating of achieved, the record contained documentation that:

- 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 123 records that received ratings of not achieved, 37 documented practice by the SDA and 86 documented practice by Provincial Centralized Screening.

Of these 123 records, 9 had no IRRs documented including no checks of Best Practice (6 documented practice by the SDA and 3 documented practice by Provincial Centralized Screening), 74 had IRRs documented but no checks of Best Practice (19 documented practice by the SDA and 55 documented practice by Provincial Centralized Screening), 17 had IRRs documented but the IRRs did not contain sufficient information (12 documented practice by the SDA and 5 documented practice by Provincial Centralized Screening), and 22 had IRRs but they were not documented within 24 hours of receiving the reports (all documented practice by Provincial Centralized Screening). Of the 22 records that did not document the IRRs within 24 hours, the range of time it took to complete the IRRs was between 2 and 39 days, with the average time being 6 days (see appendix for bar graph). The total adds to more than the number of records that received ratings of not achieved because 29 records had combinations of the above noted reasons.

### **FS 3: Completing the Screening Assessment**

The compliance rate for this critical measure was **82%**. The measure was applied to all 181 records in the samples; 149 of the 181 records received ratings of achieved and 32 received ratings of not achieved. Of the 149 records that received ratings of achieved, 48 documented practice by the SDA and 101 documented practice by Provincial Centralized Screening. To receive a rating of achieved, the record contained documentation that 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 32 records that received ratings of not achieved, all contained Screening Assessments completed beyond the required timeframe (30 documented practice by the SDA, 16 of which were transferred by Provincial Centralized Screening without Screening Assessments). Of these 32 Screening Assessments completed beyond the required timeframe, the range of time it took to complete the Screening Assessments was between 2 and 104 days, with the average time being 12 days (see appendix for bar graph). There was no record in the sample that required the Screening Assessment to have been completed immediately.

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

The compliance rate for this critical measure was **98%**. The measure was applied to all 181 records in the samples; 178 of the 181 records received ratings of achieved and 3 received ratings of not achieved. To receive a rating of achieved the decision to provide a protection or non-protection response was appropriate and consistent with the information gathered.

Of the 3 records that received ratings of not achieved, 2 were Incidents (documented practice by Provincial Centralized Screening) but the nature of the reported concerns did not warrant child protection responses and 1 was a Service Request (documented practice by Provincial Centralized Screening) but the nature of the reported concern warranted a child protection response. It is important to note that of the 2 Incidents inappropriately assigned child protection responses by Provincial Centralized Screening, the SDA correctly terminated the child protection responses after collecting additional information from the parents within 24 hours.

These 2 Incidents were removed from the Incident sample from FS 5 to FS 16 because the protection responses were not required.

Conversely, the 1 Service Request that received a rating of not achieved was added to the Incident sample from FS 5 to FS 16 and received ratings of not achieved for these measures because the required protection response were not provided. Within this Service Request, further information was collected by the social worker and/or supports were subsequently provided to the family which adequately addressed the risk factors presented in the initial report and documented family history.

### 3.2 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, conducting a detailed record review (DRR) and completing the safety assessment process and 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 = 65)**

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 5: Determining the Response Priority	65*	1	2%	64	98%
FS 6: Conducting a Detailed Record Review (DRR)	65*	35	57%	30	46%
FS 7: Assessing the Safety of the Child or Youth	65*	11	17%	54	83%
FS 8: Documenting the Safety Assessment	65*	49	75%	16	25%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	65*	3	5%	62	95%

\*Total Applicable includes the sample of 66 Incidents augmented with the removal of 2 Incidents with inappropriate protection responses and the addition of 1 Service Request with an inappropriate non-protection response.

#### **FS 5: Determining the Response Priority**

The compliance rate for this critical measure was 98%. The measure was applied to all 65 records in the augmented sample; 64 of the 65 records received ratings of achieved and 1 received a rating of not achieved. To receive a rating of achieved the record contained documentation that the response priority was appropriate and if there was an override it was approved by the supervisor.

The record that received a rating of not achieved was a Service Request that had an inappropriate non-protection response.

The audit also assessed whether families were contacted within the timeframes of the assigned response priorities. Of the 65 records in the augmented Incident sample, 38 contained documentation confirming that the families were contacted within the assigned response priorities, 26 did not, and 1 was a Service Request with an inappropriate non-protection response.



Of the 26 records where the families were not contacted within the assigned response priorities, all were given the response priority of within 5 days including 1 that had a protection response that was ended prior to any contact with the family and the rationale for the decision was not appropriate. Of the remaining 25 records where the families were not contacted within 5 days, the range of time it took to contact the families was between 6 days and 316 days, with the average time being 70 days (see appendix for a bar graph).

