



Coast North Shore Service Delivery
Area

Family Service Practice Audit

Report Completed: September 2018

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INTRODUCTION

This report is divided into 8 sections that provide information about the Family Service (FS) practice audit that was conducted in the Coast North Shore Service Delivery Area (SDA) from September 2017 to December 2017. These sections include:

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

1. PURPOSE

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

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

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

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

2. METHODOLOGY

Five samples of FS records were selected from lists of data extracted from the Integrated Case Management (ICM) system on February 16, 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 Coast North Shore SDA

Record status and type	Total number at SDA level	Sample size
Closed Service Requests	325	56
Closed Memos	252	53
Closed Incidents	1,312	64
Open FS Cases	177	49
Closed FS Cases	50	29

Specifically, the five samples consisted of:

1. Service Requests that were closed in the SDA between February 1, 2017 and January 31, 2018, where the type was request service – CFS, request service – CAPP, request for family support, or youth services.
2. Memos that were closed in the SDA between February 1, 2017 and January 31, 2018, where the type was screening and with the resolution of “No Further Action”. Excluding Memos that were created in error.
3. Incidents that were created after November 4, 2014 and were closed in the SDA between February 1, 2017 and January 31, 2018, where the type was family development response or investigation.
4. Family Service Cases with a service basis of protection open in the SDA on January 31, 2018 and had been open continuously for at least six-months.
5. Family Service Cases with a service basis of protection that were closed in the SDA between August 1, 2017 and January 31, 2018 and 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 April 2018 – July, 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 (February 1, 2017 – January 31, 2018). In reviewing the closed FS cases, the analysts focused on practice that occurred during the 12-month period prior to the closure of each record.

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

FS1 – FS4	<ul style="list-style-type: none"> • Memos • Service Requests • Incidents
FS5 – FS16	<ul style="list-style-type: none"> • Incidents • Memos or Service Requests with an inappropriate non-protection responses
FS17 – FS22	<ul style="list-style-type: none"> • Open and Closed Cases
FS23	<ul style="list-style-type: none"> • Closed Cases

Quality assurance policy and procedures require practice analysts identify for action any record that suggests a child may need protection under section 13 of the CFCSA. During this audit, practice analysts watched for any situation in which the information in the record suggested that a child may have been left at risk of harm at the time the record was audited. When identified, the record is brought to the attention of the appropriate team leader (TL) and director of operations (DOO), as well as the executive director of service (EDS).

3. FINDINGS AND ANALYSIS

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

There was a combined total of 173 records in the five samples selected for this audit. However, not all the measures in the audit tool were applicable to all 173 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, 53 closed Memos and 64 closed Incidents. The 173 records reflect practice in both Coast North Shore SDA and Provincial Centralized Screening. Specifically, 48 of the records were initiated by the SDA and 125 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 the critical measures FS1 to FS3 apply to a combination of SDA and Provincial Centralized Screening practice. Breakdowns are provided in the analysis under each measure are for information purposes only.

Table 1: Report and Screening Assessment (N = 173)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 1: Gathering Full and Detailed Information	173	3	2%	170	98%
FS 2: Conducting an Initial Record Review (IRR)	173	137	79%	36	21%
FS 3: Completing the Screening Assessment	173	39	23%	134	77%
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response	173	9	5%	164	95%

FS 1: Gathering Full and Detailed Information

The compliance rate for this critical measure was **98%**. The measure was applied to all 173 records in the samples; 170 of the 173 records received ratings of achieved and 3 received ratings of not achieved. Of the 170 records that received ratings of achieved, 53 documented practice by the SDA and 117 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 3 records that received ratings of not achieved, 1 was a report about children's/youth's need for protection (documented practice by the SDA) and 2 were Service Requests (documented practice by Provincial Centralized Screening). All lacked full, detailed and sufficient information to assess and respond to the reports.

