



Vancouver Richmond Service Delivery
Area

Family Service Practice Audit

Report Completed: March 2019

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INTRODUCTION

This report is divided into eight sections that provide information about the Family Service (FS) practice audit that was conducted in the Vancouver Richmond Service Delivery Area (SDA) from September 2017 to February 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). 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 Vancouver/Richmond SDA

Record status and type	Total number at SDA level	Sample size
Closed Service Requests	776	62
Closed Memos	452	59
Closed Incidents	1980	65
Open FS Cases	435	59
Closed FS Cases	124	44

Specifically, the five samples consisted of:

1. Service Requests that were closed in the SDA between September 1, 2016 and August 31, 2017, 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 September 1, 2016 and August 31, 2017, 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 September 1, 2016 and August 31, 2017, where the type was family development response or investigation.
4. Family Services Cases with a service basis of protection open in the SDA on August 31, 2017, and had been open for at least six months.
5. Family Service Cases with a service basis of protection that were closed in the SDA between February 1, 2017 and July 31, 2017 that had been open for at continuously least six months.

The selected records were assigned to five practice analysts on the provincial audit team for review. The data collection phase for this audit was conducted from September, 2017 – February, 2018. The analysts 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 analysts 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 analysts reviewed each record in its entirety from opening to closing. In reviewing the open FS Cases, the analysts focused on practice that occurred during a specific 12-month period (September 1, 2016- August 31, 2017).

In reviewing the closed FS Case records, the analysts focused on practice that occurred during the 12-month period prior to the closure of the record.

Each record type is audited using a different set of critical measures. The table below identifies 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 or Service Requests with an inappropriate non-protection responses
FS17 – FS22	<ul style="list-style-type: none">• Open and Closed Cases
FS23	<ul style="list-style-type: none">• Closed Cases

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).

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. Note that some records received ratings of not achieved for more than one reason.

There were a combined total of 289 records in the five samples selected for this audit. However, not all of the measures in the audit tool were applicable to all 289 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 randomly selected samples of 62 closed Service Requests, 59 closed Memos and 65 closed Incidents. The 186 records reflect practice in both the Vancouver Richmond SDA and Provincial Centralized Screening. Specifically, 25 of the records were initiated by the SDA and 161 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 = 186)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 1: Gathering Full and Detailed Information	186	6	3%	180	97%
FS 2: Conducting an Initial Record Review (IRR)	186	152	82%	34	18%
FS 3: Completing the Screening Assessment	186	51	27%	135	73%
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response	186	6	3%	180	97%

FS 1: Gathering Full and Detailed Information

The compliance rate for this critical measure was **97%**. The measure was applied to all 186 records in the samples; 180 of the 186 records received ratings of achieved and 6 received ratings of not achieved. Of the 180 records that received ratings of achieved, 22 documented practice by the SDA and 158 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 6 records that received ratings of not achieved, all were reports about children's/youth's need for protection and all lacked full, detailed and sufficient information to assess and respond to the reports. Of the 6 records that received ratings of not achieved, 3 documented practice by the SDA and 3 documented practice by Provincial Centralized Screening.

FS 2: Conducting an Initial Record Review (IRR)

The compliance rate for this critical measure was **18%**. The measure was applied to all 186 records in the samples; 34 of the 186 records received ratings of achieved and 152 received ratings of not achieved.

Of the 34 records that received ratings of achieved, 1 documented practice by the SDA and 33 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 152 records that received ratings of not achieved, 24 documented practice by the SDA and 128 documented practice by Provincial Centralized Screening. Of these 152 records, 7 had no IRRs including no checks of Best Practice (2 documented practice by the SDA and 7 documented practice by Provincial Centralized Screening), 132 had IRRs documented but no checks of Best Practice (22 documented practice by the SDA and 110 documented practice by Provincial Centralized Screening), 44 had IRRs documented but the IRRs did not contain sufficient information (8 documented practice by the SDA and 36 documented practice by Provincial Centralized Screening), 1 had an IRR documented but no indication that appropriate child protection authorities in another jurisdiction were contacted as required (practice by Provincial Centralized Screening), and 20 had IRRs but they were not documented within 24 hours of receiving the reports (3 documented practice by the SDA and 17 documented practice by Provincial Centralized Screening). Of the 20 records that did not have IRRs documented within 24 hours, the range of time it took to complete the IRRs was between 2 and 93 days, with the average time being 13 days (see appendix for bar graph). The analyst was unable to determine how long it took to complete the IRR in 1 of the 20 records as the call date was not accurately recorded. The total adds to more than the number of records rated not achieved as 53 records had combinations of the above noted reasons.