#### **FS 6: Conducting a Detailed Record Review (DRR)**

The compliance rate for this critical measure was **46%**. The measure was applied to all 65 records in the augmented sample; 30 of the 65 records received ratings of achieved and 35 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that 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 had 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 response before the DRR was conducted and the rationale was documented and appropriate.

Of the 35 records that received ratings of not achieved, 1 had no DRR, 31 had DRRs that did not contain the information missing from the IRRs, 2 had protection responses that were ended prior to DRRs being completed and the rationales for the decisions were not appropriate, and 1 was a Service Request with an inappropriate non-protection response.

#### **FS 7: Assessing the Safety of the Child or Youth**

The compliance rate for this critical measure was **83%**. The measure was applied to all 65 records in the augmented sample; 54 of the 65 records received ratings of achieved and 11 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that:

- 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 11 records that received ratings of not achieved, 2 either did not have the safety assessment processes completed or did not have the safety assessment processes completed during the first significant contacts with the children's/youth's families, 1 did not have the safety assessment process completed during the first significant contact with the child's/youth's family and did not have a Safety Plan despite the fact that safety concerns were identified and the child/youth was not removed, 3 Safety Plans were not signed by the parents, 2 did not have Safety Plans despite

the fact that safety concerns were identified and the children/youth were not removed, 2 had protection responses that were ended prior to the first significant contacts with the children's/youth's families and the rationales for the decisions were not appropriate, and 1 was a Service Request with an inappropriate non-protection response.

#### **FS 8: Documenting the Safety Assessment**

The compliance rate for this critical measure was **25%**. The measure was applied to all 65 records in the augmented sample; 16 of the 65 records received ratings of achieved and 49 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that the Safety Assessment form was documented within 24 hours after the completion of the safety assessment process, or the supervisor approved ending the protection response before the Safety Assessment was documented and the rationale was documented and appropriate.

Of the 49 records that received ratings of not achieved, 46 had Safety Assessment forms that were not completed within 24 hours after the safety assessment processes, 2 had protection responses that were ended prior to the first significant contacts with the children's/youth's families and the rationales for the decisions were not appropriate, and 1 was a Service Request with an inappropriate non-protection response.

Of the 46 records where the Safety Assessment forms were not completed within 24 hours of the safety assessment processes, the range of time it took to complete the forms was between 3 days and 727 days, with the average time being 113 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 **95%**. The measure was applied to all 65 records in the augmented sample; 62 of the 65 records received ratings of achieved and 3 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that 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 3 records that received ratings of not achieved, 2 had protection responses that were ended prior to the first significant contacts with the children's/youth's families and the rationales for the decisions were not appropriate, and 1 was a Service Request with an inappropriate non-protection response.

### 3.3 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 = 65)**

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	65*	12	18%	53	82%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	65*	8	12%	57	88%
FS 12: Visiting the Family Home	65*	11	17%	54	83%
FS 13: Working With Collateral Contacts	65*	19	29%	46	71%

\*Total Applicable includes the sample of 66 Incidents augmented with the removal of 2 Incidents with inappropriate protection responses and the addition of 1 Service Request with an inappropriate non-protection response.

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

The compliance rate for this critical measure was **82%**. The measure was applied to all 65 records in the augmented sample; 53 of the 65 records received ratings of achieved and 12 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that the social worker met with or interviewed the parent(s) 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 12 records that received ratings of not achieved, 7 did not document that the social workers had met with or interviewed the parents(4 of these 7 contained documentation that the mothers were interviewed, but the fathers were not), 1 did not document that the social workers had met with or interviewed the parents and other adults in the home, 1 documented that the social worker had met with or interviewed only one of the two parents (the mother) and insufficient information was gathered during that interview to assess the safety or vulnerability of the children/youth living in the home, 2 had protection responses that were 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 1 was a Service Request with an inappropriate non-protection response.

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

The compliance rate for this critical measure was **88%**. The measure was applied to all 65 records in the augmented sample; 57 of the 65 records received ratings of achieved and 8 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that 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 8 records that received ratings of not achieved, 4 did not document that the social workers had private, face-to-face conversations with every child/youth living in the homes, 2 had protection responses that were ended prior to meetings or interviews with the children/youth and the rationales for the decisions were not appropriate, 1 documented insufficient information from the interview to assess the safety and vulnerability of the children/youth, and 1 was a Service Request with an inappropriate non-protection response. Of the 4 records that did not document private, face-to-face conversations with every child/youth living in the homes, all did not document conversations with any of the children/youth.

**FS 12: Visiting the Family Home**

The compliance rate for this critical measure was **83%**. The measure was applied to all 65 records in the augmented sample; 54 of the 65 records received ratings of achieved and 11 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that 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 11 records that received ratings of not achieved, 8 did not document that the social workers visited the family homes, 2 had protection responses that were ended prior to the social workers visiting the family homes and the rationales for the decisions were not appropriate, and 1 was a Service Request with an inappropriate non-protection response.