FS 2: Conducting an Initial Record Review (IRR)

The compliance rate for this critical measure was **21%**. The measure was applied to all 173 records in the samples; 36 of the 173 records received ratings of achieved and 137 received ratings of not achieved. Of the 36 records that received ratings of achieved, 5 documented practice by the SDA and 31 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 137 records that received ratings of not achieved, 50 documented practice by the SDA and 87 documented practice by Provincial Centralized Screening. Of these 137 records, 23 did not have IRRs documented including no checks of Best Practice (20 documented practice by the SDA and 3 documented practice by Provincial Centralized Screening), 95 had IRRs documented but no checks of Best Practice (27 documented practice by the SDA and 68 documented practice by the Provincial Centralized Screening), 55 had IRRs documented but the IRRs did not contain sufficient information (21 documented practice by the SDA and 34 documented practice by the Provincial Centralized Screening), 14 had IRRs but they were not documented within 24 hours of receiving the reports (7 documented practice by the SDA and 7 documented practice by the Provincial Centralized Screening). Of the 14 records that did not document the IRRs within 24 hours, the range of time it took to complete the IRRs was between 2 and 57 days, with the average time being 20 days (see appendix for bar graph). The total adds to more than the number of records that received ratings of not achieved because 56 records had combinations of the above noted reasons.

FS 3: Completing the Screening Assessment

The compliance rate for this critical measure was **77%**. The measure was applied to all 173 records in the samples; 134 of the 173 records received ratings of achieved and 39 received ratings of not achieved. Of the 134 records that received ratings of achieved, 45 documented practice by the SDA and 89 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 ratings of not achieved, 38 documented practice by the SDA and 1 documented practice by Provincial Centralized Screening. Of these 39 records, 1 had no Screening Assessment (not completed by Provincial Centralized Screening), 2 had incomplete Screening Assessments (incomplete by SDA) and 36 records had Screening Assessments completed beyond the required timeframe. Of the 36 Screening Assessments completed beyond the required timeframe, 35 were completed by the SDA (12 of these 35 Screening Assessments were completed after the records were transferred from Provincial Centralized Screening) and 1 was completed by Provincial Centralized Screening. The range of time it took to complete the Screening Assessments that were completed beyond the required timeframe was between 2 and 175 days, with the average time being 27 days (see appendix for bar graph).

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

The compliance rate for this critical measure was **95%**. The measure was applied to all 173 records in the samples; 164 of the 173 records received ratings of achieved and 9 received ratings of not achieved. To receive a rating of achieved, the decision to provide a protection response or non-protection response was appropriate and consistent with the information gathered.

Of the 9 records that received ratings of not achieved, 6 were Memos and 3 were Service Requests but the nature of the reported child protection concerns warranted child protection responses. The 6 Memos and 3 Service Requests that received ratings of not achieved were added to the Incident sample from FS 5 to FS 16 and received ratings of not achieved for these measures because the required protection responses were not provided.

Of all 9 records that received ratings of not achieved, further information was collected by the social workers and/or supports were subsequently provided to the families which adequately addressed the risk factors presented in the initial reports and documented family histories.

3.2 Response Priority, Detailed Records Review and Safety Assessment

Table 2 provides compliance rates for measures FS 5 to FS 9, which relate to assigning a response priority timeframe, conducting a detailed record review (DRR) and completing the safety assessment process and form. The records included the selected sample of 64 closed Incidents augmented with the records described in the note below the table.

Table 2: Response Priority, Detailed Record Review and Safety Assessment (N = 73)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 5: Determining the Response Priority	73*	9	12%	64	88%
FS 6: Conducting a Detailed Record Review (DRR)	73*	53	73%	20	27%
FS 7: Assessing the Safety of the Child or Youth	73*	20	27%	53	73%
FS 8: Documenting the Safety Assessment	73*	55	75%	18	25%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	73*	14	19%	59	81%

*Total Applicable includes the sample of 64 Incidents augmented with the addition of 6 Memos and 3 Service Requests with inappropriate non-protection responses.