FS 3: Completing the Screening Assessment

The compliance rate for this critical measure was **73%**. The measure was applied to all 186 records in the samples; 135 of the 186 records received ratings of achieved and 51 received ratings of not achieved. Of the 135 records that received ratings of achieved, 59 documented practice by the SDA and 76 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 51 records that received ratings of not achieved, 3 had incomplete Screening Assessments (2 not completed by SDA and 1 not completed by Provincial Centralized Screening) and 48 records had Screening Assessments documented beyond the required timeframe (39 documented practice of the SDA and 9 documented practice of Provincial Centralized Screening). The range of time it took to complete the Screening Assessments that were completed beyond the required timeframe was between 2 and 164 days, with the average time being 14 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 **97%**. The measure was applied to all 186 records in the samples; 180 of the 186 records received ratings of achieved and 6 received ratings of not achieved. To receive a rating of achieved the record contained documentation that the protection or non-protection response decision was appropriate.

Of the 6 records that received ratings of not achieved, 4 were Memos and 2 were Incidents. The 4 Memos were added to the Incident sample from FS 5 to FS 16 and received ratings of not achieved for these measures because the required protection responses were not provided. Of all 6 records that received ratings of not achieved, 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. The 2 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.

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 timeframe, conducting a detailed record review (DRR) and completing the safety assessment process and form. The records included the selected sample of 65 closed Incidents augmented with the records described in the note below the table.

Table 2: Response Priority, Detailed Record Review and Safety Assessment (N = 67)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 5: Determining the Response Priority	67*	7	10%	60	90%
FS 6: Conducting a Detailed Record Review (DRR)	67*	38	57%	29	43%
FS 7: Assessing the Safety of the Child or Youth	67*	27	40%	40	60%
FS 8: Documenting the Safety Assessment	67*	44	66%	23	34%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	67*	10	15%	57	85%

*Total Applicable includes sample of 65 Incidents augmented with the addition of 4 Memos with inappropriate non-protection responses and the removal of 2 Incidents with inappropriate protection responses.

FS 5: Determining the Response Priority

The compliance rate for this critical measure was **90%**. The measure was applied to all 67 records in the augmented sample; 60 of the 67 records received ratings of achieved and 7 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that the response priority timeframe was appropriate and if there was an override it was approved by the supervisor.

Of the 7 records that received ratings of not achieved, 3 had response priority timeframes of within 5 days but the response priority timeframes should have been immediate or within 24 hours, and 4 Memos had inappropriate non-protection responses.

The audit also assessed whether families were contacted within the timeframes of the assigned response priority timeframes. Of the 63 Incidents within the sample, 38 contained documentation that the families were contacted within the assigned response priority timeframes and 25 had documentation confirming that the families were not contacted within the assigned response priority timeframes. Of these 25 records, all were given the response priority timeframe of “within 5 days”. The range of time it took to contact these families was between 7 days and 365 days, with the average time being 81 days (see appendix for a bar graph).

FS 6: Conducting a Detailed Record Review (DRR)

The compliance rate for this critical measure was **43%**. The measure was applied to all 67 records in the augmented sample; 29 of the 67 records received ratings of achieved and 38 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.

The rating of achieved was also given to records when DRRs were not required because there were no previous MCFD/DAA histories, or when the supervisors approved ending the protection responses before the DRRs were conducted and the rationales were documented and appropriate.

Of the 38 records that received ratings of not achieved, 18 had no DRRs, 15 had DRRs that did not contain the information missing from the IRRs, 4 had DRRs that did not indicate how previous issues/concerns were addressed, 1 had a DRR that did not indicate the family’s responsiveness to previous issues, 1 had a DRR that did not indicate the effectiveness of the last intervention, 2 had protection responses that ended prior to DRRs being completed and the rationales for the decisions were not appropriate, and 4 Memos had inappropriate non-protection responses. The total adds to more than the number of records that received ratings of not achieved because 5 records had combinations of the above noted reasons.

FS 7: Assessing the Safety of the Child or Youth

The compliance rate for this critical measure was **60%**. The measure was applied to all 67 records in the augmented sample; 40 of the 67 records received ratings of achieved and 27 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 and, 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, or the supervisor approved ending the protection response before the safety assessment process was completed and the rationale was documented and appropriate.

Of the 27 records that received ratings of not achieved, 16 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, 4 did not have Safety Plans despite the fact that safety concerns were identified and the children/youth were not removed, 3 had Safety Plans that were not signed by the parents nor approved by the supervisors, 1 had a Safety Plan that was not approved by the supervisor, 3 had protection responses that ended prior to the first significant contacts with the families and the rationales for the decisions was not appropriate, and 4 Memos had inappropriate non-protection responses. The total adds to more than the number of records that received not achieved ratings because 4 records had combinations of the above noted reasons.