**FS 13: Working with Collateral Contacts**

The compliance rate for this critical measure was **71%**. The measure was applied to all 65 records in the augmented sample; 46 of the 65 records received ratings of achieved and 19 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that 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 19 records that received ratings of not achieved, 7 had no documentation of collaterals being contacted, 9 had documented collaterals but failed to complete necessary collaterals with Delegated Aboriginal Agencies or designated representatives of the First Nations, Treaty First Nations or Metis community, 2 had protection responses that were ended prior to completing collaterals and the rationales for the decisions were not appropriate, and 1 was a Service Request with an inappropriate non-protection response.

The audit also assessed whether the social workers, if the records were Incidents with FDR protection responses, made contact with the parents prior to initiating the FDR responses and also whether the social workers had discussions about which collateral contacts could provide the necessary information and reached agreements about the plans to gather information from specific collaterals. Of the 62 records in the sample that were Incidents that were FDR protection responses, 56 documented contacts with the parents prior to initiating the FDR responses. Furthermore, of these 62 records with FDR responses, 48 documented discussions with parents about which collateral contacts could provide the necessary information and reached agreements about the plans to gather information from specific collaterals.

### 3.4 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 = 65)**

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 14: Assessing the Risk of Future Harm	65*	6	8%	59	91%
FS 15: Determining the Need for Protection Services	65*	3	5%	62	95%
FS 16: Timeframe for Completing the FDR Assessment or the Investigation	65*	60	92%	5	8%

\*Total Applicable includes the sample of 66 Incidents augmented with the removal of 2 Incidents with inappropriate protection responses and the addition of 1 Service Request with an inappropriate non-protection response.

#### **FS 14: Assessing the Risk of Future Harm**

The compliance rate for this critical measure was **91%**. The measure was applied to all 65 records in the augmented sample; 59 of the 65 records received ratings of achieved and 6 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that the Vulnerability Assessment was completed in its entirety and approved by the supervisor, or the supervisor approved ending the protection response before the Vulnerability Assessment was completed in its entirety and the rationale was documented and appropriate.

Of the 6 records that received ratings of not achieved, 3 had no Vulnerability Assessments, 2 had protection responses that were ended prior to completing the Vulnerability Assessments and the rationales for the decisions were not appropriate, and 1 was a Service Request with an inappropriate non-protection response.

Of the 59 records where the Vulnerability Assessments were completed, the range of time it took to complete the forms was between 10 days and 808 days, with the average time being 232 days (see appendix for a bar graph).

#### **FS 15: Determining the Need for Protection Services**

The compliance rate for this critical measure was **95%**. The measure was applied to all 65 records in the augmented sample; 62 of the 65 records received ratings of achieved and 3 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that 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 3 records that received ratings of not achieved, 2 had protection responses that were ended without completing all of the required steps of the protection responses and the rationales for the decisions were not appropriate, and 1 was a Service Request with an inappropriate non-protection response.

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

The compliance rate for this critical measure was **8%**. The measure was applied to all 65 records in the augmented sample; 5 of the 65 records received ratings of achieved and 60 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that 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 that had been approved by the supervisor.

Of the 60 records that received ratings of not achieved, 57 did not have the FDR assessments or investigations completed within 30 days, 2 had protection responses that were ended without completing all of the required steps of the protection responses and the rationales for the decisions were not appropriate, and 1 was a Service Request with an inappropriate non-protection response.

Of the 57 records where the FDR assessments or investigations were not completed within 30 days, the range of time it took to complete the FDR assessments or investigations was between 31 and 808 days, with the average being 231 days (see appendix for a bar graph).

### 3.5 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 59 open FS cases and 37 closed FS cases.

**Table 5: Strength and Needs Assessment and Family Plan (N = 96)**

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 17: Completing a Family and Child Strengths and Needs Assessment	96	39	41%	57	59%
FS 18: Supervisory Approval of the Family and Child Strengths and Needs Assessment	96	45	47%	51	53%
FS 19: Developing the Family Plan with the Family	96	46	48%	50	52%
FS 20: Timeframe for Completing the Family Plan	96	67	70%	29	30%
FS 21: Supervisory Approval of the Family Plan	96	65	68%	31	32%

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

The compliance rate for this critical measure was **59%**. The measure was applied to all 96 records in the samples; 57 of the 96 records received ratings of achieved and 39 received ratings of not achieved. To receive a rating of achieved, the record contained a Family and Child Strength and Needs Assessment completed in its entirety within the 12 month time frame of the audit.

Of the 39 records that received ratings of not achieved, 35 did not contain Family and Child Strengths and Needs Assessments and 4 contained incomplete Family and Child Strengths and Needs Assessments.

