



North Vancouver Island 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 North Vancouver Island Service Delivery Area (SDA) from September 2017 to January 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 September 13, 2017, using the simple random sampling technique.

The data lists consisted of closed Service Requests, closed Memos, closed Incidents, open FS cases, and closed FS cases. The data within each of the five lists were randomized at the SDA level, and samples were selected at a 90% confidence level, with a 10% margin of error.

Selected Records for FS Practice Audit in North Vancouver Island SDA

Record status and type	Total number at SDA level	Sample size
Closed Service Requests	574	61
Closed Memos	765	62
Closed Incident	2710	66
Open FS cases	178	49
Closed FS cases	568	61

More specifically, the five samples consisted of:

1. Service Requests that were closed in the SDA between September 1, 2016 and August 31, 2017, where the type was request service – CFS, request service – CAPP, request for family support, or youth services.
2. Memos that were closed in the SDA between September 1, 2016 and August 31, 2017, where the type was screening and with the resolution of “No Further Action”. Excluding Memos that were created in error.
3. Incidents that were created after November 4, 2014, and were closed in the SDA between September 1, 2016 and August 31, 2017, where the type was family development response or investigation.
4. Family Service cases with a service basis of protection open in the SDA on August 31, 2017, 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 March 1, 2017 and August 31, 2017 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 data collection phase for this audit was conducted from September 2017 to January 2018. The analysts used the FS Practice Audit Tool to rate the records. The FS Practice Audit Tool contains 23 critical measures designed to assess achievement of key components of the Child Protection Response Model using a scale with “achieved” and “not achieved” as rating options for all measures. The analysts entered the ratings in a SharePoint-based data collection site that included ancillary questions and text boxes, which they used to enter additional information about the factors taken into consideration in rating some of the measures.

In reviewing the Service Requests, Memos and Incidents, the analysts reviewed each record in its entirety from opening to closing. In reviewing the open FS cases, the analysts focused on practice that occurred during a specific 12-month period (September 1, 2016 – August 31, 2017).

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

Each record type is audited using a different set of critical measures. The table below 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, 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).

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

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

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 61 closed Service Requests, 62 closed Memos and 66 closed Incidents. The 189 records reflect practice in both the North Vancouver Island SDA and Provincial Centralized Screening. Specifically, 80 of the records were initiated by the SDA and 109 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 = 189)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 1: Gathering Full and Detailed Information	189	11	6%	178	94%
FS 2: Conducting an Initial Record Review (IRR)	189	138	73%	51	27%
FS 3: Completing the Screening Assessment	189	47	25%	142	75%
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response	189	8	4%	181	96%

FS 1: Gathering Full and Detailed Information

The compliance rate for this critical measure was **94%**. The measure was applied to all 189 records in the samples; 178 of the 189 records received the rating of achieved and 11 received the rating of not achieved. Of the 178 records that received the rating of achieved, 69 documented practice by the SDA and 109 documented practice by Provincial Centralized Screening. To receive a rating of achieved, the record, if it pertained to a report about a child/youth's need for protection, the information gathered from the caller was full, detailed and sufficient to assess and respond to the report or, with a Service Request, the information was sufficient to determine an appropriate pathway.

Of the 11 records that received the rating of not achieved, all lacked full, detailed and sufficient information to assess and respond to the reports (all records were initiated by the SDA).

FS 2: Conducting an Initial Record Review (IRR)

The compliance rate for this critical measure was **27%**. The measure was applied to all 189 records in the samples; 51 of the 189 records received the rating of achieved and 138 received the rating of not achieved. Of the 51 records that received the rating of achieved, 11 IRRs were documented by the SDA and 40 IRRs were documented 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 138 records that received the rating of not achieved, 69 documented the practice of the SDA and 69 documented the practice of Provincial Centralized Screening. Of these 138 records, 17 did not have IRRs documented including no checks of Best Practice (13 documented the practice of the SDA and 4 documented the practice of Provincial Centralized Screening), 96 had IRRs documented but no checks of Best Practice (45 documented the practice of the SDA and 51 documented the practice of Provincial Centralized Screening), 41 had IRRs documented but the IRRs did not contain sufficient information (18 documented the practice of the SDA and 23 documented the practice of Provincial Centralized Screening), and 20 had IRRs documented but they were not documented within 24 hours of receiving the reports (15 documented the practice of the SDA and 5 documented the practice of Provincial Centralized Screening). Of the 20 records that did not document the IRRs within 24 hours, the range of time it took to complete was between 2 and 42 days, with the average time being 8 days (see appendix for bar graph). The total adds to more than the number of records rated not achieved as 36 records had a combination of the above noted reasons.