FS 8: Documenting the Safety Assessment

The compliance rate for this critical measure was **34%**. The measure was applied to all 67 records in the augmented sample; 23 of the 68 records received ratings of achieved and 44 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 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 44 records that received ratings of not achieved, 1 did not have a completed Safety Assessment form, 3 had no Safety Assessment forms because the protection responses ended prior to the first significant contacts with the families and the rationales for the decisions were not appropriate, 36 had Safety Assessment forms that were not completed within 24 hours after the completion of the safety assessment processes, and 4 Memos had inappropriate non-protection responses. Of the 36 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 3 days and 527 days, with the average time being 66 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 **85%**. The measure was applied to all 67 records in the augmented sample; 57 of the 68 records received ratings of achieved and 10 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 10 records that received ratings of not achieved, 3 had safety decisions that were not consistent with the Safety Assessment forms, 3 had protection responses that were ended prior to the first significant contacts with the families and the rationales for the decisions were not appropriate, and 4 Memos had inappropriate non-protection responses.

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 65 closed Incidents augmented with the records described in the note below the table.

Table 3: Steps of the FDR Assessment or Investigation (N = 67)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	67*	12	18%	55	82%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	67*	13	19%	54	81%
FS 12: Visiting the Family Home	67*	15	22%	52	78%
FS 13: Working With Collateral Contacts	67*	16	24%	51	76%

*Total Applicable includes sample of 65 Incidents augmented with the addition of 4 Memos with inappropriate non-protection responses and the removal of 2 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 **82%**. The measure was applied to all 67 records in the augmented sample; 55 of the 67 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, 3 did not contain documentation that the social workers had met with or interviewed the parents (2 of these 13 contained documentation that the mothers were interviewed, but the fathers were not), 2 did not contain documentation that the social workers had met with or interviewed other adults in the homes, 3 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 4 Memos had inappropriate non-protection responses.

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

The compliance rate for this critical measure was **81%**. The measure was applied to all 67 records in the augmented sample; 54 of the 67 records received ratings of achieved and 13 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 13 records that received ratings of not achieved, 6 did not document that the social workers had private, face-to-face conversations with every child/youth living in the homes, 3 had protection responses that ended prior to meetings or interviews with the children/youth and the rationales for the decisions were not appropriate, and 4 Memos had inappropriate non-protection responses. Of the 6 records that did not document private, face-to-face conversations with every child/youth living in the home, 3 did not document conversations with any of the children/youth, 1 documented a conversation with the subject children/youth but did not document conversations with siblings, and 2 documented conversations with all children/youth, but the conversations were not private.

FS 12: Visiting the Family Home

The compliance rate for this critical measure was **78%**. The measure was applied to all 67 records in the augmented sample; 52 of the 67 records received ratings of achieved and 15 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 15 records that received ratings of not achieved, 8 did not document that the social workers visited the family homes, 3 had protection responses that ended prior to the social workers visiting the family homes and the rationales for the decisions were not appropriate, and 4 Memos had inappropriate non-protection responses.

FS 13: Working with Collateral Contacts

The compliance rate for this critical measure was **76%**. The measure was applied to all 67 records in the augmented sample; 51 of the 67 records received ratings of achieved and 16 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 16 records that received ratings of not achieved, 6 had no documentation of collaterals being completed (of these, 3 required collaterals with Delegated Aboriginal Agencies or designated representatives of the First Nations, Treaty First Nations or Metis community and 1 required collaterals with a Delegated Aboriginal Agency or designated representative of a First Nation, Treaty First Nation or Metis community and the police), 3 had documented collaterals, but did not document the required collaterals from involved specialized services (1 required a collateral with Child and Youth Mental Health and 2 required collaterals with Delegated Aboriginal Agencies or designated representatives of the First Nations, Treaty First Nations or Metis community) , 3 had protection responses that were ended prior to completing collaterals and the rationales for the decisions were not appropriate, and 4 Memos had inappropriate non-protection responses.

The audit also assessed whether the social workers, if the records were Incidents with FDR protection responses, made contact with the parents prior to commencing the protection responses. Of the 56 records that were Incidents with FDR protection responses, 45 had documentation that the social workers made contact with the parents before commencing the protection responses.

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 65 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 = 67)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 14: Assessing the Risk of Future Harm	67*	11	16%	56	84%
FS 15: Determining the Need for Protection Services	67*	7	10%	60	90%
FS 16: Timeframe for Completing the FDR Assessment or the Investigation	67*	50	75%	17	25%

*Total Applicable includes sample of 65 Incidents augmented with the addition of 4 Memos with inappropriate non-protection responses and the removal of 2 Incidents with inappropriate protection responses.

FS 14: Assessing the Risk of Future Harm

The compliance rate for this critical measure was **84%**. The measure was applied to all 67 records in the augmented sample; 56 of the 67 records received ratings of achieved and 11 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 11 records rated not achieved, 1 did not have a Vulnerability Assessment, 3 had Vulnerability Assessments that were not approved by supervisors, 3 had protection responses that ended prior to completing the Vulnerability Assessments and the rationales for the decisions were not appropriate, and 4 Memos had inappropriate non-protection responses.

