



Kootenays 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 Kootenay Service Delivery Area (SDA) from July 2018 to October 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 Child, Family and Community Service Act.

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 (investigation and family development response)
- Family Service (FS) Cases

2. METHODOLOGY

Five samples of FS records were selected from lists of data extracted from the Integrated Case Management (ICM) system on June 20, 2018, using the simple random sampling technique. The data lists consisted of closed Service Requests, closed Memos, closed Incidents, open FS cases, and closed FS cases. The data within each of the five lists were randomized at the SDA level, and samples were selected at a 90% confidence level, with a 10% margin of error.

Selected Records for FS Practice Audit in the Kootenay SDA

Record status and type	Total number at SDA level	Sample size
Closed Service Requests	306	56
Closed Memos	131	45
Closed Incident	945	63
Open FS cases	122	43
Closed FS cases	46	28

More specifically, the five samples consisted of:

1. Service Requests that were closed in the SDA between June 1, 2017 and May 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 June 1, 2017 and May 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 June 1, 2017 and May 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 May 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 December 1, 2017 and May 31, 2018 that had been open continuously for at least six months.

The audit sampling methods and ICM data extracts were developed and produced with the support of the Modelling, Analysis and Information Management (MAIM) Branch. The selected records were assigned to one practice analyst on the provincial audit team for review. The analyst used the FS Practice Audit Tool to rate the records.

The FS Practice Audit Tool contains 23 critical measures designed to assess achievement of key components of the Child Protection Response Model using a scale with achieved and not achieved as rating options for all measures. The 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 analyst reviewed each record in its entirety from opening to closing. In reviewing the open FS cases, the analyst focused on practice that occurred during a specific 12-month period (June 1, 2017 – May 31, 2018). In reviewing the closed FS cases, the analyst focused on practice that occurred during the 12-month period prior to the closure of each record.

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

FS1 – FS4	<ul style="list-style-type: none"> • Memos • Service Requests • Incidents
FS5 – FS16	<ul style="list-style-type: none"> • Incidents • Memos and Service Requests with an inappropriate non-protection response
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 identify for action any record that suggests a child may need protection under section 13 of the Child, Family and Community Service Act. During this audit, the practice analyst watched for situations in which the information in the records suggested that the children may have been left at risk of harm at the time the record was audited and therefore in need of further protection services. 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).

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 were rated not achieved. For some measures, the total of the number of reasons records were rated not achieved is higher than the total number of records rated not achieved as a record may be rated not achieved for more than one reason.

There were a combined total of 235 records in the five samples selected for this audit. However, not all of the measures in the audit tool were applicable to all 235 records in the selected samples. The “Total Applicable” column in the tables contains the total number of records to which the measure was applied.

3.1 Report and Screening Assessment

Table 1 provides compliance rates for measures FS 1 to FS 4, which relate to obtaining and assessing a child protection report. The records included the selected samples of 56 closed Service Requests, 45 closed Memos and 63 closed Incidents. The 164 records reflect practice in both the Kootenays SDA and Provincial Centralized Screening. Specifically, 67 of the records were initiated by the SDA and 97 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 for information purposes only.

Table 1: Report and Screening Assessment (N = 164)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 1: Gathering Full and Detailed Information	164	2	1%	162	99%
FS 2: Conducting an Initial Record Review (IRR)	164	106	65%	58	35%
FS 3: Completing the Screening Assessment	164	39	24%	127	76%
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response	164	5	3%	159	97%

FS 1: Gathering Full and Detailed Information

The compliance rate for this critical measure was **99%**. The measure was applied to all 164 records in the samples; 162 of the 164 records received the rating of achieved and 2 received the rating of not achieved. Of the 162 records that received the rating of achieved, 66 documented practice by the SDA and 96 documented practice by Provincial Centralized Screening. To receive a rating of achieved, the information gathered from the caller was full, detailed and sufficient to determine an appropriate pathway.

Of the 2 records that received the rating of not achieved, both were reports about children's/youths' need for protection and lacked full, 1 documented practice by the SDA and the other documented practice by Provincial Centralized Screening. Both reports detailed and insufficient information to assess and respond to the reports.

FS 2: Conducting an Initial Record Review (IRR)

The compliance rate for this critical measure was **35%**. The measure was applied to all 164 records in the samples; 58 of the 164 records received the rating of achieved and 106 received the rating of not achieved. Of the 58 records that received the rating of achieved, 15 documented practice by the SDA and 43 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 106 records that received the rating of not achieved, 52 documented practice by the SDA and 54 documented practice by Provincial Centralized Screening. Of these 106 records, 9 did not have IRRs documented including no checks of Best Practice (7 documented practice by the SDA and 2 documented practice by Provincial Centralized Screening), 77 had IRRs documented but no checks of Best Practice (34 documented practice by the SDA and 43 documented practice by Provincial Centralized Screening), 2 had IRRs documented but no indications that the appropriate CP authorities were contacted (1 documented practice by the SDA and 1 documented practice by Provincial Centralized Screening), 36 had IRRs documented but the IRRs did not contain sufficient information (16 documented practice by the SDA and 20 documented practice by Provincial Centralized Screening), and 10 had IRRs documented beyond 24 hours of receiving the reports (all documented practice by the SDA). Of the 10 records that had IRRs documented beyond 24 hours of receiving the reports the range of time it took to complete the IRRs was between 2 and 83 days with the average time being 20 days. The total adds to more than the number of records rated not achieved as 28 records had a combination of the above noted reasons.

