



South Vancouver Island Service Delivery
Area

Family Service Practice Audit

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Office of the Provincial Director of Child Welfare and Aboriginal Services

Quality Assurance Branch

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INTRODUCTION

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

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

Family service practice audits are designed to assess achievement of key components of the Child Protection Response Model set out in Chapter 3 of the Child Safety and Family Support Policies and relevant practice directives and practice guidelines. The Child Protection Response Model contains the policies, standards, and procedures that support the duties and functions carried out by delegated child protection social workers under the CFCSA. These duties and functions are designed to ensure the safety and wellbeing of children and youth in the province.

1. SUMMARY OF FINDINGS

The practice audit is based on a review of the following records which represent different aspects of the Child Protection Response Model: service requests, incidents (investigations and family development responses (FDR)), and family service (FS) cases. The samples contained 61 closed service requests, 63 closed memos, 66 closed incidents, 60 open FS cases, and 46 closed FS cases. For service requests, memos and incidents, the review focused on all electronic information documented in the Integrated Case Management (ICM) database for records that were closed between February 1, 2017 and January 31, 2018. For open FS cases, the review focused on electronic information documented in ICM and physical information documented in the files during a specific 12-month period (January 30, 2017 – January 31, 2018). For closed FS cases, the review focused on electronic information documented in ICM and physical information documented in the files during the 12-month period prior to the closures for records closed between August 1, 2017 and January 31, 2018.

The overall compliance score for the family service practice audit of the South Vancouver Island SDA was **52%**. The following sub-sections contain the findings and observations of the practice analysts within the context of the policy, standards and procedures that informed the design of the 23 critical measures. Some of the findings relate to specific critical measures and corresponding policy requirements, while others are informed by themes that emerged across several measures.

1.1 Screening Process

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

The standards of practice associated with this policy include: gather full and detailed information from the caller to sufficiently assess and respond to the report; conduct an initial records review (IRR); complete a Screening Assessment; and determine whether the report requires a protection or non-protection response. For a report requiring a protection response, the standard of practice requires determining an appropriate response priority timeframe. It must be noted that practice relating to the screening process is conducted by Provincial Centralized Screening and the SDAs. The applicable records in this audit reflect the practice from both sources. Specifically, less than half (43%) of all calls and reports that resulted in memos, service requests and incidents were received and documented by the South Vancouver Island SDA.

The practice analysts found almost all the records documented sufficient caller information to assess and respond to the reports. Consistent use of the Screening Assessment was identified as a strength in Provincial Centralized Screening and the South Vancouver Island SDA. Under three quarters of the records contained Screening Assessments that were completed within the required 24 hours. The practice analysts found that few records contained IRRs that met all the requirements as outlined in the standard. Almost all the records had correct decisions about whether the reports required protection or non-protection responses. All the incidents that were rated achieved for having correct decisions to provide protection responses also rated achieved for having appropriate determinations regarding the response priority timeframes.

1.2 FDR Assessments and Investigations

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

these policies are: that children and youth are safe from immediate threats of harm or maltreatment; that children and youth who are vulnerable to future maltreatment are identified; that families are engaged in the assessment and decision-making processes; and that Indigenous children and families are connected with their extended families and community members and have access to the most appropriate services and supports in their communities.

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

The practice analysts found that few records contained DRRs that met all the requirements as outlined in the standard. Almost two thirds of the records had documentation confirming that the immediate safety of children and youth was assessed during the first significant contacts with the families. However, the requirement to complete the Safety Assessment forms within 24 hours was met in just over one quarter of the records. More than one half the records contained interviews with parents and other adults in the homes that met all the requirements as outlined in the standard and, similarly, more than one half of the records documented conversations with all children and youth living in the family homes as outlined in the standard. The practice analysts found just over half of the records documented the required visits to the family homes. It is important to note that higher compliance would have been achieved to the standards related to interviews and home visits had several protection responses not inappropriately ended prior to the social workers meeting with the families and had several reports about child safety not been inappropriately screened out for child protection responses. These incorrect decisions had a negative impact on the compliance ratings for many of the critical measures.

Child protection social workers are required to establish and maintain contact with support people and collateral sources of information who have significant knowledge about the child, youth and/or family. In conducting the audit, the practice analysts found that almost two thirds of the records contained the necessary collateral checks as outlined in the standard.