FS 3: Completing the Screening Assessment

The compliance rate for this critical measure was **75%**. The measure was applied to all 189 records in the samples; 142 of the 189 records received the rating of achieved and 47 received the rating of not achieved. Of the 142 records that received the rating of achieved, 70 documented the practice of the SDA and 72 documented the practice of 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 47 records that received the rating of not achieved, 42 documented the practice of the SDA and 5 documented the practice of Provincial Centralized Screening. Of these 47 records, 1 did not contain a Screening Assessment (not completed by the SDA), 2 had incomplete Screening Assessments (both not completed by the SDA) and 44 had Screening Assessments documented beyond the required timeframe (39 documented the practice of the SDA and 5 documented the practice of Provincial Centralized Screening). Of the 44 Screening Assessments completed beyond the required timeframe, 17 were completed after the records were transferred to the SDA by Provincial Centralized Screening (without Screening Assessments). Of the 44 records that had Screening Assessments completed beyond the required timeframe, none required the Screening Assessment to have been completed immediately and the range of time it took was between 2 and 710 days, with the average time being 30 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 **96%**. The measure was applied to all 189 records in the samples; 181 of the 189 records received the rating of achieved and 8 received the rating of not achieved. To receive a rating of achieved the record contained documentation that the protection or non-protection response decision was appropriate.

Of the 8 records that received the rating of not achieved, 7 were Memos and 1 was an Incident. The 7 Memos were added to the Incident sample from FS 5 to FS 16 and received ratings of not achieved for these measures because the required protection responses were not provided. Of these 7 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 to FS 16, because the protection responses were not required.

3.2. Response Priority, Detailed Records Review and Safety Assessment

Table 2 provides compliance rates for measures FS 5 to FS 10, which relate to assigning a response priority, conducting a detailed record review (DRR) and completing the safety assessment process and form. The records included the selected sample of 66 closed Incidents augmented with the records described in the note below the tables.

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

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 5: Determining the Response Priority	72*	7	10%	65	90%
FS 6: Conducting a Detailed Record Review (DRR)	72*	57	79%	15	21%
FS 7: Assessing the Safety of the Child or Youth	72*	23	32%	49	68%
FS 8: Documenting the Safety Assessment	72*	57	79%	15	21%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	72*	12	17%	60	83%

*Total Applicable includes sample of 66 Incidents augmented with the addition of 7 Memos with inappropriate non-protection responses and the removal 1 Incident with an inappropriate protection response.

FS 5: Determining the Response Priority

The compliance rate for this critical measure was **90%**. The measure was applied to all 72 records in the augmented sample; 65 of the 72 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 response priority was appropriate and if there was an override it was approved by the supervisor.

Of the 7 records that received the rating of not achieved, all were Memos with inappropriate non-protection responses.

The audit also assessed whether families were contacted within the timeframes of the assigned response priorities. Of the 65 records with appropriate protection responses, 51 families were contacted within the assigned response priorities and 14 families were not contacted within the assigned response priorities. Of the 14 records where the families were not contacted within the assigned response priorities, 11 were assigned the response priority timeframe of “within 5 days” and range of time it took to contact these families was between 6 days and 440 days, with the average time being 70 days. The remaining 3 records were assigned the response priority timeframe of “immediate/within 24 hours” and range of time it took to contact these families was between 2 days and 14 days, with the average time being 7 days (see appendix for a bar graph).

FS 6: Conducting a Detailed Record Review (DRR)

The compliance rate for this critical measure was **21%**. The measure was applied to all 72 records in the augmented sample; 15 of the 72 records received the rating of achieved and 57 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 issues or concerns had been addressed, the responsiveness of the family in addressing the issues and concerns and the effectiveness of the last intervention
- was not required because there were no previous MCFD/DAA histories
- was not required because the supervisor approved ending the protection response before the DDR was conducted and the rationale was documented and appropriate.

Of the 57 records that received the rating of not achieved, 41 did not have DRRs, 7 had DRRs documented but they did not contain the information missing from the IRRs, 2 had DRRs that did not contain the information that was missing in the IRRs, did not describe how previous issues or concerns had been addressed and did not describe the responsiveness of the families in addressing the issues and concerns and the effectiveness of the last interventions, and 7 were Memos with an inappropriate non-protection responses.

FS 7: Assessing the Safety of the Child or Youth

The compliance rate for this critical measure was **68%**. The measure was applied to all 72 records in the augmented sample; 49 of the 72 records received the rating of achieved and 23 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 23 records that received the rating of not achieved, 7 did not describe the safety assessment processes during the first significant contacts with the families, 6 did not have Safety Plans despite the fact that safety concerns were identified and the children/youth were not removed, 5 had Safety Plans that were not signed by the parents nor approved by the supervisors, and 7 were Memos with inappropriate non-protection responses. The total adds to more than the number of records that received ratings of not achieved because 2 records had combinations of the above noted reasons.