FS 3: Completing the Screening Assessment

The compliance rate for this critical measure was **76%**. The measure was applied to all 164 records in the samples; 125 of the 164 records were rated achieved and 39 were rated not achieved. Of the 125 records that received the rating of achieved, 34 documented practice by the SDA and 91 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 39 records that received the rating of not achieved, 32 documented practice by the SDA and 7 documented practice by Provincial Centralized Screening. Of these 39 records, 1 had no Screening Assessment (not completed by the SDA), 4 had incomplete Screening Assessments (2 documented practice by the SDA and 2 documented practice by Provincial Centralized Screening), and 34 had Screening Assessments documented beyond the required timeframe. Of the 34 Screening Assessments completed beyond the required timeframe, 3 were completed after the records were transferred to the SDA by Provincial Centralized Screening, 1 was completed by Provincial Centralized Screening and the remaining 30 were created by the SDA. Of the 34 records that did not complete the Screening Assessment within the required timeframe, none required the Screening Assessments to have been completed immediately and the range of time it took to complete was between 2 and 36 days, with the average time being 10 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 164 records in the samples; 159 of the 164 records were rated achieved and 5 were rated not achieved. To receive a rating of achieved the decision to provide a protection or non-protection response was appropriate and consistent with the information gathered.

Of the 5 records that received the rating of not achieved, 1 was a Memo, 3 were Service Requests and 1 was an Incident. The 1 Memo and 3 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 4 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 1 Incident that received a not achieved rating for FS4 was removed from the Incident sample from FS 5 o FS 16 because protection response was 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 Safety Assessment form. The records included the selected sample of 63 closed Incidents augmented with the records described in the note below the tables.

Table 2: Response Priority, Detailed Record Review and Safety Assessment (N = 66)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 5: Determining the Response Priority	66*	4	6%	62	94%
FS 6: Conducting a Detailed Record Review (DRR)	66*	42	64%	24	36%
FS 7: Assessing the Safety of the Child or Youth	66*	9	14%	57	86%
FS 8: Documenting the Safety Assessment	66*	38	58%	28	42%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	66*	7	11%	59	89%

*Total applicable includes the sample of 63 Incidents augmented with the addition of 4 Memos/Service Requests with inappropriate non-protection responses and the removal of 1 Incident with an inappropriate protection response.

FS 5: Determining the Response Priority

The compliance rate for this critical measure was **94%**. The measure was applied to all 66 records in the augmented sample; 62 of the 66 records received the rating of achieved and 4 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 appropriate and approved by the supervisor.

Of the 4 records that received the rating of not achieved, all were Memos/Service Requests with 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 5 days). Of the 62 records with appropriate protection responses, 49 contained documentation confirming that the families were contacted within the assigned response priorities and 13 did not. Of the 13 records where the families were not contacted within the assigned response priorities, all were assigned the response priority timeframe of “within 5 days”. Of these 13 records, 1 protection response ended prior to the social worker contacting the family and the rationale for the decision was appropriate and the range of time it took to contact the remaining 12 families was between 6 days and 683 days, with the average time being 117 days (see appendix for bar graph).

FS 6: Conducting a Detailed Record Review (DRR)

The compliance rate for this critical measure was **36%**. The measure was applied to all 66 records in the augmented sample; 24 of the 66 records received the rating of achieved and 42 received the rating 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 concerns had been addressed, the responsiveness of the family in addressing the issues and concerns and the effectiveness of the last intervention, or
- was not required because there were no previous MCFD/DAA histories, or
- was not required because the supervisor approved ending the protection response before the DRR was conducted and the rationale was documented and appropriate.

Of the 42 records that received the rating of not achieved, 24 did not have DRRs, 12 had DRRs that did not contain the information missing from the IRRs, 1 had a DRR but did not indicate the effectiveness of the last intervention, 1 had a protection response that was ended prior to completing the DRR and the rationale for the decision was not appropriate, and 4 were Memos/Service Requests with inappropriate non-protection responses.

FS 7: Assessing the Safety of the Child or Youth

The compliance rate for this critical measure was **86%**. The measure was applied to all 66 records in the augmented sample; 57 of the 66 records received the rating of achieved and 9 records 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, or
- the supervisor approved ending the protection response before the safety assessment process was completed and the rationale was documented and appropriate.

Of the 9 records that received the rating of not achieved, 3 did not have the safety assessment processes completed during the first significant contacts with the families, 1 did not have a Safety Plan despite the fact that safety concerns were identified and the children/youth were not removed, 1 had a protection response that ended prior to the first significant contact with the family and the rationale for the decision was not appropriate, and 4 were Memos/Service.