Lastly, standards require child protection social workers to assess the risk of future harm as part of an FDR or investigation and determine whether there is a need for FDR protection services or ongoing protection services. Standards further require that the FDR assessment phase or

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

1.3 Open and Closed Family Service Cases

Ministry policy requires that ongoing protection services, involving continuous assessment, planning, and service provision, begin after a FDR or investigation has concluded that interventions need to remain in place to ensure the child/youth's safety and well-being while the child/youth lives with their parent(s) or lives outside of the family home. Furthermore, policy requires that the six-month practice cycle for ongoing protection services begins after a Family Plan has been developed and implemented and includes the following components: continual evaluation of the family's progress; reassessment and analysis; and revised planning.

Lastly, policy requires that the decision to end ongoing protection services is made through reviewing the case and is based on a determination that the safety and well-being of the child/youth is sufficiently supported without further involvement of protection services.

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

The standards of practice associated with these policies include: complete an assessment of the strengths and needs of the child/youth and family that is reviewed and approved by a supervisor; collaborate with the family to create a Family Plan or its equivalent; revising, at least every six months, assessments and planning with the family and others involved; and make the determination to conclude ongoing protection services in consultation with a supervisor, with the supervisor's approval of the decision documented.

The practice analysts found that one third of the records contained completed Family and Child Strengths and Needs Assessments (FSNA). Of the completed FSNA's, 80% (28 out of 35) were approved by supervisors. With respect to family collaboration, the practice analysts found that

less than one third of the cases contained written Family Plans, or equivalents, that met all the requirements as outlined in the standard. The lack of Family Plans raises concerns that many families may not have been given opportunities to contribute directly to the development of strategies that will provide them the supports they require to address the child protection concerns. Furthermore, there was low compliance to completing Family Plans within the required timeframes and, of the completed Family Plans, 65% (20 out of 31) documented supervisory approvals.

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

Within the open and closed FS cases, the practice analysts observed that many of the records lacked all the required SDM tools within the audit timeframe. Specifically, 27% (29 of the 106) of records in the open and closed FS case samples did not contain FSNA's, Family Plans or equivalents, and Vulnerability Reassessments/Reunification Assessments (does not include cases with incomplete SDM tools). This led to the question about whether these records were indeed protection, as labelled in ICM. Documentation requirements to change a protection case to a non-protection case when the protection concerns have been resolved and the file remains open for support services include a recently completed Vulnerability Re-assessment or Reunification Assessment with a rating of "low risk" and supervisory approval designating the change from a protection to non-protection case.

2. ACTION PLAN

ACTIONS	PERSONS RESPONSIBLE	OUTCOMES	DATE TO BE COMPLETED
1. Review the policies and procedures associated with completing FDR assessments and investigations with all intake and family service teams. Emphasis will be placed on reviewing the requirements for completing and documenting detailed record reviews, Safety Assessments and meeting with every child/youth in the family home during protection responses. Confirmation that this review has been completed will be sent, via email, to the manager of Quality Assurance.	Executive Director of Service	Children, youth and families receive timely services that are needed to support and assist the family to care for and make the family safe for the child/youth.	Complete September 30, 2019
2. Review the policies and procedures associated with the six-month practice cycle with all family service teams. Emphasis will be placed on the importance of completing Family Plans (and their equivalents) in collaboration with the families, timelines for completing Family Plans and attaching required documents into ICM records. Confirmation that this review has been completed will be sent, via email, to the Manager of Quality Assurance.	Executive Director of Service	Families are fully engaged in the assessment and planning processes. Families understand how their progress will be measured Families can assume responsibility for the safety and well-being of children/youth without the involvement of child protection services.	Complete September 30, 2019
3. A sample of open ongoing family service cases will be reviewed (in ICM only) to determine the progress in increasing the compliance with completing family plans. This review will focus on practice within the 12 months preceding the start of the review. The compliance rate for completed family plans will be shared with the SDA leadership team.	Manager, Quality Assurance	Families understand how their progress will be measured.	December 31, 2020

APPENDIX

A. METHODOLOGY

Five samples of records were selected from lists of data extracted from the Integrated Case Management (ICM) system on February 9, 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 South Vancouver Island SDA

Record status and type	Total number at SDA level	Sample size
Closed service requests	611	61
Closed memos	893	63
Closed incidents	2587	66
Open FS cases	534	60
Closed FS cases	142	46

More specifically, the five samples consisted of:

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

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

The selected records were assigned to three practice analysts on the provincial audit team for review. The analysts used the FS Practice Audit Tool to rate the records. The FS Practice Audit Tool contains 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 (January 30, 2017 – January 31, 2018). In reviewing the closed FS cases, the analysts focused on practice that occurred during the 12-month period prior to the closure of each record.

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

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

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

B. DETAILED FINDINGS AND ANALYSIS

The findings are presented in tables that contain counts and percentages of the rating of achieved and not achieved for all the measures in the audit tool (FS 1 to FS 23). The tables present findings for measures that correspond with specific components of the Child Protection Response Model and are labelled accordingly. Each table is followed by an analysis of the findings for each of the measures presented in the table. The measures include a breakdown of the reasons for why records were rated not achieved. Please note that some records received the rating of not achieved for more than one reason.