FS 8: Documenting the Safety Assessment

The compliance rate for this critical measure was **21%**. The measure was applied to all 72 records in the augmented sample; 15 of the 72 records received the rating of achieved and 57 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 57 records that received the rating of not achieved, 3 did not have Safety Assessment forms, 47 had Safety Assessment forms that were not completed within 24 hours after the completion of the safety assessment processes, and 7 were Memos with inappropriate non-protection responses. Of the 47 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 577 days, with the average time being 109 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 72 records in the augmented sample; 60 of the 72 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, 3 had no Safety Assessment forms, 2 had safety decisions that were not consistent with the Safety Assessment forms, and 7 were Memos 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 66 closed Incidents augmented with the records described in the note below the table.

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

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	72*	20	28%	52	72%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	72*	28	39%	44	61%
FS 12: Visiting the Family Home	72*	29	40%	43	60%
FS 13: Working With Collateral Contacts	72*	43	60%	29	40%

*Total Applicable includes sample of 66 Incidents augmented with the addition of 7 Memos with inappropriate non-protection responses and the removal 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 **72%**. The measure was applied to all 72 records in the augmented sample; 52 of the 72 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 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 20 records that received the rating of not achieved, 2 did not contain documentation that the social workers met with or interview the parents, 4 contained documentation that the social workers interviewed the mothers but did not contain documentation that the social workers interviewed the fathers, 5 contained documentation that the parents were interviewed but insufficient information was collected to assess the safety or vulnerability of the children/youth living in the homes (2 records contained documentation that the parents were interviewed via the telephone), 2 did not contain documentation that the social workers had met with or interviewed other adults in the homes, and 7 were Memos 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 **61%**. The measure was applied to all 72 records in the augmented sample; 44 of the 72 records received the rating of achieved and 28 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 28 records that received the rating of not achieved, 15 did not contain documentation that the social workers had private, face-to-face conversations with any of the children/youth living in the family homes, 4 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, 1 did not contain documentation that the social worker observed an infant living in the family home, 1 contained documentation that the conversation with the youth was conducted while the parent was present, and 7 were Memos with inappropriate non-protection responses.

FS 12: Visiting the Family Home

The compliance rate for this critical measure was **60%**. The measure was applied to all 72 records in the augmented sample; 43 of the 72 records received the rating of achieved and 29 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 29 records that received the rating of not achieved, 22 did not document that the social workers visited the family homes and 7 were Memos with an inappropriate non-protection responses.

FS 13: Working with Collateral Contacts

The compliance rate for this critical measure was **40%**. The measure was applied to all 72 records in the augmented sample; 29 of the 72 records received the rating of achieved and 43 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 43 records that received rating of not achieved, 17 had no documentation of collaterals being completed (of these, 7 required collaterals with Delegated Aboriginal Agencies or designated representatives of the First Nations, Treaty First Nations or Metis community and 1 required a collateral with a medical physician), 19 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, and 7 were Memos with inappropriate non-protection responses.

If the records were Incidents with FDR assessments, the audit also assessed whether the social workers made contact with the parents prior to making contact with collaterals. Of the 60 records with FDR responses, 46 documented that the social workers made contact with the parents prior to making contact with 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 66 closed Incidents augmented with the records described in the note below the table.

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

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 14: Assessing the Risk of Future Harm	72*	15	21%	57	79%
FS 15: Determining the Need for Protection Services	72*	9	12%	63	88%
FS 16: Timeframe for Completing the FDR Assessment or the Investigation	72*	64	89%	8	11%

*Total Applicable includes sample of 66 Incidents augmented with the addition of 7 Memos with inappropriate non-protection responses and the removal 1 Incident with an inappropriate protection response.

FS 14: Assessing the Risk of Future Harm

The compliance rate for this critical measure was **79%**. The measure was applied to all 72 records in the augmented sample; 57 of the 72 records received the rating of achieved and 15 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, 6 had no Vulnerability Assessments, 2 had Vulnerability Assessments that were not approved by supervisors, and 7 were Memos with inappropriate non-protection responses.

The audit also assessed the length of time it took to complete the Vulnerability Assessments. Of the 57 records that received ratings of achieved, the range of time it took to complete the assessments was between 10 and 590 days, with the average time being 158 days (see appendix for a bar graph).

FS 15: Determining the Need for Protection Services

The compliance rate for this critical measure was **88%**. The measure was applied to all 72 records in the augmented sample; 63 of the 72 records received the rating of achieved and 9 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 9 records rated not achieved, 2 had decisions not to provide FDR protection services or ongoing protection services despite safety factors still existing after the completion of the child protection responses (Vulnerability ratings were “high”) and 7 were Memos with inappropriate non-protection responses. In the 2 records that had decisions to not provide FDR protection services or ongoing protection services that were inconsistent with the information obtained, 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.