FS 8: Documenting the Safety Assessment

The compliance rate for this critical measure was **42%**. The measure was applied to all 66 records in the augmented sample; 28 of the 66 records received the rating of achieved and 38 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 was documented and the rationale was documented and appropriate.

Of the 38 records that received that rating of not achieved, 2 did not have Safety Assessment forms, 31 had Safety Assessment forms that were not completed within 24 hours after the completion of the safety assessment processes, 1 had a protection response that ended prior to the first significant contact with the family and the rationale for the decision was not appropriate, and 4 were Memos/Service Requests with inappropriate non-protection responses. Of the 31 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 2 days and 406 days, with the average time being 94 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 **89%**. The measure was applied to all 66 records in the augmented sample; 59 of the 66 records received the rating of achieved and 7 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 7 records that received the rating of not achieved, 2 did not have Safety Assessment forms, 1 had a protection response that ended prior to the first significant contact with the family and the rationale for the decision was not appropriate, and 4 were Memos/Service Requests with 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 63 closed Incidents augmented with the records described in the note below the table.

Table 3: Steps of the FDR Assessment or Investigation (N = 66)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	66*	10	15%	56	85%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	66*	14	21%	52	79%
FS 12: Visiting the Family Home	66*	13	20%	53	80%
FS 13: Working With Collateral Contacts	66*	28	58%	38	42%

*Total applicable includes the sample of 63 Incidents augmented with the addition of 4 Memos/Service Requests with inappropriate non-protection responses and the removal of 1 Incident with an inappropriate protection response.

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

The compliance rate for this critical measure was **85%**. The measure was applied to all 66 records in the augmented sample; 56 of the 66 records received the rating of achieved and 10 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)
- the social worker 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 10 records that received the rating of not achieved, 2 did not contain documentation that the social workers met with or interviewed the parents, 1 contained documentation that the social worker met with or interviewed the mother but not the father, 2 contained documentation that the social workers met with or interviewed the parents but insufficient information was gathered about the families to assess the safety and vulnerability of all children/youth, 1 had a protection response that was ended prior to the interviews with the parents and the rationale for the decision was not appropriate, and 4 were Memos/Service Requests with 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 **79%**. The measure was applied to all 66 records in the augmented sample; 52 of the 66 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 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 14 records that received that rating of not achieved, 7 did not document that social worker had private, face-to-face conversations with any of the children/youth living in the homes, 1 contained documentation that social worker had private, face-to-face conversations with some but not all of the children/youth living in the homes, 1 contained documentation that social worker had face-to-face conversations with all of the children/youth living in the homes but these conversations were not private and insufficient information was gathered about the family to assess the safety and vulnerability of all children/youth, 1 had a protection response that was ended prior to the interviews with the children and the rationale for the decision was not appropriate, and 4 were Memos/Service Requests with inappropriate non-protection responses.

FS 12: Visiting the Family Home

The compliance rate for this critical measure was **80%**. The measure was applied to all 66 records in the augmented sample; 53 of the 66 records received the rating of achieved and 13 were rated 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 13 records that received the rating of not achieved, 8 did not document that the social workers visited the family homes, 1 had a protection response that was ended prior to the social worker visiting the family home and the rationale for the decision was not appropriate, and 4 were Memos/Service Requests with inappropriate non-protection responses.

FS 13: Working with Collateral Contacts

The compliance rate for this critical measure was **42%**. The measure was applied to all 66 records in the augmented sample; 28 of the 66 records received the rating of achieved and 38 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 38 records rated not achieved, 19 did not have documentation of collaterals being completed (of these, 6 required collaterals with Delegated Aboriginal Agencies or designated representatives of the First Nations, Treaty First Nations or Metis community), 13 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, 1 had documented collaterals but failed to complete a necessary collateral with CYSN, 1 had a protection response that ended prior to collaterals being completed and the rationale for the decision was not appropriate, and were 4 Memos/Service Requests with inappropriate non-protection responses.

If the records were Incidents with FDR protection responses, the audit also assessed whether the social workers made contact with the parents prior to making contact with collaterals. The audit also assessed whether discussions with the parents identified which collateral contacts could provide the necessary information and reached agreements with the parents about the plans to gather information from specific collaterals. Of the 62 records with appropriate protection responses, 54 were deemed to require FDR protection responses. Of these 54 FDRs, 42 documented that the social workers made contact with the parents prior to making contact with collaterals and 1 did not document making contact with the parent prior to contacting collaterals due to immediate safety concerns. Furthermore, of these 54 FDRs, 28 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.

3.4 Assessing the 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 63 closed Incidents augmented with the records described in the note below the table.

Table 4: Assessing Risk of Future Harm/Determining Need for Protection Services (N = 66)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 14: Assessing the Risk of Future Harm	66*	15	23%	51	77%
FS 15: Determining the Need for Protection Services	66*	6	9%	60	91%
FS 16: Timeframe for Completing the FDR Assessment or the Investigation	66*	49	74%	17	26%

*Total applicable includes the sample of 63 Incidents augmented with the addition of 4 Memos/Service Requests with inappropriate non-protection responses and the removal of 1 Incident with an inappropriate protection response.