There was a combined total of 296 records in the five samples selected for this audit. However, not all the measures in the audit tool were applicable to all 296 records in the selected samples. The “Total Applicable” column in the tables contains the total number of records to which the measure was applied.

The SDA overall compliance rate was **52%**.

b.1 Report and Screening Assessment

Table 1 provides compliance rates for measures FS 1 to FS 4, which relate to obtaining and assessing a child protection report. The records included the selected samples of 61 closed service requests, 63 closed memos and 66 closed incidents. The 190 records reflect practice in both the South Vancouver Island SDA and Provincial Centralized Screening. Specifically, 82 of the records were initiated by the SDA and 108 records were initiated by Provincial Centralized Screening. Separating the practice of Provincial Centralized Screening and the SDA within the tables is not possible because that would not meet the confidence level and margin of error at which the samples were selected. Therefore, the compliance rates and analyses contained within critical measures FS 1 to FS 3 apply to a combination of SDA and Provincial Centralized Screening practice. The breakdowns provided in the analysis under each measure are for information purposes only.

Table 1: Report and Screening Assessment (N = 190)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 1: Gathering Full and Detailed Information	190	10	5%	180	95%
FS 2: Conducting an Initial Record Review (IRR)	190	163	86%	27	14%
FS 3: Completing the Screening Assessment	190	57	30%	133	70%
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response	190	13	7%	177	93%

FS 1: Gathering Full and Detailed Information

The compliance rate for this critical measure was **95%**. The measure was applied to all 190 records in the samples; 180 of the 190 records received the rating of achieved and 10 received the rating of not achieved. Of the 180 records that received the rating of achieved, 74 documented practice by the SDA and 106 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 10 records that received the rating of not achieved, four were reports about children's/youths' need for protection (three documented practice by the SDA and one documented practice by Provincial Centralized Screening), one was a memo and five were service requests (all 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 **14%**. The measure was applied to all 190 records in the samples; 27 of the 190 records received the rating of achieved and 163 received the rating of not achieved. Of the 27 records that received the rating of achieved, one documented practice by the SDA and 26 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 163 records that received the rating of not achieved, 81 documented practice by the SDA and 82 documented practice by Provincial Centralized Screening. Of these 163 records, 22 did not have IRRs documented (20 documented practice by the SDA and two documented practice by Provincial Centralized Screening), 129 had IRRs documented but no checks of Best Practice (78 documented practice by the SDA and 51 documented practice by Provincial Centralized Screening), 85 had IRRs documented but the IRRs did not contain sufficient information (33 documented practice by the SDA and 52 documented practice by Provincial Centralized Screening), eight had IRRs documented but no indication that appropriate child protection authorities in other jurisdictions were contacted as required (five documented practice by the SDA and three documented practice by Provincial Centralized Screening) and two had not completed the IRR within 24 hours of receiving the reports (both documented practice by the SDA). Of the two records that did not document the IRRs within 24 hours, the time it took to complete the IRRs was seven and 10 days and both were documented practice of the SDA (see appendix for bar graph). The total adds to more than the number of records that received the rating of not achieved because 79 records had combinations of the above noted reasons.

FS 3: Completing the Screening Assessment

The compliance rate for this critical measure was **70%**. The measure was applied to all 190 records in the samples; 133 of the 190 records received the rating of achieved and 57 received the rating of not achieved. Of the 133 records that received the rating of achieved, 49 documented practice by the SDA and 84 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 57 records that received the rating of not achieved, one did not have a Screening Assessment (there were two reports documented in the same record with only one Screening Assessment documented by the SDA), one had an incomplete Screening Assessment (documented practice by Provincial Centralized Screening) and 55 records had Screening Assessments completed beyond the required timeframe (54 documented practice of the SDA and one documented practice by Provincial Centralized Screening). The range of time it took to complete the Screening Assessments that were completed beyond the required timeframe was between two and 119 days, with the average time being 15 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 **93%**. The measure was applied to all 190 records in the samples; 177 of the 190 records received the rating of achieved and 13 received the rating of not achieved. To receive a rating of achieved, the decision to provide protection or non-protection response decision was appropriate and consistent with the information gathered.

Of the 13 records that received the rating of not achieved, seven were memos, one was a service request and five were incidents. The eight memos/service requests were added to the incident sample from FS 5 to FS 16 and received the rating of not achieved for these measures because the required protection responses were not provided. Of these eight records, 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 five incidents that received not achieved ratings for FS4 were removed from the incident sample from FS 5 to FS 16, because protection responses were not required.