Of the 57 records that received ratings of achieved, 30 had Family and Child Strengths and Needs Assessments completed within the most recent 6 month protection cycle and 27 did not have Family and Child Strengths and Needs Assessments completed within the most recent 6 month protection 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 **53%**. The measure was applied to all 96 records in the samples; 51 of the 95 records received ratings of achieved and 45 received ratings of not achieved. To receive a rating of achieved, the record contained a Family and Child Strength and Needs Assessment that was approved by the supervisor.

Of the 45 records that received ratings of not achieved, 35 did not contain Family and Child Strengths and Needs Assessments, 4 contained incomplete Family and Child Strengths and Needs Assessments (that were not approved by the supervisors) and 6 contained completed Family and Child Strength and Needs Assessments that were not approved by the supervisors.

#### **FS 19: Developing the Family Plan with the Family**

The compliance rate for this critical measure was **52%**. The measure was applied to all 96 records in the samples; 50 of the 96 records received ratings of achieved and 46 received ratings of not achieved. To receive a rating of achieved, the record contained a completed Family Plan form or its equivalent and 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 46 records that received ratings of not achieved, 37 did not have Family Plans or equivalents and 9 had Family Plans or equivalents but they were not developed in collaboration with the families.

The audit also assessed whether the Family Plans or equivalents were completed after the Family and Child Strengths and Needs Assessments. Of the 50 records that received ratings of achieved, 21 had completed the Family Plans or equivalents after the completion of the Family and Child Strengths and Needs Assessments and 29 had completed the Family Plans or equivalents 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 **30%**. The measure was applied to all 96 records in the samples; 29 of the 96 records received ratings of achieved and 67 received ratings of not achieved. To receive a rating of achieved, the record contained a Family Plan or its equivalent that 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 6 month protection cycle.

Of the 67 records that received ratings of not achieved, 37 did not have Family Plans or equivalents within the 12 month time frame of the audit.



30 had Family Plans or equivalents within the 12 month time frame of the audit but did not have Family Plans or equivalents created within the most recent 6-month ongoing protection services cycles.

#### **FS 21: Supervisory Approval of the Family Plan**

The compliance rate for this critical measure was **32%**. The measure was applied to all 96 records in the samples; 31 of the 96 records received ratings of achieved and 65 received ratings of not achieved. To receive a rating of achieved, the record contained a Family Plan that was approved by the supervisor.

Of the 65 records that received ratings of not achieved, 37 did not have Family Plans or equivalents and 28 completed Family Plans were not approved by the supervisors.

### **3.6 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 59 open FS cases and 37 closed FS cases.

**Table 6: Decision to End Protection Services (N = 96)**

<b>Measure</b>	<b>Total Applicable</b>	<b># Not Achieved</b>	<b>% Not Achieved</b>	<b># Achieved</b>	<b>% Achieved</b>
FS 22: Completing a Vulnerability Reassessment or Reunification Assessment	96	58	60%	38	40%
FS 23: Making the Decision to End Ongoing Protection Services	37*	10	27%	27	73%

\* Total Applicable includes the sample of 37 closed cases

#### **FS 22: Completing a Vulnerability Reassessment or Reunification Assessment**

The compliance rate for this critical measure was **40%**. The measure was applied to all 96 records in the samples; 38 of the 96 records received ratings of achieved and 58 received ratings of not achieved. To receive a rating of achieved, the record contained a Vulnerability Reassessment or Reunification Assessment completed within the most recent 6 month protection cycle and a Reunification Assessment completed within 3 months of the child's return or a court proceeding regarding custody and the assessment(s) was approved by the supervisor.

Of the 58 records that received ratings of not achieved, 46 did not have Vulnerability Reassessments or Reunification Assessments completed within the most recent 6 month protection cycle and 12 had incomplete Vulnerability Reassessments or Reunification Assessments within the most recent 6 month protection cycle.

Of the 46 records that did not have Vulnerability Reassessments or Reunification Assessments completed within the most recent 6 month protection cycle, 31 also did not have 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 **73%**. The measure was applied to all 37 records in the sample; 27 of the 37 records received ratings of achieved and 10 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that:

- 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 10 records that received ratings of not achieved, all had ended protection services without completing a Vulnerability Re-assessment within the last 6-month protection services cycle.

#### **Records Identified for Action**

Quality assurance policy and procedures require practice analysts to identify for action any record that suggests a child may need protection under section 13 of the Child, Family and Community Service Act. During the course of this audit, no record was identified for action because the information in the record suggested that the children may have been at risk at the time the record was audited.

## **4. OBSERVATIONS AND THEMES**

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

The SDA overall compliance rate was **67%**.