FS 14: Assessing the Risk of Future Harm

The compliance rate for this critical measure was **77%**. The measure was applied to all 66 records in the augmented sample; 51 of the 66 records received the rating of achieved and 15 records 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 15 records that received the rating of not achieved, 5 had no Vulnerability Assessments, 4 had incomplete Vulnerability Assessments, 1 had a Vulnerability Assessment that was not approved by a supervisor, 1 had a protection response that was ended prior to the Vulnerability Assessment being completed and the rationale for the decision was not appropriate, and 4 were Memos/Service Requests with inappropriate non-protection responses.

The audit also assessed the length of time it took to complete the Vulnerability Assessments. Of the 51 records that received the rating of achieved, 6 had protection responses that ended prior to completing the Vulnerability Assessments and the rationales for the decisions were appropriate and the range of time it took to complete the remaining 45 forms was between 6 days and 637 days, with the average time being 148 days (see appendix for a bar graph).

FS 15: Determining the Need for Protection Services

The compliance rate for this critical measure was **91%**. The measure was applied to all 66 records in the augmented sample; 60 of the 66 records received the rating of achieved and 6 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 6 records that received the rating of not achieved, 1 had a decision that was not consistent with the information gathered during the protection response, 1 had a protection response that was ended early and the rationale for the decision was not appropriate, and 4 were Memos/Service Requests had inappropriate non-protection responses. In regard to the record rated not achieved because the decision that was not consistent with the information gathered during the protection response, supports were subsequently provided to the family which adequately addressed the risk factors presented in the initial report and documented family history.

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

The compliance rate for this critical measure was **26%**. The measure was applied to all 66 records in the augmented sample; 17 of the 66 records received the rating of achieved and 49 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 49 records that received the rating of not achieved, 44 did not have the FDR assessments or investigations completed within 30 days, 1 had a protection response that was ended early and the rationale for the decision was not appropriate, and 4 were Memos/Service Requests with inappropriate non-protection responses. Of the 44 records where the FDR assessments or investigations were not completed within 30 days, the range of time it took to complete was between 33 and 706 days, with the average being 224 days (see appendix for a bar graph).

3.5 Strength and Needs Assessment and Family Plan

Table 5 provides compliance rates for measures FS 17 to FS 21, which relate to the completion of the Family and Child Strengths and Needs Assessment and the Family Plan. The rates are presented as percentages of all records to which the measures were applied. The records included the selected sample of 43 open FS cases and 28 closed FS cases.

Table 5: Strength and Needs Assessment and Family Plan (N = 71)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 17: Completing a Family and Child Strengths and Needs Assessment	71	35	49%	36	51%
FS 18: Supervisory Approval of the Family and Child Strengths and Needs Assessment	71	40	56%	31	44%
FS 19: Developing the Family Plan with the Family	71	47	66%	24	34%
FS 20: Timeframe for Completing the Family Plan	71	51	72%	20	28%
FS 21: Supervisory Approval of the Family Plan	71	50	70%	21	30%

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 71 records in the samples; 36 of the 71 records received the rating of achieved and 35 received the rating of not achieved. To receive a rating of achieved, the record contained a Family and Child Strengths and Needs Assessment completed in its entirety within the 12 month time frame of the audit.

Of the 35 records that received the rating of not achieved, 31 did not contain Family and Child Strengths and Needs Assessments and 4 contained incomplete Family and Child Strengths and Needs Assessments.

Of the 36 records that received the rating of achieved, 31 had Family and Child Strengths and Needs Assessments completed within the most recent six month protection cycle and 5 did not have the Family and Child Strengths and Needs Assessments completed within the most recent six month protection cycle, but they were completed within the 12 month time frame of the audit.

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

The compliance rate for this critical measure was **44%**. The measure was applied to all 71 records in the samples; 31 of the 71 records received the rating of achieved and 40 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 40 records that received that rating of not achieved, 31 did not contain Family and Child Strengths and Needs Assessments, 2 contained incomplete Family and Child Strengths and Needs Assessments (that were also not approved by the supervisors) and 7 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 **34%**. The measure was applied to all 71 records in the samples; 24 of the 71 records received the rating of achieved and 47 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 47 records that received the rating of not achieved, 42 did not have Family Plans or equivalents and 5 had Family Plans or equivalents but there was no evidence that they were 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 24 records that received the rating of achieved, 12 had completed the Family Plans or equivalents after the completion of the Family and Child Strengths and Needs Assessment and 12 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 **28%**. The measure was applied to all 71 records in the samples; 20 of the 71 records received the rating of achieved and 51 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 ongoing protection services cycle.

Of the 51 records that received the rating of not achieved, 42 did not have Family Plans or equivalents within the 12 month time frame of the audit and 9 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 **30%**. The measure was applied to all 71 records in the samples; 21 of the 71 records received the rating of achieved and 50 received the rating of not achieved. To receive a rating of achieved the record contained a Family Plan that was approved by the supervisor with either the supervisor's signature on the Family Plan or documentation that the supervisor was present when the Family Plan was developed.