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

The compliance rate for this critical measure was **11%**. The measure was applied to all 72 records in the augmented sample; 8 of the 72 records received the rating of achieved and 64 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 64 records that received rating of not achieved, 56 did not have the FDR assessments or investigations completed within 30 days, 1 did not have the FDR assessment or investigation completed within the extended timeframe approved by the supervisor, and 7 were Memos with inappropriate non-protection response. Of the 57 records where the FDR assessments or investigations were not completed within 30 days or within the extended timeframe approved by the supervisor, the range of time it took to complete the FDR assessment or investigation was between 36 and 590 days, with the average being 182 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 samples of 61 open FS cases and 49 closed FS cases.

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

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 17: Completing a Family and Child Strengths and Needs Assessment	110	69	63%	41	37%
FS 18: Supervisory Approval of the Family and Child Strengths and Needs Assessment	110	73	66%	37	34%
FS 19: Developing the Family Plan with the Family	110	80	73%	30	27%
FS 20: Timeframe for Completing the Family Plan	110	80	73%	30	27%
FS 21: Supervisory Approval of the Family Plan	110	91	83%	19	17%

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

The compliance rate for this critical measure was **37%**. The measure was applied to all 110 records in the samples; 41 of the 110 records received the rating of achieved and 69 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.

Of the 69 records that received the rating of not achieved, 61 did not contain Family and Child Strengths and Needs Assessments and 8 contained incomplete Family and Child Strengths and Needs Assessments.

Of the 41 records that received the rating of achieved, 28 Family and Child Strengths and Needs Assessments were completed within the most recent six month protection services cycle and 13 Family and Child Strengths and Needs Assessments were not completed within the most recent protection services 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 **34%**. The measure was applied to all 110 records in the samples; 37 of the 110 records received the rating of achieved and 73 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 73 records that received the rating of not achieved, 61 did not contain Family and Child Strengths and Needs Assessments, 8 contained incomplete Family and Child Strengths and Needs Assessments that were not signed by the supervisors and 4 contained completed Family and Child Strengths and Needs Assessments that were not signed by the supervisors.

FS 19: Developing the Family Plan with the Family

The compliance rate for this critical measure was **27%**. The measure was applied to all 110 records in the samples; 30 of the 110 records received the rating of achieved and 80 received the rating of not achieved. To receive a rating of achieved the record contained a Family Plan or its equivalent and was developed in collaboration with the family.

Of the 80 records that received the rating of not achieved, 73 did not have Family Plans or equivalents and 7 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 30 records that received the rating of achieved, 17 had developed the Family Plans or equivalents after the completion of the Family and Child Strengths and Needs Assessments and 13 had developed 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 **27%**. The measure was applied to all 110 records in the samples; 30 of the 110 records received the rating of achieved and 80 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 or the Family Plan was revised within the most recent six month ongoing protection services cycle.

Of the 80 records that received the rating of not achieved, 73 did not have Family Plans or equivalents and 7 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 **17%**. The measure was applied to all 110 records in the samples; 19 of the 110 records received the rating of achieved and 91 received the rating of not achieved. To receive a rating of achieved the record contained a Family Plan that was approved by the supervisor.

Of the 91 records that received the rating of not achieved, 73 did not have Family Plans or equivalents and 18 completed Family Plans or equivalents were not approved by the supervisors.

3.6. 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 61 open FS cases and 49 closed FS cases.

Table 6: Decision to End Protection Services (N = 110)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 22: Completing a Vulnerability Reassessment or Reunification Assessment	110	65	59%	45	41%
FS 23: Making the Decision to End Ongoing Protection Services	49*	19	39%	30	61%

* Total Applicable includes the sample of 49 closed cases

FS 22: Completing a Vulnerability Reassessment or Reunification Assessment

The compliance rate for this critical measure was **41%**. The measure was applied to all 110 records in the samples; 45 of the 110 records received the rating of achieved and 65 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 ongoing protection services cycle or a Reunification Assessment completed within three months of the child's return or a court proceeding regarding custody.

Of the 65 records that received the rating of not achieved, 53 did not have Vulnerability Reassessments or Reunification Assessments completed within the most recent six month ongoing protection services cycle and 12 had incomplete Vulnerability Reassessments or Reunification Assessments within the most recent six month ongoing protection services cycle.

Of the 53 records that did not have Vulnerability Reassessments or Reunification Assessments completed within the most recent six month ongoing protection services cycle, 45 also did not have Vulnerability Reassessments or Reunification Assessments completed within the 12 month time frame of the audit.