Of the 55 records where the Vulnerability Assessments were completed, the range of time it took to complete the forms was between 2 days and 649 days, with the average time being 118 days (see appendix for a bar graph).

FS 15: Determining the Need for Protection Services

The compliance rate for this critical measure was **90%**. The measure was applied to all 67 records in the augmented sample; 60 of the 67 records received ratings of achieved and 7 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 7 records that received ratings of not achieved, 3 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 4 Memos had inappropriate non-protection responses.

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

The compliance rate for this critical measure was **25%**. The measure was applied to all 67 records in the augmented sample; 17 of the 67 records received ratings of achieved and 50 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 and plan approved by the supervisor.

Of the 50 records that received ratings of not achieved, 45 did not have the FDR assessments or investigations completed within 30 days, 1 did not have the FDR assessment or investigation completed within the extended timeframe approved by the supervisor, and 4 Memos had inappropriate non-protection responses. Of the 45 records where the FDR assessments or investigations 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 31 and 658 days, with the average being 181 days (see appendix for 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 44 closed FS Cases.

Table 5: Strength and Needs Assessment and Family Plan (N = 103)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 17: Completing a Family and Child Strengths and Needs Assessment	103	50	49%	53	51%
FS 18: Supervisory Approval of the Family and Child Strengths and Needs Assessment	103	53	51%	50	49%
FS 19: Developing the Family Plan with the Family	103	53	51%	50	49%
FS 20: Timeframe for Completing the Family Plan	103	64	62%	39	38%
FS 21: Supervisory Approval of the Family Plan	103	58	56%	45	44%

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

The compliance rate for this critical measure was **51%**. The measure was applied to all 103 records in the sample; 53 of the 103 records received ratings of achieved and 50 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 50 records that received a rating of not achieved, 40 did not contain Family and Child Strengths and Needs Assessments and 10 contained incomplete Family and Child Strengths and Needs Assessments.

Of the 53 records that received ratings of achieved, 35 had Family and Child Strengths and Needs Assessments completed within the last 6 month protection cycle and 18 did not have Family and Child Strengths and Needs Assessments completed within the most recent 6 month protection cycle, but were completed within the 12 month timeframe of the audit.

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

The compliance rate for this critical measure was **49%**. The measure was applied to all 103 records in the sample; 50 of the 103 records received ratings of achieved and 53 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 53 records that received ratings of not achieved, 40 did not contain Family and Child Strengths and Needs Assessments, 10 contained incomplete Family and Child Strengths and Needs Assessments (that were not approved by the supervisors) and 3 contained completed Family and Child Strengths 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 **49%**. The measure was applied to all 103 records in the sample; 50 of the 103 records received ratings of achieved and 53 received ratings of not achieved. To receive a rating of achieved, the record contained a completed Family Plan 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 53 records that received a rating of not achieved, 46 did not have Family Plans or equivalents and 7 had Family Plans or equivalents but they were not developed in collaboration with the families.

Of the 50 records that received a rating of achieved, 31 had completed Family Plans or equivalents after the completion of the Family and Child Strengths and Needs Assessments and 19 had completed 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 **38%**. The measure was applied to all 103 records in the sample; 39 of the 103 records received ratings of achieved and 64 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 timeframe of the audit) or the Family Plan was revised within the most recent 6 month protection cycle.

Of the 64 records that received ratings of not achieved, 46 did not have Family Plans or equivalents within the 12 month time frame of the audit, 7 did not have Family Plans or equivalents created within 30 days of initiating ongoing protection services (initiated within the 12 month time frame of the audit).

11 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 cycle.

FS 21: Supervisory Approval of the Family Plan

The compliance rate for this critical measure was **44%**. The measure was applied to all 103 records in the sample; 45 of the 103 records received ratings of achieved and 58 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 58 records that received a rating of not achieved, 46 did not have Family Plans or equivalents and 12 completed Family Plans or equivalents 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 44 closed FS Cases.