Of the 50 records that received the rating of not achieved, 42 did not have Family Plans or equivalents and 8 had Family Plans or equivalents that 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 43 open FS cases and 28 closed FS cases

Table 6: Decision to End Protection Services (N = 71)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 22: Completing a Vulnerability Reassessment or Reunification Assessment	71	43	61%	28	39%
FS 23: Making the Decision to End Ongoing Protection Services	28*	4	14%	24	86%

* Total applicable includes the sample of 28 closed cases

FS 22: Completing a Vulnerability Reassessment or Reunification Assessment

The compliance rate for this critical measure was **39%**. The measure was applied to all 71 records in the samples; 28 of the 71 records received the rating of achieved and 43 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 services cycle and a Reunification Assessment completed within three months of the child's return or a court proceeding regarding custody and the assessment was approved by the supervisor.

Of the 43 records that received the rating of not achieved, 37 had no Reunification Assessments or Vulnerability Assessments, 1 did not have a Vulnerability Reassessment or Reunification Assessment completed within the most recent six month protection services cycle, 4 had incomplete Vulnerability Reassessments or Reunification Assessments within the most recent six month protection cycle and 1 did not have a Reunification Assessment completed within three months of a child's return or court proceeding.

FS 23: Making the Decision to End Ongoing Protection Services

The compliance rate for this critical measure was **86%**. The measure was applied to all 28 records in the sample; 24 of the 28 records received the rating of achieved and 4 records received the rating of not achieved. To receive a rating of achieved the record showed 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
- the family had the ability to parent without MCFD support.

Of the 4 records that received the rating of not achieved, all ended ongoing protection services without completing Vulnerability Re-assessments or Reunifications Assessments within the last six month protection cycle.

Records Identified for Action

Quality assurance policy and procedures require practice analysts to identify for action any record that suggests a child may need protection under section 13 of the Child, Family and Community Service Act. During this audit, the practice analyst identified 1 record that suggested 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. This record was brought to the attention of the appropriate team leader (TL) and director of operations (DOO), as well as the executive director of service (EDS).

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 **65%**.

4.1 Strengths and Challenges of the Screening Process

Overall, the Kootenays SDA (with the support of Provincial Central Screening) showed a high compliance rate for the screening process outlined in the Child Protection Response Policies. There was extremely high (99%) compliance for the critical measure associated with gathering full and detailed information (FS 1). Almost all of the applicable records (162 out of 164) contained information that was sufficient to assess and respond to the report and determine an appropriate pathway.

The compliance rate for conducting an IRR (FS 2) was significantly lower than the other aspects of the screening process with 35% compliance. Over half of the records audited (52%) were missing checks of Best Practice. Ensuring that all workers are aware that a Best Practices check is required, regardless of whether a family is identified as Indigenous or Metis, may increase compliance with this measure. In addition, almost one quarter of the records audited (22%) 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 (76%) compliance for the critical measure associated with completing the Screening Assessment (FS 3). Specifically, 127 out of 164 records contained Screening Assessments that was completed immediately if required or within 24 hours.

There was extremely high (97%) compliance for the critical measure associated with determining whether the report requires a protection or non-protection response (FS 4). All decisions to rate records as not achieved at this measure were made in consultation with a manager of quality assurance. Consistent use of the Screening Assessment tool seems to have contributed to the extremely high compliance with this critical measure.

There was also a very high (94%) compliance for the critical measure associated with determining a response priority (FS5). All the records with appropriate protection responses had correct decisions regarding the response priorities.

4.2 Strengths of FDR Assessment or Investigation

The critical measures associated with the FDR assessment or investigation process received a wide variation in compliance rates. These rates were negatively impacted by the 1 Memo and 3 Service Requests that received the rating 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 all received not achieved ratings at critical measures FS 5 to FS 16. In addition, the compliance rates for many of the critical measures were negatively impacted by 1 record where the response was ended early with supervisory approval but the rationale for ending the response early did not meet the criteria as outlined in the Child Protection Response Policies.

The critical measure associated with assessing the safety of the child or youth (FS 7) received a high (86%) compliance rate. The primary reason for the not achieved ratings was a lack of documentation regarding the safety assessment process during the first significant contacts with the families. Reviewing the procedures about assessing the safety of the child or youth outlined in the Child Protection Response Policies will likely increase compliance with this critical measure.

The critical measure associated with making a safety decision consistent with the safety assessment (FS 9) received a high (89%) compliance rate. It is positive to note that of the records with completed Safety Assessment forms, all had safety decisions that were consistent with the information documented in the Safety Assessment forms.

The critical measure associated with meeting with or interviewing the parents and other adults in the family home (FS 10) received a high (85%) compliance rate. The primary reason for the not achieved ratings was inadequate documentation of required interviews with parents. Ensuring both parents (when appropriate) are interviewed in-person and that adequate information about the family is gathered (and documented) to assess the safety of the children and youth will further increase compliance in this area.