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

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

Table 2: Response Priority, Detailed Record Review and Safety Assessment (N = 69)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 5: Determining the Response Priority	69*	9	13%	60	87%
FS 6: Conducting a Detailed Record Review (DRR)	69*	58	84%	11	16%
FS 7: Assessing the Safety of the Child or Youth	69*	24	35%	45	65%
FS 8: Documenting the Safety Assessment	69*	50	72%	19	28%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	69*	12	17%	57	83%

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

FS 5: Determining the Response Priority

The compliance rate for this critical measure was **87%**. The measure was applied to all 69 records in the augmented sample; 60 of the 69 records received the rating of achieved and nine received the rating 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 nine records that received the rating of not achieved, one had a response priority of within five days but the response priority should have been immediately or within 24 hours, and eight memos/service requests had inappropriate non-protection responses.

The audit also assessed whether the families were contacted within the timelines determined by the assigned response priority timeframes (immediate/within 24 hours or within five days). Of the 61 records with appropriate protection responses, 42 contained documentation confirming that the families were contacted within the timelines determined by the assigned response priority timeframes, and 19 did not. Of the 19 records where the families were not contacted within the timelines determined by the assigned response priority timeframes, all were given the response priority timeframe of within five days. Of these 19 records where the families were not contacted within five days, two did not document the dates when the families were contacted and the range of time it took to contact the families in the remaining 17 records was between six days and 302 days, with the average time being 35 days (see appendix for a bar graph).

FS 6: Conducting a Detailed Record Review (DRR)

The compliance rate for this critical measure was **16%**. The measure was applied to all 69 records in the augmented sample; 11 of the 69 records received the rating of achieved and 58 were rated 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 have been addressed, the responsiveness of the family in addressing the issues and concerns and the effectiveness of the last intervention;
- was not required because there were no previous MCFD/DAA histories;
- was not required because the supervisor approved ending the protection responses before the DRR were conducted and the rationale was documented and appropriate.

Of the 58 records that received the rating of not achieved, 43 did not have DRRs, two had DRRs that did not contain the information missing from the IRRs, five had protection responses that ended prior to DRRs being completed and the rationales for the decisions were not appropriate, and eight memos/service requests had inappropriate non-protection responses.

FS 7: Assessing the Safety of the Child or Youth

The compliance rate for this critical measure was **65%**. The measure was applied to all 69 records in the augmented sample; 45 of the 69 records received the rating of achieved and 24 received the rating 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 24 records that received the rating of not achieved, six did not have the safety assessment processes completed during the first significant contact with the families, nine had Safety Plans that were either not signed by the parents or approved by the supervisors or both, one had a protection response that ended prior to the first significant contact with the family and the rationale was not appropriate, and eight memos/service requests had inappropriate non-protection responses.

FS 8: Documenting the Safety Assessment

The compliance rate for this critical measure was **28%**. The measure was applied to all 69 records in the augmented sample; 19 of the 69 records received the rating of achieved and 50 received the rating 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 form was documented and the rationale was documented and appropriate.

Of the 50 records that received the rating of not achieved, 40 had Safety Assessment forms that were not completed within 24 hours after the completion of the safety assessment processes, one had no Safety Assessment form, one had a protection response that ended prior to the first significant contact with the family and the rationale was not appropriate, and eight memos/service requests had inappropriate non-protection responses. Of the 40 records where the Safety Assessment forms were not completed within 24 hours after the completion of the safety assessment processes, one record did not record the date of the safety assessment process and the range of time it took to complete the remaining 39 forms was between two days and 473 days, with the average time being 99 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 83%. The measure was applied to all 69 records in the augmented sample; 57 of the 69 records received the rating of achieved and 12 received the rating 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 12 records that received the rating of not achieved, one did not have a Safety Assessment form, two had safety decisions that were not consistent with the Safety Assessment forms, one protection response ended prior to the first significant contact with the family and the rationale was not appropriate, and eight memos/service requests had inappropriate non-protection responses.

b.3 Steps of the FDR Assessment or Investigation

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

Table 3: Steps of the FDR Assessment or Investigation (N = 69)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	69*	31	45%	38	55%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	69*	32	46%	37	54%
FS 12: Visiting the Family Home	69*	31	45%	38	55%
FS 13: Working with Collateral Contacts	69*	27	39%	42	61%