FS 23: Making the Decision to End Ongoing Protection Services

The compliance rate for this critical measure was **61%**. The measure was applied to 49 records in the sample; 30 of the 49 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 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 19 records that received the rating of not achieved, all ended protection services without completing Vulnerability Re-assessments or Reunifications Assessments within the most recent six month protection services cycle.

Records Identified for Action

Quality assurance policy and procedures require practice analysts to identify for action any record that suggests a child may need protection under section 13 of the Child, Family and Community Service Act. During the course of this audit, no records were identified for action.

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 **55%**.

4.1. Strengths and Challenges of the Screening Process

Overall, the North Vancouver Island 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 very high (94%) compliance for the critical measure associated with gathering full and detailed information (FS 1). Almost all of the applicable records (178 out of 189) 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 (27%) than the other aspects of the screening process. Almost two thirds (60%) of all the records audited were missing checks of Best Practices. Ensuring that all workers are aware that a Best Practices check is required, regardless of whether a family is identified as Indigenous, may increase compliance with this measure. In addition, almost one quarter (22%) of all the records audited 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 specifies that the IRR must identify the number of past Service Requests and Incidents and identify the previous issues or concerns.

There was moderately high (75%) compliance for the critical measure associated with completing the Screening Assessment (FS 3).

Specifically, 142 out of 189 records contained Screening Assessments that were completed immediately if required or within 24 hours. Of the 47 records that received the rating of not achieved, 44 Screening Assessments were not completed within 24 hours.

There was extremely high (96%) compliance for the critical measure associated with determining whether the report requires a protection or non-protection response (FS 4). Almost all of the applicable records (181 out of 189) contained documentation that supported the decisions of either a protection or non-protection response.

All decisions to rate records as not achieved at this measure were made in consultation with a manager of quality assurance. Consistent use of the Screening Assessment tool seems to have contributed to the extremely high compliance with this critical measure.

There was also very high (90%) compliance for the critical measure associated with determining the response priority timeframe (FS 5). All of the records with appropriate protection responses received ratings of achieved for this critical measure.

4.2. Strengths of FDR Assessment or Investigation

There was wide variation in the compliance rates associated with the FDR assessment or investigation processes. Although the compliance rates for these measures were in the very low to high range, all were negatively impacted by the 7 records 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 7 records all received not achieved ratings at critical measures FS 5 to FS 16.

The critical measure associated with assessing the safety of the child or youth (FS 7) received a moderate (68%) compliance rate. Of the 65 records with completed FDR assessments or investigations, 11 had issues with the Safety Plans (no Safety Plans or Safety Plans not signed by parents and supervisors). Reviewing the procedures about assessing the safety of the child or youth outlined in the Child Protection Response Policies may increase compliance with this critical measure.

The critical measure associated with making a safety decision consistent with the safety assessment (FS 9) had a high (83%) compliance rate. Of the 65 records with completed FDR assessments or investigations, 3 had no Safety Assessment forms and 2 had safety decisions that were inconsistent with the information documented in the Safety Assessment forms (the safety decisions were “safe” despite there being risk factors).

The critical measure associated with meeting with or interviewing the parents and other adults in the family home (FS 10) received a moderately high (72%) compliance rate. Of the 65 records with completed FDR assessments or investigations, 13 did not adequately document required interviews with custodial parents or other adults in the homes. Ensuring that parents, including fathers when appropriate and other adults in the family homes, are interviewed in-person and that sufficient information is gathered and documented about the safety and/or vulnerability of the children/youth may increase compliance in this area.

There was a moderately high (79%) compliance with the critical measure associated with assessing the risk of future harm (FS 14). Of the 65 records with completed FDR assessments or investigations, 8 did not adequately document the required Vulnerability Assessments (not completed or completed without supervisory approvals).

Lastly, the critical measure associated with determining the need for protection services (FS 15) received a high (88%) compliance rate. Of the 65 records with completed FDR assessments or investigations, 2 decisions not to provide ongoing protection services appeared inconsistent with the information gathered (the vulnerability ratings were documented as “high”).

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 very low (21%) compliance rate. The primary reasons for not achieved ratings were missing DRRs and DRRs that were conducted, but did not contain the information that was missing from the IRRs. It is important to note that when checks of Best Practices are missing within IRRs, checks of Best Practices is required as part of the DRRs. This is not being done consistently in the North Vancouver Island SDA.

There was very low (21%) compliance with the critical measure associated with documenting the Safety Assessment form within 24 hours of completing the safety assessment process (FS 8). The primary reason for the not achieved ratings was that the Safety Assessment forms were not completed within 24 hours of the safety assessment processes. It may be beneficial to review this timeline expectation with staff to ensure higher compliance with this standard.