The critical measure associated with meeting with every child or youth who lives in the family home (FS 11) received a moderately high (79%) compliance rate. The primary reason for the not achieved ratings was inadequate documentation of required interviews with all the children/youth living in the family homes. In some records, the children were observed but there was no documentation of attempts to have conversations with each child or youth and no documentation of consultations with supervisors in regards to exceptions to this requirement. Ensuring that all children/youth living in the family homes are interviewed separately and privately and that sufficient information is gathered and documented about the safety and/or vulnerability of the children/youth will increase compliance in this area.

The critical measure associated with visiting the family home (FS 12) received a high (80%) compliance rate. The primary reason for the not achieved ratings was a lack of documentation confirming that the social workers visited the family homes before completing the FDR Assessments or the investigations.

The critical measure associated with assessing the risk of future harm (FS 14) received a moderately high (77%) compliance rate.

The primary reasons for the not achieved ratings were missing or incomplete Vulnerability Assessments. Ensuring that the Vulnerability Assessments are completed and approved by supervisors will increase compliance in this area.

Lastly, the critical measure associated with determining the need for protection services (FS 15) received a very high (91%) compliance rate. Of all the records with completed FDR assessments or investigations, only 1 decision to close the Incident and not provide FDR protection services or ongoing protection services was not consistent with the information gathered during the protection response.

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 (36%) compliance rate. The primary reasons for not achieved ratings were missing 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 consistently in the Kootenays SDA.

There was low (42%) compliance with the critical measure associated with documenting the Safety Assessment form (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 process. It may be beneficial to review this timeline expectation with staff to ensure higher compliance with this standard.

The critical measure associated with working with collateral contacts (FS 13) received a moderately low (52%) compliance rate. The primary reasons for the not achieved ratings were the failure to document any collateral information and the failure to document information from necessary collateral contacts, specifically from the associated/involved Delegated Aboriginal Agencies or designated representatives of the First Nations, Treaty First Nations or the Metis community. Ensuring that staff are aware of and follow Policy 1.6: Working with Service Partners and Collateral Contacts may increase compliance with this critical measure.

The final critical measure in regards to the FDR assessment or investigation process is associated with the timeframe for completing the FDR assessment or investigation (FS 16) which received a very low (26%) compliance rate. It was evident in reviewing the records that there were many factors contributing to work not being completed in a timely manner. One way to increase compliance with this critical measure would be for supervisors to consider approving extensions to the timeframe for the FDR assessments and investigations and the social worker document these plans, consultations, and approvals.

4.4 Strengths and Challenges of Open and Closed Family Service Cases

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 to provide a foundation for the provision of effective ongoing child protection services. Just over half (51%) of the records had completed Family and Child Strengths and Needs Assessments (FS 17).

Of the records that had Family and Child Strength and Needs Assessments completed within the 12 month audit timeframe, the vast majority (86%) were completed during the most recent six month protection cycle. The critical measure associated with the supervisory approval of the Family and Child Strengths and Needs Assessment (FS 18) had a low (44%) compliance. Of the 40 records with Family and Child Strengths and Needs Assessments (4 of these were determined to be incomplete), 31 were approved by supervisors.

There are three critical measures associated with the Family Plan (FS 19, FS 20 and FS 21). The critical measure associated with developing the Family Plan in collaboration with the family (FS 19) received a low (34%) compliance rate. The critical measure associated with the timeframe for completing the Family Plan (FS 20) received a very low (28%) compliance rate. The critical measure associated with the supervisory approval of the Family Plan (FS 21) also received a low (30%) compliance rate. These low compliance rates raise concerns that many families may not have been given opportunities to contribute directly to the development of strategies that will provide them the support they require to address the child protection concerns the social workers have identified. Unlike other critical measures relating to SDM tools, the audit of the Family Plan considered all file documentation related to collaborative decision making in family planning. For the achieved records, it was often meeting minutes from family case planning conferences that informed the achieved ratings. It is important to note that supervisory approvals were not always evident when the plans were developed unless the supervisors attended the conferences or consultations with the supervisors were documented.

The critical measure associated with completing a Vulnerability Reassessment or Reunification Assessment (FS 22) had a low (39%) 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. A review of purposes of the Vulnerability Reassessment and Reunification Assessment would promote a better understanding and improve compliance in this area.

The critical measure associated with making the decision to end ongoing protection services (FS 23) had a high (86%) compliance rate. All of the files that received achieved ratings had well documented and appropriate decisions regarding file closures. The 4 records that received the rating of not achieved did not have the required Vulnerability Reassessments or Reunification Assessments prior to file closures.

Lastly, within family service practice, many records lacked all required SDM tools and Family Plans within the audit timeframe.

Of the 71 ongoing family service records, 23 (32%) had no Family and Child Strength and Needs Assessments, no Family Plans and no Vulnerability Re-assessments or Reunification Assessments within the audit timeframe (does not include records with incomplete SDM tools). Of these 23 records without any SDM tools and Family Plans, 18 were attributed to one district office. It may be useful to review with staff the documentation requirements for ongoing protection service cases.