#### 4.1 Strengths and Challenges of the Screening Process

Overall, the North Fraser SDA showed a high compliance rate for the screening process outlined in the Child Protection Response Policies. There was extremely high (99%) compliance for the critical measure associated with gathering full and detailed information (FS 1).

Almost all of the records contained information that was sufficient to assess and respond to the reports and determine appropriate pathways. Of the not achieved records, both were initiated by Provincial Centralized Screening and were missing key information to adequately assess the reports.

The compliance rate for conducting an IRR (FS 2) was significantly lower than the other aspects of the screening process with 32% compliance. Almost two thirds (62%) of the records were missing checks of Best Practices. Ensuring that all workers are aware that checking Best Practices is required, regardless of whether a family is identified as Indigenous, may increase compliance with this measure. In addition, many of the records (10%) had IRR's that did not contain sufficient information as outlined in the Child Protection Response Policies. It is important to note that the Child Protection Response Policies specify that IRRs must identify the numbers of past Service Requests and Incidents within ICM and Best Practices and identify the previous issues or concerns.

There was high (82%) compliance for the critical measure associated with completing the Screening Assessment (FS 3). All of the records that were rated not achieved had Screening Assessments completed beyond 24 hours.

There was extremely high (98%) compliance for the critical measure associated with determining whether the report requires a protection or non-protection response (FS 4). All decisions to rate records as not achieved at this measure were made in consultation with a manager of quality assurance. Consistent use of the Screening Assessment tool seems to have contributed to the extremely high compliance with this critical measure.

There was also extremely high (98%) compliance for the critical measure associated with determining a response priority (FS 5). The 1 record rated not achieved was inappropriately coded as non-protection. In other words, every assigned response priority timeframe was deemed correct.

#### 4.2 Strengths of FDR Assessment or Investigation

There are a number of critical measures associated with the FDR assessment or investigation process that received high compliance rates. Although the compliance rates for the following measures are overall quite high, they were negatively impacted by the 1 record that received not achieved ratings at the critical measure associated with determining whether the report requires a protection or non-protection response (FS 4). This record also received not achieved ratings from critical measures FS 5 to FS 16. In addition, the compliance rates were negatively impacted by 2 records where the responses were ended early with supervisory approvals but the rationales for ending the responses early did not meet the criteria as outlined in the Child Protection Response Policies.

These records also received not achieved ratings from critical measures FS 6 to FS 16.

The critical measure associated with assessing the safety of the child or youth (FS 7) received a high (83%) compliance rate.

Of all the records with completed FDR assessments or investigations, 6 had issues with the Safety Plans (no Safety Plans or Safety Plans not signed by parents) and 2 did not describe safety assessment processes during the first significant contacts with the families. Reviewing the procedures about assessing the safety of the child or youth outlined in the Child Protection Response Policies will likely increase compliance with this critical measure.

The critical measure associated with making a safety decision consistent with the Safety Assessment form (FS 9) had extremely high compliance (95%). It is positive to note that all of the records with completed Safety Assessment forms had safety decisions that were consistent with the information documented in the Safety Assessments. The 3 records that received ratings of not achieved did not contain Safety Assessment forms.

The critical measure associated with meeting with or interviewing the parents and other adults in the family home (FS 10) received a high (82%) compliance rate. Of all the records with completed FDR assessments or investigations, 8 did not document meeting/interviewing the parents (including 1 that also did not interview other adults living in the home) and 1 did document a meeting/interview with the parents but the information gathered was insufficient to assess the safety and vulnerability of the children/youth.

The critical measure associated with meeting with every child or youth who lives in the family home (FS 11) received a high (88%) compliance rate. Of all the records with completed FDR assessments or investigations, 4 did not document private, face-to-face conversations/interviews with every child or youth who lived in the family homes and 1 did document interviews with the children but the information gathered was insufficient to assess the safety and vulnerability of the children/youth.

There was high (83%) compliance with the critical measure associated with visiting the family home (FS 12). Of all the records with completed FDR assessments or investigations, 8 did not describe the social workers observing the children's or youth's living situations and no documentation of consultations with supervisors in regards to exceptions to this requirement.

There was moderately high (71%) compliance with the critical measure associated with working with collateral contacts. Of all the records with completed FDR assessments or investigations, 7 had no collaterals documented. The additional 9 records had collaterals documented, but not from the associated/involved Delegated Aboriginal Agencies or designated representatives of the First Nations, Treaty First Nations or the Metis community. Ensuring that staff are aware of and follow Policy 1.6: Working with Service Partners and Collateral Contacts may increase compliance with this critical measure.

Lastly, there was extremely high (91%) compliance with the critical measure associated with assessing the risk of future harm (FS 14). Of all the records with completed FDR assessments or investigations, 3 had no Vulnerability Assessments. Overall the completion of Vulnerability Assessments was high and they are being completed and approved by supervisors prior to closing Incidents.