Table 6: Reassessment and the Decision to End Protection Services (N = 103)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 22: Completing a Vulnerability Reassessment or Reunification Assessment	103	59	57%	44	43%
FS 23: Making the Decision to End Ongoing Protection Services	44*	10	23%	34	77%

* Total applicable include the sample of 44 closed Cases

FS 22: Completing a Vulnerability Reassessment or Reunification Assessment

The compliance rate for this critical measure was **43%**. The measure was applied to all 103 records in the sample; 44 of the 103 records received ratings of achieved and 59 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 59 records that received ratings of not achieved, 48 did not have Vulnerability Reassessments or Reunification Assessments completed within the most recent 6 month protection cycle and 11 had incomplete Vulnerability Reassessments or Reunification Assessments within the most recent 6 month protection cycle. Of the 48 records that did not have Vulnerability Reassessments or Reunification Assessments completed within the most recent 6 month protection cycle, 37 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 **77%**. The measure was applied to all 44 records in the sample; 34 of the 44 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, 10 ended protection services without completing Vulnerability Re-assessments or Reunification Assessments within the last 6-month protection cycle and 1 did not document the demonstrated improvements as identified in the Family Plan and did not show an ability to access/use formal and informal resources. The total adds to more than the number of records that received a rating of not achieved as 1 record had a combination of the above noted reasons.

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 records were 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 and therefore in need of further protection services.

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 **63%**

4.1 Strengths and Challenges of the Screening Process

Overall, the Vancouver Richmond SDA showed high compliance rates for the screening process outlined in the Child Protection Response Policies. There was extremely high compliance (97%) for the critical measure associated with gathering full and detailed information (FS1). Almost all of the records (180 of 186) contained information that was sufficient to assess and respond to the reports and appropriate pathways. The 6 records that received ratings of not achieved were all lacking sufficient information to assess and respond to the reports.

The compliance rate for conducting an IRR (FS2) was significantly lower than the other aspects of the screening process with 18% compliance. Almost three quarters of the records (131 of 186) that received not achieved ratings were missing checks of Best Practices. Ensuring that all workers are aware that checking Best Practices is required, regardless of whether the family is identified as Indigenous, or already known in ICM, may increase compliance with this measure. In addition, almost one quarter of the records that received ratings of not achieved (44 out of 186) had IRRs 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 number of past Service Requests and Incidents within ICM and Best Practices and identify the previous issues or concerns.

There was moderately high compliance (73%) for the critical measure associated with completing the Screening Assessment (FS 3). Specifically, 135 out of 186 records contained Screening Assessments that were completed within 24 hours. Of the 51 records that received the rating of not achieved, 48 had Screening Assessments that were not completed within 24 hours. Nine of these records had the Screening Assessment completed within 48 hours and another 28 within 7 days.

There was extremely high compliance (97%) for the critical measure associated with determining whether the report requires a protection or non-protection response (FS 4). Almost all the applicable records (180 out of 186) contained documentation that supported the decision of either a protection or non-protection response. 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 very high (90%) compliance for the critical measure associated with determining the response priority timeframe (FS 5).

Of the 7 records that received ratings of not achieved, 4 were inappropriately coded as non-protection and 3 had a response priority timeframe of 5 days but the reported concerns should have been responded to immediately or within 24 hours.

4.2 Strengths of FDR Assessment or Investigation

The critical measures associated with the FDR assessment or investigation received high compliance rates but were negatively impacted by the 4 records that received ratings of not achieved at the critical measure associated with determining whether the report requires a protection or non-protection response (FS 4). These 4 records also received ratings of not achieved from critical measures FS 5 to FS 16. In addition the compliance rates were negatively impacted by records where the responses were ended early with supervisory approval but the rationales for ending the responses early did not meet the criteria as outlined in the Child Protection Response Policies.

The critical measure associated with making a safety decision consistent with the safety assessment (FS 9) had high compliance (85%). Of all the records that documented safety assessment processes, 3 did not have Safety Assessment forms and 3 had safety decisions that were not consistent with the Safety Assessments.

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, 5 did not document protective interviews with the parents or other adults in the homes.

The critical measure associated with meeting with every child or youth who lives in the family home (FS 11) received a high (81%) compliance rate. Of all the records with completed FDR assessments or investigations, 6 did not document private, face-to-face conversations with every child or youth who lived in the family homes. In the majority of these records the children were observed but there was no documentation of conversations with each child or youth and no documentation of consultations with supervisors in regards to exceptions to this requirement.

There was moderately high (78%) 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 youths' living situations and no documentation of consultations with supervisors in regards to exceptions to this requirement.

The critical measure associated with working with collateral contacts (FS 13) received a moderately high (76%) compliance rate. Of all the records with a completed FDR assessment or investigation, 6 were missing collateral contacts with the appropriate Delegated Aboriginal Agencies or designated representatives of the First Nations, Treaty First Nations or Metis community. While the Vancouver/Richmond service delivery area is unique in that the area also has an urban Delegated Aboriginal Agency and therefore less records identified as Indigenous than in other areas, ensuring that social workers and team leaders are aware of and following Policy 1.6: Working with Service Partners and Collateral Contacts will increase compliance with this critical measure. In

There was high (84%) 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, 1 did not have a Vulnerability Assessment and 3 had Vulnerability Assessments that were not approved by supervisors. Overall, Vulnerability Assessments are being completed and approved by supervisors prior to the closures of Incidents.