5. ACTION PLAN

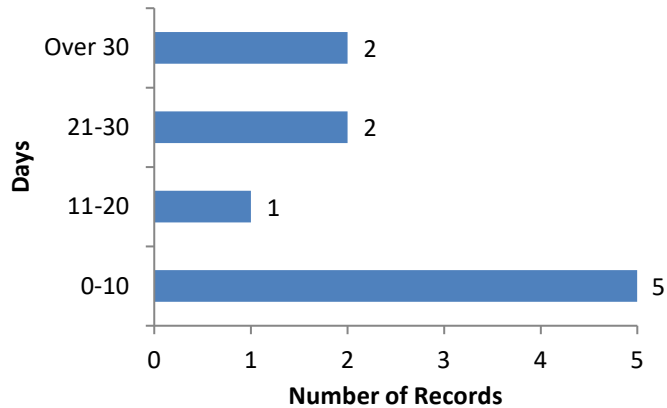
ACTIONS	PERSONS RESPONSIBLE	OUTCOMES	COMPLETION DATES
1. The policies specific to conducting the Initial Record Review and the Detailed Record Review, including the requirement to search the Best Practice database, will be reviewed with all child protection teams. Confirmation of this review will be sent, via email, to the manager of Quality Assurance.	Executive Director of Service Directors of Operations for East and West Kootenays LSAs Director of Practice Child Protection Supervisors	The assessments of reports are based on complete and accurate information.	June 30, 2019
2. Policy 1.6, Working with Service Partners and Collateral Contacts, will be distributed and reviewed with all child protection teams. Confirmation of this distribution and the subsequent reviews will be sent, via email, to the manager of Quality Assurance.	Executive Director of Service Directors of Operations for East and West Kootenays LSAs Director of Practice Child Protection Supervisors	Children, youth and families receive services that best meet their needs, are sensitive to their views, cultural heritage and spiritual beliefs, and are based upon thorough assessments that include as much relevant information as possible from individuals who have knowledge about them, including extended family, Aboriginal Bands and/or cultural groups, and community members.	June 30, 2019

<p>3. The policies associated with the SDM tools for child protection responses and family service cases will be reviewed with all child protection teams. This review will also include the documentation requirements for supervisory approval of extensions to timeframes. Confirmation that this review has been completed will be sent, via email, to the manager of Quality Assurance.</p>	<p>Executive Director of Service</p> <p>Directors of Operations for East and West Kootenays LSAs</p> <p>Director of Practice</p> <p>Child Protection Supervisors</p>	<p>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.</p> <p>Extensions to timeframes are approved by supervisors and documented.</p> <p>Families understand how their progress will be measured.</p>	<p>June 30, 2019</p>
<p>4. All required SDM tools, including Family Plans, will be completed on all open family services cases. Confirmation of completion will be sent, via email, to the manager of Quality Assurance, MCFD, and verified on ICM.</p>	<p>Executive Director of Service</p> <p>Directors of Operations for East and West Kootenays LSAs</p> <p>Director of Practice</p> <p>Child Protection Supervisors</p>	<p>Families are fully engaged in the assessment and planning processes.</p> <p>Families understand how their progress will be measured.</p>	<p>September 30, 2019</p>

APENDIX– Time Intervals Observed as part of Family Service Practice

In reviewing the 235 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 six bar charts displayed below with more detailed descriptors referenced within the report.

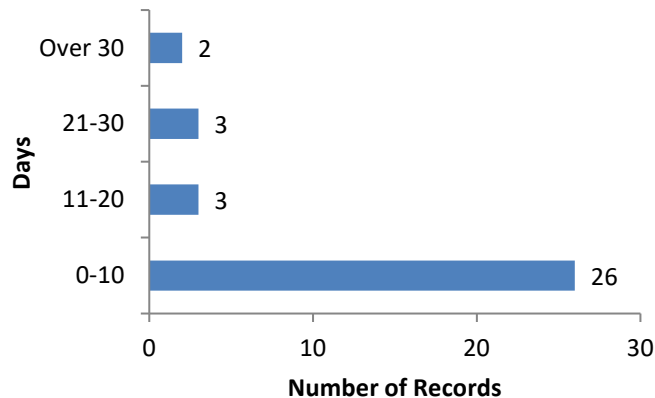
Figure 1: Timeframe for IRR completion, if not completed with 24 hours (FS 2)



Note:

1. N = 10 records were rated not achieved on FS 2 because the IRRs were not completed within 24 hours.

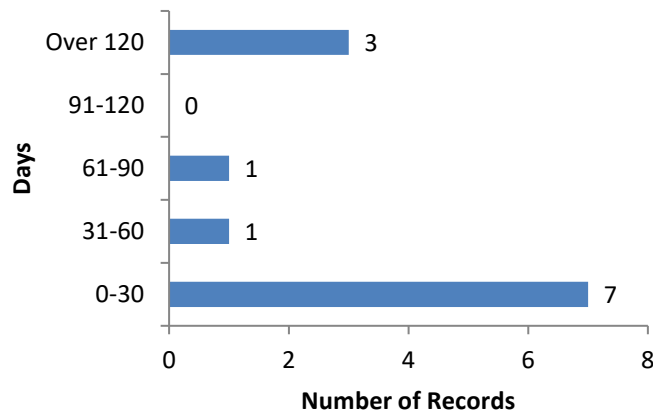
Figure 2: Timeframe for completion of Screening Assessment, if not completed within 24 hours (FS 3)



Note:

1. N = 34 records were rated not achieved on FS 3 because the Screening Assessments were not completed within 24 hours.

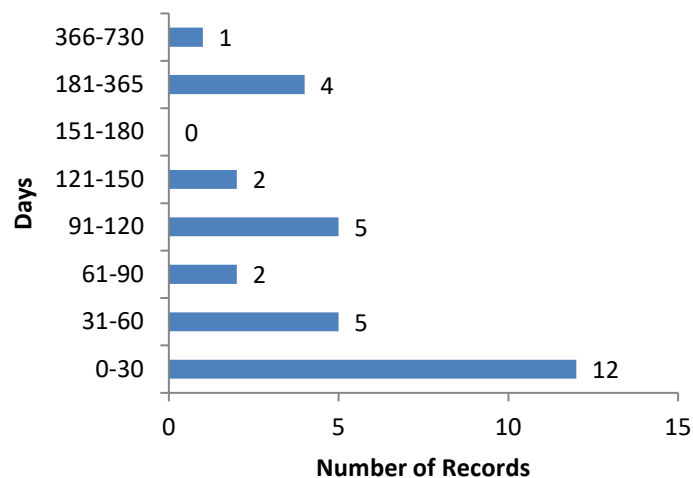
Figure 3: Timeframe to make contact with the family, if contact not made within the timeframe of the assigned response priority (FS 5)



Notes:

1. N = 12 records where the families were not contacted within the timeframes of the assigned response priorities.
2. Does not include 1 record where the protection response ended prior to contacting the family and the rationale of the decision was appropriate.

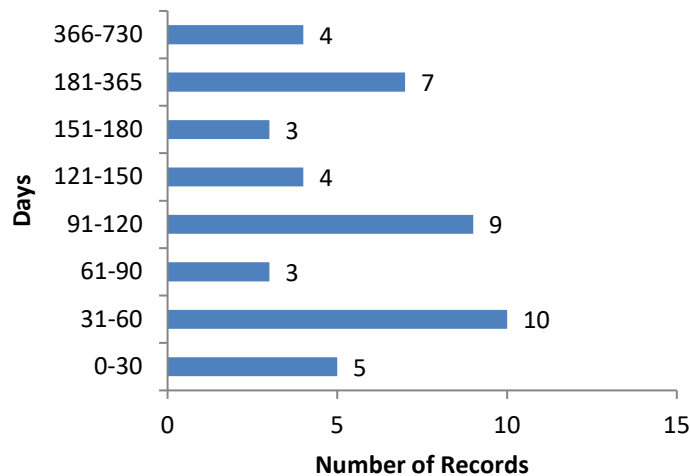
Figure 4: Timeframe to complete the Safety Assessment form, if not documented within 24 hours of the completion of the safety assessment process (FS 8)



Notes:

1. N = 31 records that were rated not achieved because the Safety Assessment forms were not completed within 24 hours of the completion of the safety assessment processes.

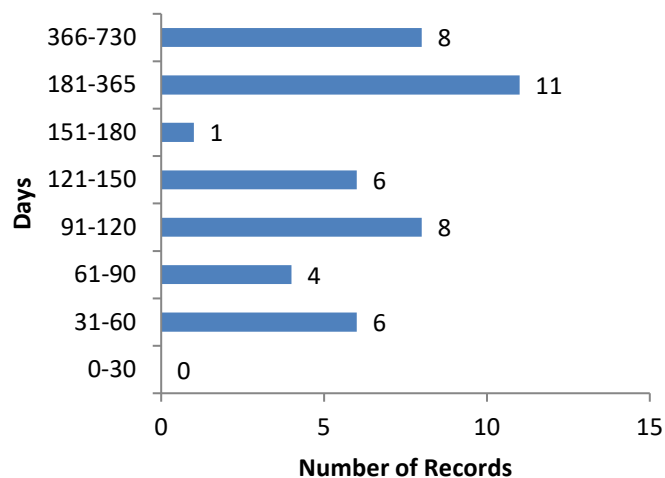
Figure 5: Timeframe to complete the Vulnerability Assessment from the date the report was received? (FS 14)



Note:

1. N = 45 records that contained completed Vulnerability Assessments.
2. Does not include 6 records where the protection response ended prior to the completion of the Vulnerability Assessments and the rationales for the decisions were appropriate.

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



Note:

1. N = 44 records where the FDR assessments or investigations were not completed within 30 days or within the timeframes approved for extensions.