The critical measure associated with meeting with every child or youth who lives in the family home (FS 11) received a moderate (61%) compliance rate. Of the 65 records with completed FDR assessments or investigations, 21 did not adequately document private, face-to-face conversations with every child or youth who lived in the family homes. 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 may increase compliance in this area.

The critical measure associated with visiting the family home (FS 12) received a moderate (60%) compliance rate. Of the 65 records with completed FDR assessments or investigations, 22 did not describe the social workers observing the children’s/youth’s living situations.

The critical measure associated with working with collateral contacts (FS 13) received a low (40%) compliance rate. Of the 65 records with completed FDR assessments or investigations, 25 involved Indigenous families of which all were missing collateral contacts with the Delegated Aboriginal Agencies or designated representatives of the First Nations, Treaty First Nations or Metis community. Ensuring that social workers and team leaders are aware of and following Policy 1.6: Working with Service Partners and Collateral Contacts will increase compliance with this critical measure.

The final critical measure regarding the FDR assessment or investigation processes is associated with the timeframe for completing the FDR assessment or investigation (FS 16) which received an extremely low (11%) compliance rate. It was evident in reviewing records that there were factors contributing to work not being completed in a timely manner.

One way to increase compliance with this critical measure would be for supervisors to be diligent in reviewing and considering approving extensions to the timeframe of the FDR assessments and investigations and then document these plans, consultations and approvals.

4.4. Challenges of Open and Closed Family Service Cases

Almost all of the measures associated with the provision of ongoing protection services had low compliance rates. The majority of these measures focus on the completion of SDM tools that are intended to provide a foundation for the provision of effective ongoing child protection services. Over one third (37%) of the records had completed Family and Child Strengths and Needs Assessment attached in ICM or in the physical file within the time period of the audit, but only 28 out of the 110 records contained a current assessment (completed within 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) also had low (34%) compliance. Of the 41 records that had Family and Child Strength and Needs Assessments completed within the 12-month audit time frame, 37 were signed by supervisors or finalized in the ICM system by supervisors.

There are three critical measures associated with the Family Plan (FS 19, FS 20 and FS 21). The critical measure associated with developing the Family Plan in collaboration with the family (FS 19) received a very low (27%) compliance rate. The critical measure associated with the timeframe for completing the Family Plan (FS 20) received a very low (27%) compliance rate and the critical measure associated with the supervisory approval of the Family Plan (FS 21) received an extremely low (17%) compliance rate. These low compliance rates raise concern that many families may not have been given opportunities to contribute directly to the development of strategies that will provide them with the supports they require to address the child protection concerns. Unlike other critical measures relating to SDM tools, the audit of the Family Plan considered all file documentation related to collaborative decision making in family planning. For the achieved records, it was often meeting minutes from family case planning conferences that informed achieved ratings. It is important to note that supervisory approvals were not always evident when the plans were developed, unless the supervisors attended the conferences or consultation with the supervisors were documented. Practice analysts observed that many meeting minutes from family case planning conferences were included as attachments on ICM which contributed to the achieved ratings for this measure.

The critical measure associated with completing a Vulnerability Reassessment or Reunification Assessment (FS 22) had a low (41%) compliance rate. Specifically 45 of 110 records received an achieved rating. It is interesting to note that of the 45 records with an achieved rating, 30 were in the closed record sample. In contrast, only 15 records in the sample of 61 open FS cases contained completed Vulnerability Reassessments or Reunification Assessments.

This suggests that the completion of these assessments was more likely to be done in preparation for file closure, rather than during the provision of ongoing protection services. The intent of these two SDM tools is to aid social workers and team leaders in decision making regarding whether cases should remain open, the appropriate service intensity and whether children should return home.

It was also noted in several records that Vulnerability Reassessments and Reunification Assessments were utilized simultaneously. This indicates a lack of understanding on when these tools are required. A review of purposes of both the Vulnerability Reassessment and Reunification Assessment with staff might be helpful.

The critical measure associated with making the decision to end ongoing protection services (FS 23) had a moderate (61%) compliance rate. All of the files that received achieved ratings had well documented decisions regarding file closure. The 19 records that received not achieved ratings had limited documentation of recent monitoring leading up to file closures and the documentation to support the decisions was also lacking.

Within family service practice, many records lacked all required SDM tools and Family Plans within the audit timeframe which led to questions about whether these records were indeed protection, as labelled in ICM. Of the 110 ongoing family service records, 37 had no Family and Child Strength and Needs Assessments, no Family Plans and no Vulnerability Re-assessments or Reunification Assessments within the audit timeframe. It may be useful to review with staff the documentation requirements to change a protection case to a non-protection case when the protection concerns have been resolved and the file remains open for support only. Specifically, such changes require a Vulnerability Re-assessment with a low risk rating and a documented consultation reflecting the change from a protection to non-protection case.