#### **4.3 Challenges of FDR Assessment or Investigation**

Although there are a number of areas of strength in the FDR assessment and investigation processes as outlined above there is room for improvement in some key areas. The first challenge is in regards to the critical measure associated with conducting a DRR (FS 6) which received a low (46%) compliance rate. The primary reason for the not achieved ratings was that DRRs did not contain the information that was missing from the IRRs. It is important to note that there were missing checks of Best Practices in the IRRs that were not completed as part of the DRRs.

There was very low (25%) compliance with the critical measure associated with documenting the Safety Assessment form within 24 hours of completing the safety assessment process (FS 8). Of all the records with completed FDR assessments or investigations, the sole reason for the not achieved ratings was that the Safety Assessment forms were not completed within 24 hours of the safety assessment process. It may be beneficial to review this timeline expectation with staff to ensure higher compliance with this standard. It is important to note that there was a Safety Assessment form included in every record with a completed FDR assessment or investigation.

The final critical measure is in regards to the timeframe for completing the FDR assessment or investigation (FS 16) which received an extremely low (8%) compliance rate. It was evident in reviewing the records that there were many factors contributing to work not being completed in a timely manner. One way to increase compliance with this critical measure would be for supervisors to consider approving extensions to the timeframe for the FDR assessments and investigations and then document these plans, consultations, and approvals.

#### **4.4 Strengths and Challenges of Open and Closed Family Service Cases**

Almost all of the measures associated with the provision of ongoing protection services had low to moderately low compliance rates. The majority of these measures focus on the completion of SDM tools that are intended to provide a foundation for the provision of effective ongoing child protection services. Over half (59%) of the records had completed Family and Child Strengths and Needs Assessments (FS 17) within the 12 month timeframe of the audit. However, of all the Family Service cases audited, less than one third (32%) had Family and Child Strength and Needs Assessments completed within the last six month protection cycles.

The critical measure associated with the supervisory approval of the Family and Child Strengths and Needs Assessment (FS 18) also had moderately low (53%) compliance. Of the 57 out of 96 records with completed Family and Child Strength and Needs Assessments, 45 were not signed by supervisors or finalized in the ICM system by supervisors.

There are three critical measures associated with the Family Plan (FS 19, FS 20 and FS 21). The critical measure associated with developing the Family Plan in collaboration with the family (FS 19) received a moderately low (52%) compliance rate. The critical measure associated with the timeframe for completing the Family Plan (FS 20) received a low (30%) compliance rate. The critical measure associated with the supervisory approval of the Family Plan (FS 21) also received a low (32%) compliance rate.

These low to moderately low compliance rates raise concerns that many families may not have been given opportunities to contribute directly to the development of strategies that will provide them the support they require to address the child protection concerns the social workers have identified. Unlike other critical measures relating to SDM tools, the audit of the Family Plan considered all file documentation related to collaborative decision making in family planning. For the achieved records, it was often meeting minutes from family case planning conferences that informed the achieved ratings. It is important to note that supervisory approvals were not always evident when the plans were developed, unless the supervisors attended the conferences or consultation with the supervisors were documented. It is important to note that some district offices within the North Fraser SDA use unique templates to ensure transparency in documenting meetings with families. More consistent use of these templates could enhance compliance in this area.

The critical measure associated with completing a Vulnerability Reassessment or Reunification Assessment (FS 22) had a low (40%) compliance rate. The intent of these two SDM tools is to aid social workers and team leaders 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.

Lastly, the critical measure associated with making the decision to end ongoing protection services (FS 23) had a moderately high (73%) compliance rate. All of files that received achieved ratings had well documented and appropriate decisions regarding file closures. The 10 records that received not achieved ratings had limited documentation of monitoring leading up to file closures and the documentation to support the decisions was also lacking.

## 5. ACTION PLAN

ACTIONS	PERSONS RESPONSIBLE	OUTCOMES	COMPLETION DATES
1. Review the policies and procedures associated with completing IRRs and DRRs, including the guidelines for checking Best Practice, with all delegated staff. Confirmation that this review has been completed will be sent, via email, to the Manager of Quality Assurance.	Executive Director of Service	The assessments of reports are based on complete and accurate information.	July 31, 2019
2. Review the policies and procedures associated with completing collaterals, including <i>Policy 1.6, Working with Service Providers and Collateral Contacts</i> , with all delegated staff. This review will emphasize the importance of documenting agreements with parents about the plans to gather information from specific collaterals and the requirement to contact the appropriate Delegated Aboriginal Agencies and the designated representatives of the First Nations, Treaty First Nations or Métis community when the families are Indigenous. Confirmation that this review has been completed will be sent, via email, to the Manager of Quality Assurance.	Executive Director of Service	Families and Indigenous communities are fully engaged in the assessment and decision-making processes.	July 31, 2019  Cont. next page
3. Review the policies and procedures associated with supervisory approvals of extensions to the timeframe for completing FDR Assessments and Investigations. Confirmation that this review has been completed will be sent, via email, to the Manager of Quality Assurance.	Executive Director of Service	At the completion of protection responses, appropriate determinations are made, based on clinical judgement, the outcomes of assessments, and any findings of evidence in relation to circumstances in section 13 of the CFCSA, regarding the need for ongoing protection services.	July 31, 2019