*Total applicable includes the sample of 66 incidents augmented with the addition of seven memos and one service request with inappropriate non-protection responses and the removal of five 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 **55%**. The measure was applied to all 69 records in the augmented sample; 38 of the 69 records received the rating of achieved and 31 received the rating 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 31 records that received the rating of not achieved, four did not contain documentation that either parent was interviewed, four contained documented that the mothers were interviewed but not the fathers, four contained documentation that interviews were not conducted in person (interviews were conducted over the telephone), four did not contain documentation that the social workers had met with or interviewed the other adults in the homes, four contained insufficient information to assess safety/vulnerability of all children/youth, one did not contain documentation that the social worker met with or interviewed other adults in the home nor was there sufficient information documented to assess safety/vulnerability of all children/youth, two protection responses ended prior to interviewing the parents and the rationales were not appropriate and eight memo/service requests 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 **54%**. The measure was applied to all 69 records in the augmented sample; 37 of the 69 records received the rating of achieved and 32 received the rating 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 32 records that received the rating of not achieved, 15 did not contain documentation that the social worker had private, face-to-face conversations with any of the children/youth living in the family home, two contained documentation that the social workers had private, face-to-face conversations with some, but not all, of the children/youth living in the family homes, two documented that the social workers had private, face to face conversations with all children/youth, but insufficient information was documented to assess safety/vulnerability of all children/youth, five had protection responses that ended prior to meetings or interviews with the children/youth and the rationales for the decisions were not appropriate, and eight were memos/service requests with inappropriate non-protection responses.

FS 12: Visiting the Family Home

The compliance rate for this critical measure was **55%**. The measure was applied to all 69 records in the augmented sample; 38 of the 69 records received the rating of achieved and 31 received the rating 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 31 records that received the rating of not achieved, 18 did not document that the social workers visited the family homes, five had protection responses that were ended prior to visiting the family homes and the rationales for the decisions were not appropriate, and eight memos/service requests had inappropriate non-protection responses.

FS 13: Working with Collateral Contacts

The compliance rate for this critical measure was **61%**. The measure was applied to all 69 records in the augmented sample; 42 of the 69 records received the rating of achieved and 27 received the rating 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 27 records that received the rating of not achieved, 12 had no documentation of collaterals being completed (of these, two required collaterals with Delegated Aboriginal Agencies or designated representatives of the First Nations, Treaty First Nations or Metis community), four 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 (one of these also required a collateral with a Child/Youth Special Needs social worker), three had protection responses that were ended prior to completing collaterals and the rationales were not appropriate, and eight memos/service requests had inappropriate non-protection responses.

If the records were incidents with FDR protection responses, the audit also assessed whether the social workers contacted the parents prior to contacting collaterals. The audit also assessed whether these discussions identified which collateral contacts could provide the necessary information and reached agreements with the parents about the plans to gather information from specific collaterals. Of the 48 records with FDR protection responses, all 48 documented that social workers contacted the parents prior to contacting collaterals and 26 documented discussions with the parents about which collateral contacts could provide the necessary information and reached agreements about the plans to gather information from specific collaterals.

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

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

Table 4: Assessing the Risk of Future Harm and Determining the Need for Protection Services (N = 69)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 14: Assessing the Risk of Future Harm	69*	19	28%	50	72%
FS 15: Determining the Need for Protection Services	69*	14	20%	55	80%
FS 16: Timeframe for Completing the FDR Assessment or the Investigation	69*	61	88%	8	12%

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

FS 14: Assessing the Risk of Future Harm

The compliance rate for this critical measure was **72%**. The measure was applied to all 69 records in the augmented sample; 50 of the 69 records received the rating of achieved and 19 received the rating 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 19 records that received the rating of not achieved, three did not have Vulnerability Assessments, three had incomplete Vulnerability Assessments, five had protection responses that were ended prior to completing the Vulnerability Assessments and the rationales were not appropriate, and eight memos/service requests had inappropriate non-protection responses.

The audit also assessed the length of time it took to complete the Vulnerability Assessments. Of the 50 records that received the rating of achieved, 47 had completed Vulnerability Assessments and three had protection responses that ended prior to the completion of the Vulnerability Assessments and the rationales were appropriate. Of the 47 completed Vulnerability Assessments, the range of time it took to complete the forms was between nine days and 762 days, with the average time being 159 days (see appendix for a bar graph).

FS 15: Determining the Need for Protection Services

The compliance rate for this critical measure was **80%**. The measure was applied to all 69 records in the augmented sample; 55 of the 69 records received the rating of achieved and 14 received the rating 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 14 records that received the rating of not achieved, one had a decision to not provide FDR protection services or ongoing protection services and this decision was not consistent with the information obtained, five had protection responses that ended without completing all of the required steps of the protection responses and the rationales were not appropriate, and eight memos/service requests had inappropriate non-protection responses.