Lastly, the critical measure associated with determining the need for protection services (FS 15) received very high (90%) compliance rate. All the records with completed FDR assessments or investigations received ratings of achieved.

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 (43%) compliance rate. The primary reasons for not achieved ratings were missing DRRs and DRRs that were conducted, but did not contain the information that was missing from the IRRs. It is important to note that when checks of Best Practices are missing within IRRs, checks of Best Practices is required as part of the DRRs. This is not being done in the Vancouver/Richmond SDA.

The critical measure associated with assessing the safety of the child or youth (FS 7) received moderate (60%) compliance. The primary reasons for the not achieved ratings were:

- safety assessment processes not being documented
- safety assessment processes being documented after the first significant contacts with families
- missing Safety Plans
- Safety Plans missing parents' signatures
- Safety Plans missing supervisory approvals.

Reviewing the procedures in regards to Safety Plans outlined in the Child Protection Response Policies will likely increase compliance with this critical measure.

There was low (34%) compliance with the critical measure associated with documenting the Safety Assessment form within 24 hours of completing the safety assessment process (FS 8). The primary reason for the not achieved ratings was that the Safety Assessment forms were not completed within 24 hours of the safety assessment processes (there is a breakdown of the timeframes it took to complete the Safety Assessment forms in appendix one). It may be beneficial to review this timeline expectation with staff to ensure higher compliance with this standard.

The final critical measure in regards to the FDR assessment or investigation processes is associated with the timeframe for completing the FDR assessment or investigation (FS 16) which received a very low (25%) compliance rate. It was evident in reviewing records that there were 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 of 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 compliance rates. The majority of these measures focus on the completion of SDM tools that are intended provide a foundation for the provision of effective child protection services. About half (51%) of the records had completed Family and Child Strengths and Needs Assessments (FS 17). Of the records that had Family and Child Strengths and Needs Assessments completed within the 12 month audit time frame, a third of these (34%) were completed during the previous six month protection cycle.

The critical measure associated with the supervisory approval of the Family and Child Strengths and Needs Assessment (FS 18) also had low (49%) compliance. Specifically 53 of 103 records received not achieved ratings. In addition to the 50 records that did not have completed Family and Child Strengths and Needs Assessments, as measured by FS 17, there were 3 records where the Family and Child Strength and Needs Assessments appeared to be complete but were not signed by supervisors or finalized in the ICM system by the 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 low (49%) compliance rate. Both the critical measure associated with the timeframe for completing the Family Plan (FS 20) and the critical measure associated with the supervisory approval of the Family Plan (FS 21) also received low compliance rates (38% and 44% respectively). These low compliance rates raise concern that many families may not have been given opportunities to contribute directly to the development of strategies that will provide them with the supports they require to address the child protection concerns. 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 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. Practice analysts observed that many meeting minutes from family case planning conferences were included as attachments on ICM which contributed to the achieved ratings for this measure.

The critical measure associated with completing a Vulnerability Reassessment or Reunification Assessment (FS 22) had a low (43%) 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.

The critical measure associated with making the decision to end ongoing protection services (FS 23) had a moderately high (77%) compliance rate. All of the files that received achieved ratings had well documented decisions regarding file closure. The 10 records that received not achieved ratings had limited documentation of recent monitoring leading up to file closures and the documentation to support the decisions was also lacking.

Within family service practice, many records lacked all required SDM tools and Family Plans within the audit timeframe which led to questions about whether these records were indeed protection, as labelled in ICM. Of the 103 ongoing protection records, 18 had no Family and Child Strength and Needs Assessments, no Family Plans and no Vulnerability Re-assessments or Reunification Assessments within the audit timeframe. Of these records, 9 were opened following the closure of Incidents with substantiated section 13 concerns regarding youth aged 16 or over. It was unclear from the documentation if there is confusion about family service practice relating to youth versus providing youth support services. In addition, it may be useful to review with staff the 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 only. Specifically, such changes require a Vulnerability Re-assessment with a low risk rating and a documented consultation reflecting the change from a protection to non-protection case.

5. ACTIONS TAKEN TO DATE

Between February 1, 2017 and February 1, 2018, the SDA implemented the Model Fidelity Pilot project within two family service teams. The objectives of the pilot project were: to increase the understanding of each SDM tool; to improve compliance with the intended use of each tool (“the right tool, at the right time, for the right decision”) and; to determine whether adherence to the SDM model improved outcomes for families. In September 2017, a request was submitted to ICM for a SDM tracking system for family service cases. As a result of this tracking tool, SDM tool compliance within the two-family service teams improved, a large number of family services cases were closed after fulsome assessments were completed, and family service caseloads became increasingly more manageable over the duration of the pilot project. In the spring of 2018, this new SDM Tracking Tool was released province wide as part of the March 2018 ICM enhancement.