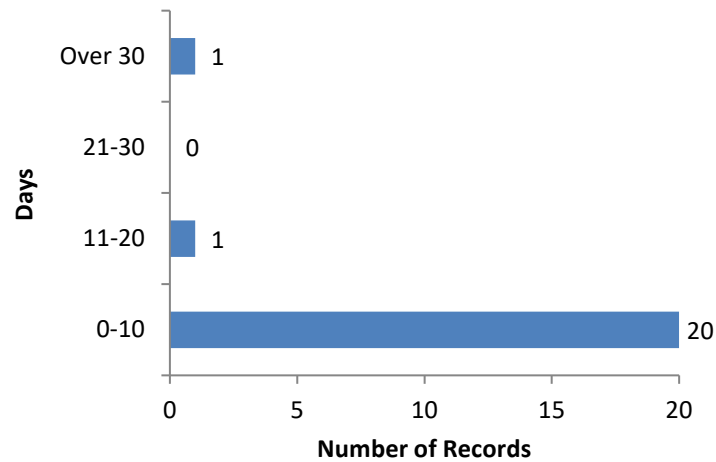
<p>4. Family Service supervisors and Practice Consultants will review the audited sample of FS Cases and, in collaboration with front line staff, determine common themes and develop plans to improve compliance to completing Family Strengths and Needs Assessment and Family Plans. Practice Consultants will provide examples of these SDM tools at the SDA's "Book Club" meeting to assist in improving quality. All newly completed documentation will be attached in the ICM records. The plan to improve compliance to Family Strengths and Needs Assessments and Family Plans will be shared, via email, with the Manager of Quality Assurance.</p>	<p>Executive Director of Service</p> <p>Director of Practice, PDCW</p>	<p>Families are fully engaged in the assessment and planning processes.</p> <p>Families understand how their progress will be measured.</p>	<p>December 31, 2019</p>
<p>5. A practice re-audit will be conducted on open FS cases. The re-audit will examine practice from the previous 12-months and new audit samples will be selected. Quality Assurance will conduct the re-audit using ICM records only.</p>	<p>Manager, Quality Assurance</p>		<p>May, 2020</p>



## APPENDIX 1 – Time Intervals Observed as part of Family Service Practice

In reviewing the 277 records for this audit, the practice analyst on the provincial audit team captured data in relation to the time intervals for certain aspects of practice. These time intervals are displayed in the six bar charts below.

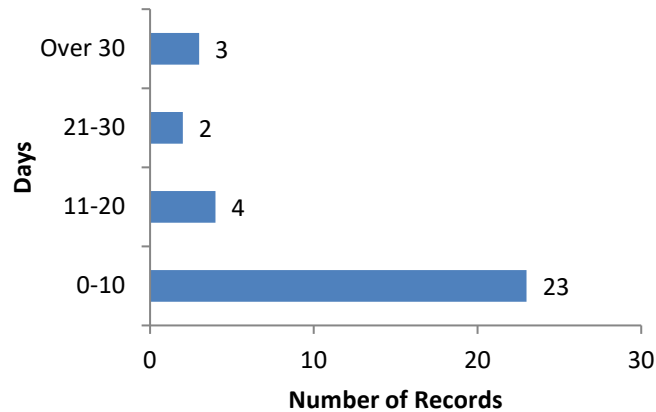
**Figure 1: Timeframe for IRR completion, if not completed within 24 hours (FS 2)**



Note:

1. N = 22 of 181 records that received ratings of not achieved on FS 2 because the IRRs were not completed within 24 hours.

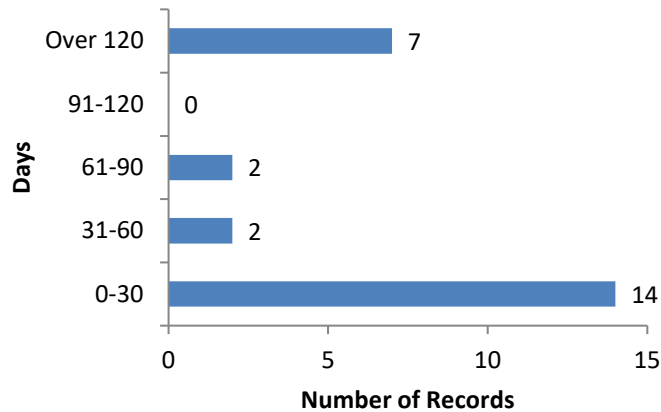
**Figure 2: Timeframe for completion of Screening Assessment, if not completed within 24 hours (FS 3)**



Note:

2. N = 32 of 181 records that received ratings of not achieved on FS 3 because the IRR was not completed within 24 hours.