Of the one record with the inconsistent decision not provide FDR protection services or ongoing protection services, further information was collected by the social workers and/or supports were subsequently provided to the family which adequately addressed the risk factors presented in the initial report and documented family history.

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

The compliance rate for this critical measure was **12%**. The measure was applied to all 69 records in the augmented sample; eight of the 69 records received the rating of achieved and 61 received the rating 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 61 records that received the rating of not achieved, 48 did not have the FDR assessments or investigations completed within 30 days, five had protection responses that ended early and the rationales were not appropriate, and eight memos/service requests had inappropriate non-protection responses. Of the 48 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 36 and 763 days, with the average being 191 days (see appendix for a bar graph).

b.5 Strength and Needs Assessment and Family Plan

Table 5 provides compliance rates for measures FS 17 to FS 21, which relate to the completion of the Family and Child Strengths and Needs Assessment and the Family Plan. The rates are presented as percentages of all records to which the measures were applied. The records included the selected sample of 60 open FS cases and 46 closed FS cases.

Table 5: Strength and Needs Assessment and Family Plan (N = 106)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 17: Completing a Family and Child Strengths and Needs Assessment	106	71	67%	35	33%
FS 18: Supervisory Approval of the Family and Child Strengths and Needs Assessment	106	78	74%	28	26%
FS 19: Developing the Family Plan with the Family	106	75	71%	31	29%
FS 20: Timeframe for Completing the Family Plan	106	86	81%	20	19%
FS 21: Supervisory Approval of the Family Plan	106	86	81%	20	19%

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

The compliance rate for this critical measure was **33%**. The measure was applied to all 106 records in the samples; 35 of the 106 records received the rating of achieved and 71 received the rating 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 71 records that received the rating of not achieved, 58 did not contain Family and Child Strengths and Needs Assessments and 13 contained incomplete Family and Child Strengths and Needs Assessments.

Of the 35 records that received the rating of achieved, 15 had Family and Child Strengths and Needs Assessments completed within the most recent six-month protection cycles and 20 did not have Family and Child Strengths and Needs Assessments completed within the most recent six-month protection cycles, 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 **26%**. The measure was applied to all 106 records in the samples; 28 of the 106 records received the rating of achieved and 78 received the rating 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 78 records that received the rating of not achieved, 58 did not contain Family and Child Strengths and Needs Assessments, 13 contained incomplete Family and Child Strengths and Needs Assessments (that were also not approved by the supervisors) and seven 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 **29%**. The measure was applied to all 106 records in the samples; 31 of the 106 records received the rating of achieved and 75 received the rating 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 75 records that received the rating of not achieved, 69 did not have Family Plans or equivalents and six had Family Plans or equivalents but they were not developed in collaboration with the families.

The audit also assessed whether the Family Plans were informed by completed Family and Child Strengths and Needs Assessments. Of the 31 records that contained completed Family Plans or equivalents, 16 had completed the Family Plans or equivalents after the completion of the Family and Child Strengths and Needs Assessments and 15 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 **19%**. The measure was applied to all 106 records in the samples; 20 of the 106 records received the rating of achieved and 86 received the rating 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 six-month protection cycle.

Of the 86 records that received the rating of not achieved, 69 did not have Family Plans or equivalents within the 12-month time frame of the audit, one did not have a Family Plan or equivalent created within 30 days of initiating ongoing protection services (initiated within the

12-month time frame of the audit) and 16 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 six-month ongoing protection services cycle.

FS 21: Supervisory Approval of the Family Plan

The compliance rate for this critical measure was **19%**. The measure was applied to all 106 records in the samples; 20 of the 106 records received the rating of achieved and 86 received the rating of not achieved. To receive a rating of achieved, the record contained a Family Plan or equivalent that was approved by the supervisor.

Of the 86 records that received the rating of not achieved, 69 did not have Family Plans or equivalents and 17 completed Family Plans or equivalents were not approved by the supervisors.

b.6 Reassessment and the Decision to End Protection Services

Table 6 provides compliance rates for measures FS 22 to FS 23, which relate to the completion of a Vulnerability Reassessment or Reunification Assessment and making the decision to end ongoing protection services. The rates are presented as percentages of all records to which the measures were applied. The records included the selected sample of 60 open FS cases and 46 closed FS cases.