5. ACTIONS TAKEN TO DATE

In November and December 2018, all delegated staff in the SDA received orientation to the CFCSA amendments that came into effect on October 1, 2018. The orientation emphasised improving collaboration and engagement with Indigenous communities when working with Indigenous children, youth and families.

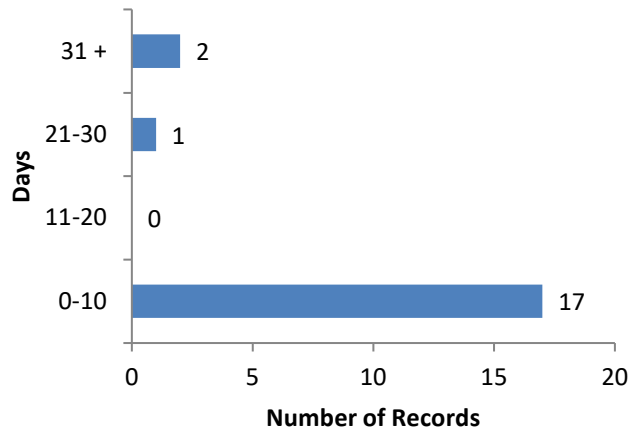
6. ACTION PLAN

ACTIONS	PERSONS RESPONSIBLE	OUTCOMES	COMPLETION DATES
1. Review the five key components of a Family Plan with all staff managing ongoing family service cases. This review will also include the requirement that a Family Plan is made in consultation with, and is approved by, a supervisor. Confirmation that this review has been completed will be sent, via email, to the Manager of Quality Assurance.	Executive Director of Service	Families understand how their progress will be measured. Supervisors are consulted during the development of Family Plans. Family Plans are approved by supervisors.	April 30, 2019
2. Review all templates used to document an equivalent Family Plan to ensure they contain places to record the five components of a Family Plan and the approval of a supervisor. Confirmation that this review has been completed will be sent, via email, to the Manager of Quality Assurance.	Executive Director of Service	Families understand how their progress will be measured. Equivalent Family Plans are approved by supervisors.	April 30, 2019
3. Each director of operations will meet separately with every supervisor overseeing child protection responses and ongoing family service cases to ensure that strength-based approaches in supervision, including cultural competency, is utilized with every social worker. These meetings will also include the review of the supervisory tracking systems used to monitor the completion of the requirements associated with protection responses and ongoing family service cases. Confirmation that these meetings have been completed and that a tracking system is utilized by each supervisor, will be sent, via email, to the Manager of Quality Assurance.	Directors of Operations	Social workers providing child protection responses and ongoing family service cases receive supervision that supports competent, culturally safe, practice.	April 30, 2019

APPENDIX – Time Intervals Observed as part of Family Service Practice

In reviewing the 299 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.

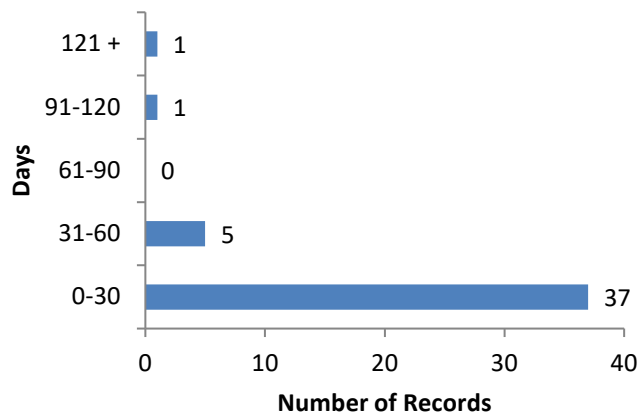
Figure 1: Timeframe for IRR completion, if not completed within 24 hours (FS 2)



Note:

1. N = 20 of 299 records are included in this time calculation.

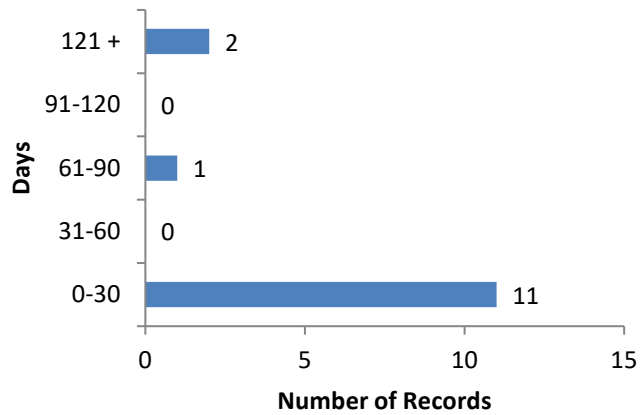
Figure 2: Timeframe for completion of Screening Assessment, if not completed within 24 hours (FS 3)