6. ACTION PLAN

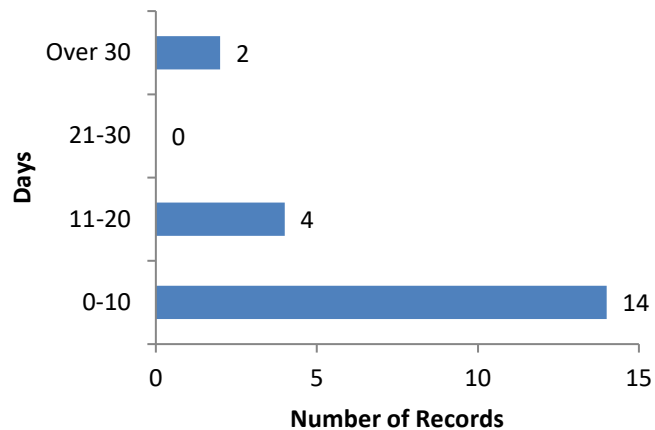
ACTIONS	PERSONS RESPONSIBLE	OUTCOMES	COMPLETION DATES
1. An all-day “World Café” forum will be facilitated for all supervisors overseeing intake, youth service and family service teams. This forum will include a review of the purposes and benefits of the SDM tools that were identified with low compliance rates and discussions about how to improve model fidelity across teams. Quality Assurance staff will be invited to the “World Café” and will verify completion.	Director of Practice, Deb Kohen	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. Children, youth and families receive services and/or participate in strategies identified in their Family Plans. Families understand how their progress will be measured.	March 7, 2019
2. The safety assessment process during the first significant contacts with families, including the safety assessment descriptors and developing safety plans when needed, will be reviewed with all Directors of Operations and supervisors overseeing intake, youth service and family service teams. Confirmation of this review will be sent, via email, to the manager of Quality Assurance.	Executive Director of Service, Sheila Robinson	Children, youth and families receive timely services that are needed to support and assist the families to care for and make the families safe for children/youth.	June 30, 2019
3. The policies specific to conducting the Initial Record Review and the Detailed Record Review, including the requirement to search the Best Practice database, will be reviewed with all intake, youth service and family service teams. Confirmation of this review will be sent, via email, to the manager of Quality Assurance.	Executive Director of Service, Sheila Robinson	The assessments of reports are based on complete and accurate information.	June 30, 2019

<p>4. A community of practice (focussing on SDM model fidelity) will be developed for all team leaders overseeing intake, youth service and family service teams. Specifically, the community of practice will review and disseminate the purposes and benefits of the SDM tools, the required level of documentation, the consistent application of the descriptors used in the assessments and the timeframes for completion of all SDM tools. Confirmation that this community of practice has been developed will be sent, via email, to the manager of Quality Assurance.</p>	<p>Executive Director of Service, Sheila Robinson</p>	<p>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.</p> <p>Children, youth and families receive services and/or participate in strategies identified in their Family Plans.</p> <p>Families understand how their progress will be measured.</p>	<p>November 30, 2019</p>
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APPENDIX 1 – Time Intervals Observed as part of Family Service Practice

In reviewing the 289 records for this audit, the practice analysts 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.

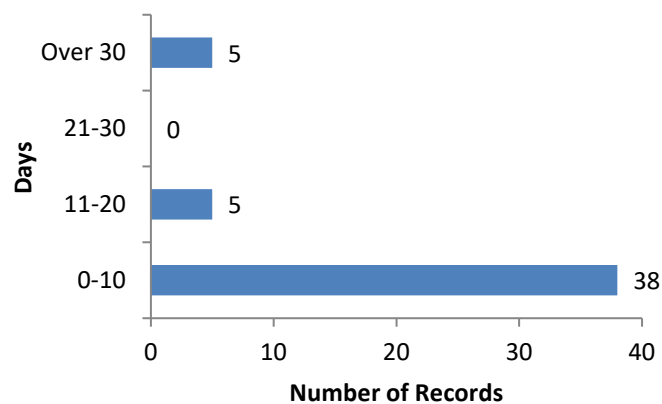
Figure 1: Timeframe for IRR completion, if not completed within 24 hours (FS 2)



Note:

1. N = 20 of 289 records are included in this time calculation. Includes 21 records rated not achieved on FS 2 because the IRR was not completed within 24 hours.