Table 6 Reassessment and the Decision to End Protection Services (N = 106)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 22: Completing a Vulnerability Reassessment or Reunification Assessment	106	73	69%	33	31%
FS 23: Making the Decision to End Ongoing Protection Services	46*	20	43%	26	57%

* Total applicable include the sample of 46 closed cases

FS 22: Completing a Vulnerability Reassessment or Reunification Assessment

The compliance rate for this critical measure was **31%**. The measure was applied to all 106 records in the samples; 33 of the 106 records received the rating of achieved and 73 received the rating of not achieved. To receive a rating of achieved, the record contained a Vulnerability Reassessment or Reunification Assessment completed within the most recent six-month protection cycle and a Reunification Assessment completed within three months of the child's return or a court proceeding regarding custody and the assessment(s) was approved by the supervisor.

Of the 73 records that received the rating of not achieved, 63 did not have Vulnerability Reassessments or Reunification Assessments completed within the most recent six-month

protection cycle, nine had incomplete Vulnerability Reassessments or Reunification Assessments within the most recent six-month protection cycle, and one did not have a Reunification Assessment completed within three months of a child's return or court proceeding. Of the 63 records that did not have Vulnerability Reassessments or Reunification Assessments completed within the most recent six-month protection services cycle, 57 also did not have Vulnerability Reassessments or Reunification Assessments completed within the 12-month time frame of the audit. One record that received the rating of not achieved was brought to the attention of the involved supervisor and director of operations (DOO), as well as the executive director of service (EDS) because the information in the record suggested that the child(ren) may have been left at risk of harm at the time the record was audited.

FS 23: Making the Decision to End Ongoing Protection Services

The compliance rate for this critical measure was **57%**. The measure was applied to all 46 records in the closed FS case sample; 26 of the 46 records received the rating of achieved and 20 received the rating of not achieved. To receive a rating of achieved, the record contained documentation that:

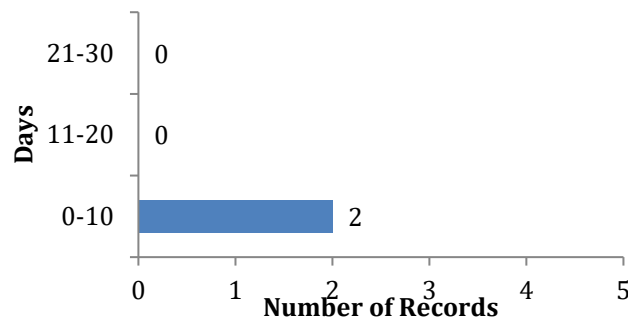
- the decision to conclude ongoing protection services was made in consultation with a supervisor;
- there were no unaddressed reports of abuse or neglect;
- there were no indications of current or imminent safety concerns;
- the family demonstrated improvements as identified in the Family Plan;
- a 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 20 records that received the rating of not achieved, 19 ended protection services without completing a Vulnerability Re-assessment or Reunification Assessments within the most recent six-month protection services cycle and one ended protection services after completing a Vulnerability Reassessment with a rating of high vulnerability (risk factors still existed and were not addressed) and the family did not show an ability to access/use formal and informal resources. Of the one record that was closed with a high vulnerability rating, further information was collected by the social workers and/or supports were subsequently provided to the family which adequately addressed the risk factors presented in the initial report and documented family history.

C. TIME INTERVALS OBSERVED AS PART OF FAMILY SERVICE PRACTICE

In reviewing the 296 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.

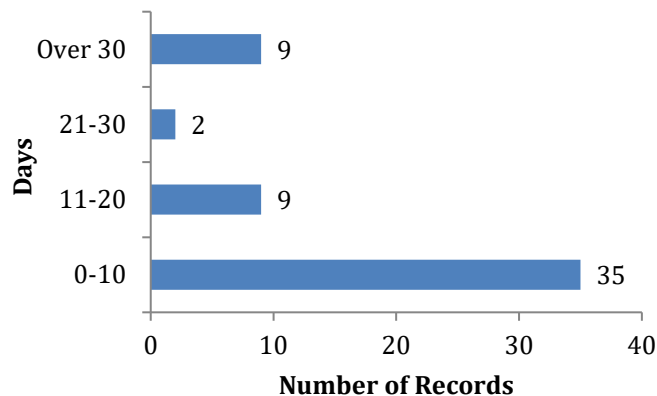
Figure 1: Timeframe for IRR completion, if not completed within 24 hours (FS 2)



Note:

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

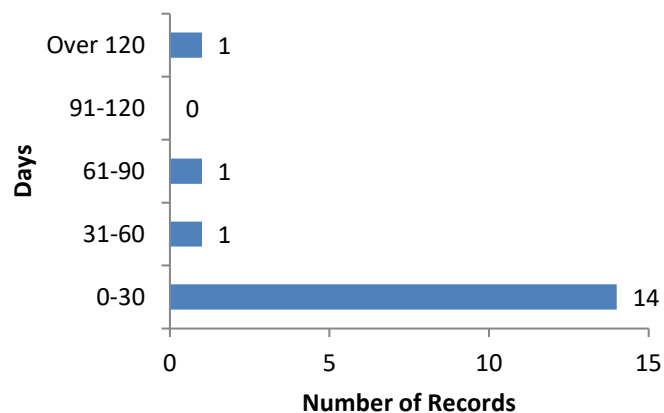
Figure 2: Timeframe for completion of Screening Assessment, if not completed within 24 hours (FS 3)



Note:

1. N = 55 records that received the rating of not achieved on FS 3 because the Screening Assessment was not completed within 24 hours.