Note:

1. N = 44 of 299 records are included in this time calculation.

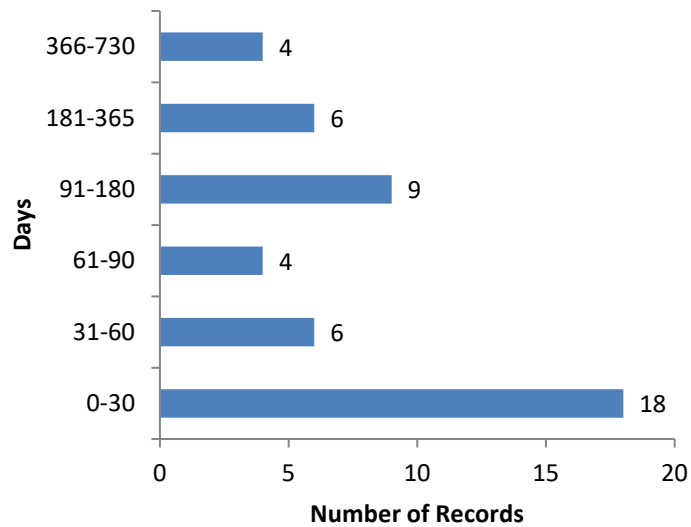
Figure 3: Timeframe to make contact with the family, if contact not made within the timeframe of the assigned response priority (FS 5)



Note:

1. N = 14 of 299 records are included in this time calculation.

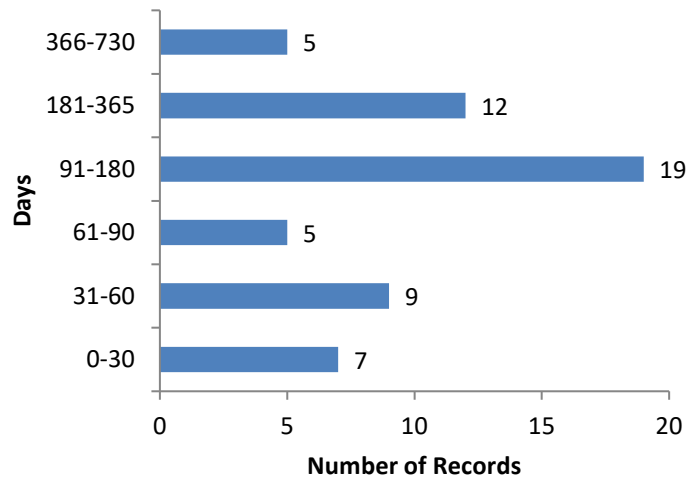
Figure 4: Timeframe to complete the Safety Assessment form, if not documented within 24 hours of the completion of the safety assessment process (FS 8)



Note:

1. N = 47 of 299 records are included in this time calculation.

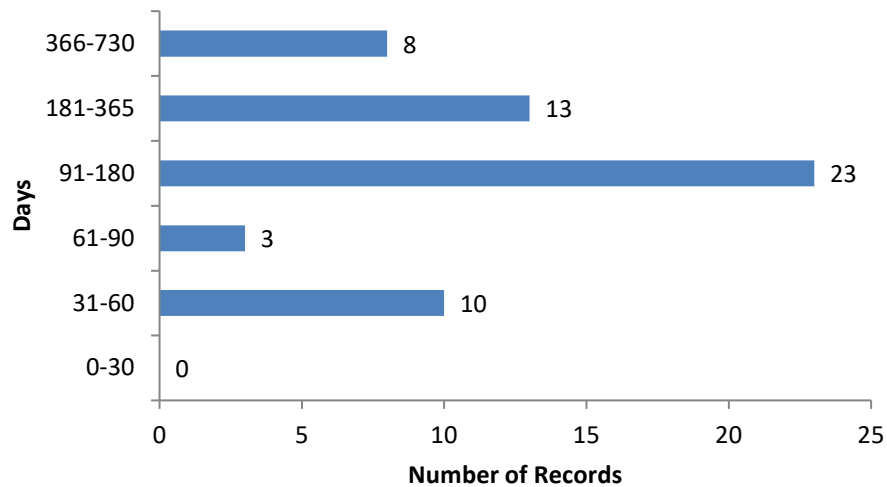
Figure 5: Timeframe to complete the Vulnerability Assessment from the date the report was received? (FS 14)



Note:

1. N = 57 of 299 records are included in this time calculation.

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 = 57 of 299 records are included in this time calculation.