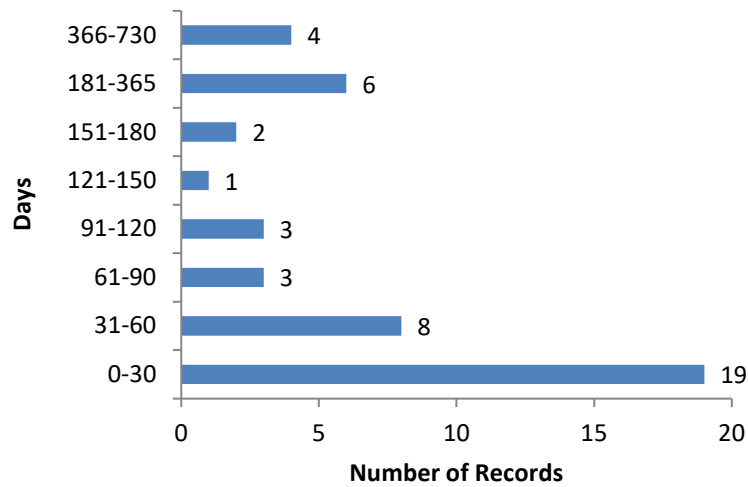
**Figure 3: Timeframe to make contact with the family, if contact not made within the timeframe of the assigned response priority (FS 5)**



Note:

3. N = 25 of 65 records that received ratings of not achieved on FS 5 because the families were not contacted within the timeframe of the assigned response priority.

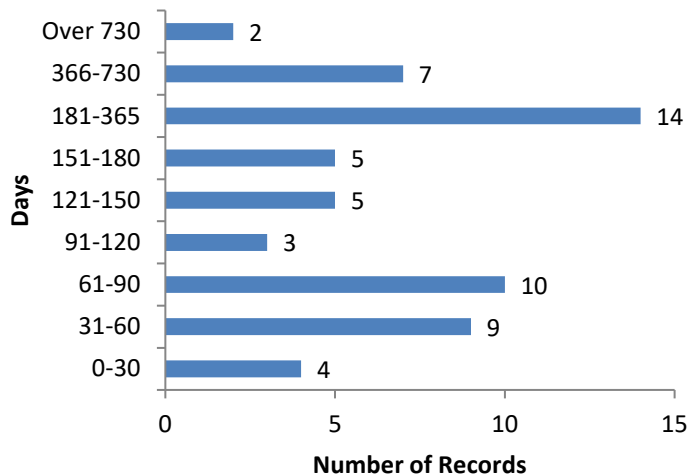
**Figure 4: Timeframe to complete the Safety Assessment form, if not documented within 24 hours of the completion of the safety assessment process (FS 8)**



Note:

- N = 46 of 65 records that received ratings of not achieved on FS 3 because the Safety Assessment forms were not completed within 24 hours after the completion of the safety assessment process.

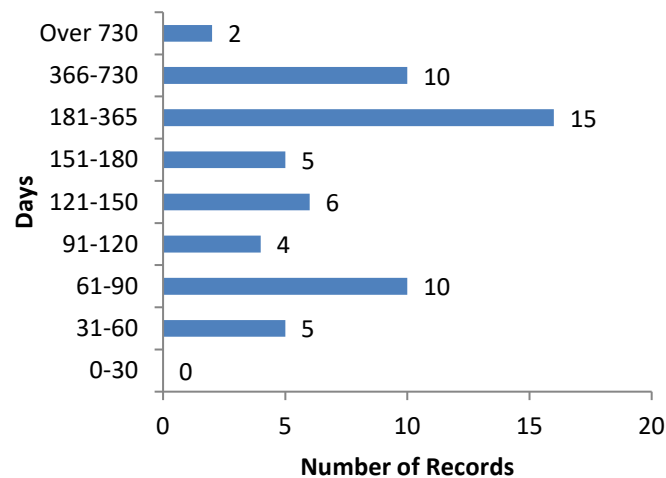
**Figure 5: Timeframe to complete the Vulnerability Assessment from the date the report was received (FS 14)**



Note:

- N = 59 of 65 records rated achieved at FS 14 and the timeline for completing the Vulnerability Assessments were calculated.

**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:

N = 57 of 65 records that received ratings of not achieved at FS 16 because the FDR assessments or investigations were not completed within 30 days or within the extended timeframes approved by supervisors.