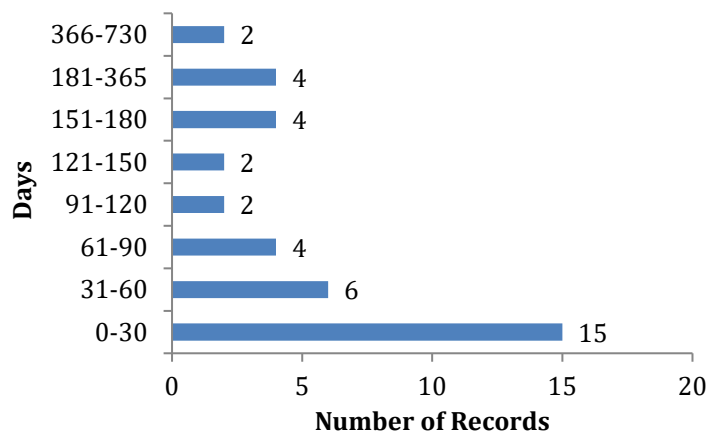
Figure 3: Timeframe to contact the family, if contact not made within the timeframe of the assigned response priority (FS 5)



Note:

1. N = 17 records where the family was not contacted within the timeframe of the assigned response priority. Does not include 2 records that did not document the dates when the families were contacted.

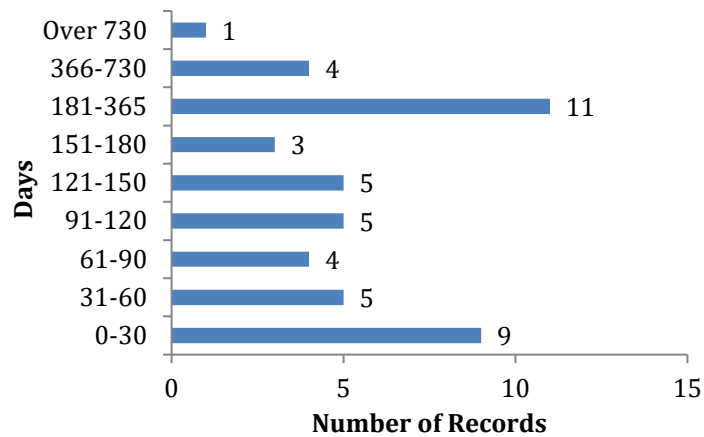
Figure 4: Timeframe to complete the Safety Assessment form, if not documented within 24 hours of the completion of the safety assessment process (FS 8)



Note:

1. N = 39 records that received the rating of not achieved at FS 8 because the Safety Assessment form was not completed within 24 hours of the completion of the safety assessment process. Does not include 1 record that did not record the date of the safety assessment process.

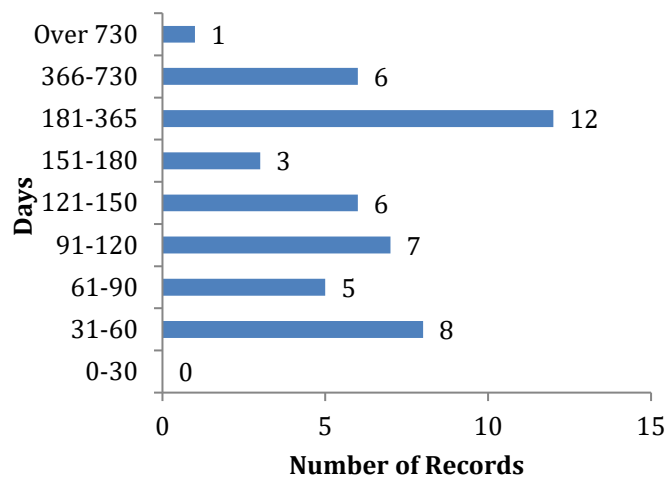
Figure 5: Timeframe to complete the Vulnerability Assessment from the date the report was received (FS 14)



Note:

1. N = 47 records 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 = 47 records that received the rating of not achieved at FS 16 because the FDR assessment or investigation was not completed within 30 days or within the timeframe approved for an extension.