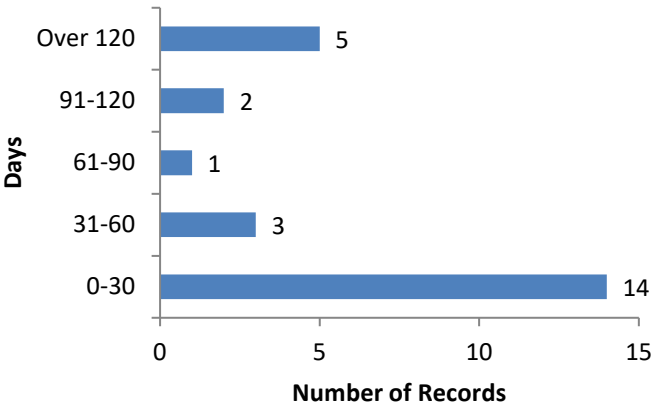
Figure 2: Timeframe for completion of Screening Assessment, if not completed within 24 hours (FS 3)



Note:

1. N = 48 of 289 records are included in this time calculation. Includes 49 records rated not achieved on FS 3 because the IRR was not completed within 24 hours.

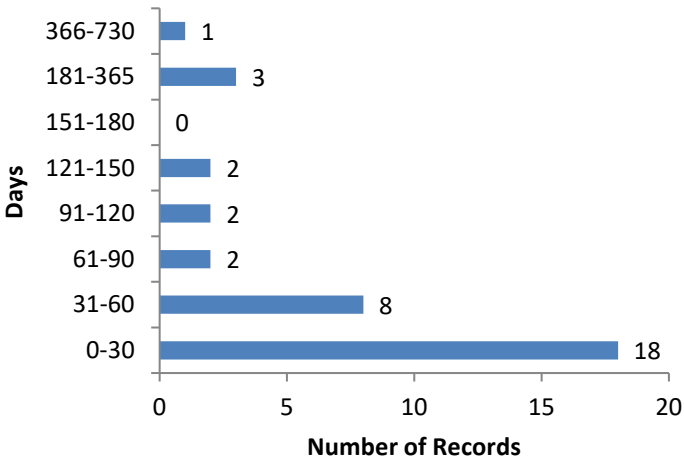
Figure 3: Timeframe to make contact with the family, if contact not made within the timeframe of the assigned response priority (FS 5)



Note:

1. N = 25 of 289 records are included in this time calculation. Includes 26 records where the family was not contacted within the timeframe of the assigned response priority.

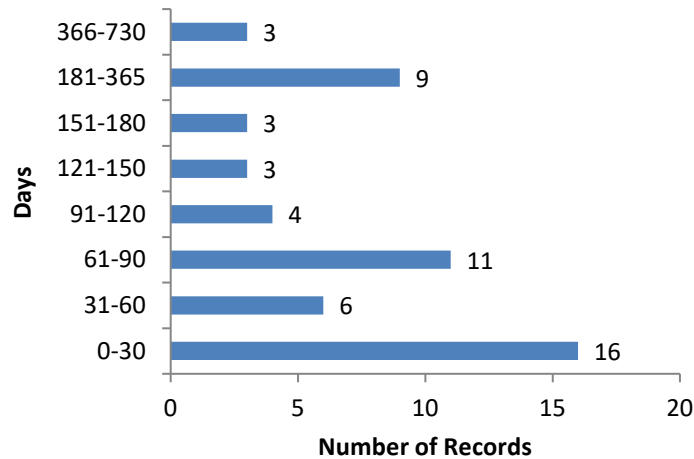
Figure 4: Timeframe to complete the Safety Assessment form, if not documented within 24 hours of the completion of the safety assessment process (FS 8)



Note:

1. N = 36 of 289 records are included in this time calculation. Includes 40 records rated not achieved at FS 8 because the Safety Assessment form was not completed within 24 hours of the completion of the safety assessment process.

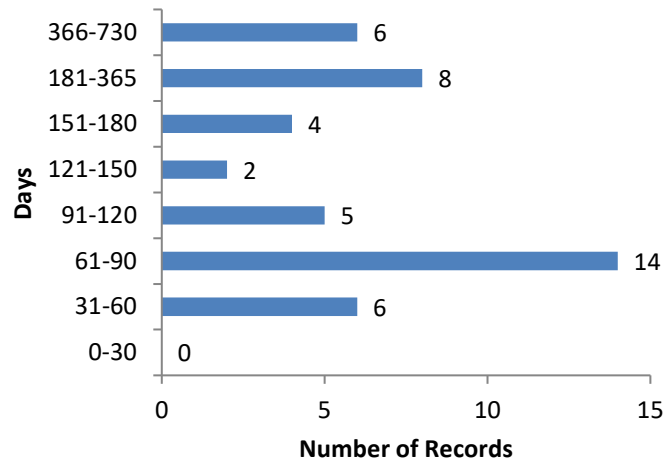
Figure 5: Timeframe to complete the Vulnerability Assessment from the date the report was received? (FS 14)



Note:

1. N = 55 of 289 records are included in this time calculation. Includes 55 records rated achieved at FS 14 because the Vulnerability Assessment was completed.

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 = 45 of 289 records are included in this time calculation. Includes 46 records rated 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.