FS 5: Determining the Response Priority

The compliance rate for this critical measure was **88%**. The measure was applied to all 73 records in the augmented sample; 64 of the 73 records received ratings of achieved and 9 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that the response priority timeframe was appropriate and if there was an override it was approved by the supervisor.

Of the 9 records that received ratings of not achieved, all were Memos and Service Requests with inappropriate non-protection responses.

The audit also assessed whether families were contacted within the timeframes determined by the assigned response priority timeframes (immediate/within 24 hours or within 5 days). Of the 64 records in the Incident sample, 37 contained documentation confirming that the families were contacted within the assigned response priority timeframes and 27 did not. Of these 27 records where the families were not contacted within the timelines determined by the assigned response priority timeframes, 22 were given the response priority timeframe of within 5 days and 5 were given the response priority timeframe of immediate/within 24 hours.

Of the 22 records where the families were not contacted within 5 days, 5 had no documentation indicating when the families were contacted and the range of time it took to contact the families in the remaining 17 records was between 7 days and 259 days, with the average time being 46 days (see appendix for bar graph). Of the 5 records where the families were not contacted immediately or within 24 hours, 4 required immediate responses and 1 required a response within 24 hours. Of the 4 records that required immediate responses, all 4 reports were received by Provincial Centralized Screening, 3 of which documented responses within 2, 7 and 10 days and 1 had a protection response that ended prior to initiating the response and the rationale for the decision was not appropriate. Of the 1 record that required a response within 24 hours, the documented time it took to contact the family was 5 days (see appendix for bar graph).

FS 6: Conducting a Detailed Record Review (DRR)

The compliance rate for this critical measure was **27%**. The measure was applied to all 73 records in the augmented sample; 20 of the 73 records received ratings of achieved and 53 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that the DRR:

- was conducted in electronic databases and physical files
- contained any information that was missing in the IRR
- described how previous issues or concerns had been addressed, the responsiveness of the family in addressing the issues and concerns and the effectiveness of the last intervention
- was not required because there was no previous MCFD/DAA histories
- was not required because the supervisor approved ending the protection response before the DRR was conducted and the rationale was documented and appropriate.

Of the 53 records that received ratings of not achieved, 42 did not have DRRs, 1 had a DRR that did not contain the information missing from the IRR, 1 had a DRR that did not indicate how previous issues/concerns were addressed, 2 had DRRs that did not indicate the families' responsiveness to previous issues, 1 had a protection response that ended prior to the DRR being completed and the rationale for the decision was not appropriate, and 9 Memos/Service Requests had 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 7: Assessing the Safety of the Child or Youth

The compliance rate for this critical measure was **73%**. The measure was applied to all 73 records in the augmented sample; 53 of the 73 records received ratings of achieved and 20 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that:

- the safety assessment process was completed during the first significant contact with the child/youth's family
- if concerns about the child/youth's immediate safety were identified and the child/youth was not removed under the CFCSA, a Safety Plan was developed and the Safety Plan was signed by the parents and approved by the supervisor
- the supervisor approved ending the protection response before the safety assessment process was completed and the rationale was documented and appropriate.

Of the 20 records that received ratings of not achieved, 6 did not have the safety assessment processes completed during the first significant contacts with the children/youths' families, 4 did not have the Safety Plans signed by the parents nor approved by the supervisors, 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 9 Memos/Service Requests had inappropriate non-protection responses.

FS 8: Documenting the Safety Assessment

The compliance rate for this critical measure was **25%**. The measure was applied to all 73 records in the augmented sample; 18 of the 73 records received ratings of achieved and 55 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that the Safety Assessment form was documented within 24 hours after the completion of the safety assessment process, or the supervisor approved ending the protection response before the Safety Assessment was documented and the rationale was documented and appropriate.

Of the 55 records that received ratings of not achieved, 4 had no Safety Assessment forms, 41 had Safety Assessment forms that were not completed within 24 hours after 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 9 Memos/Service Requests had inappropriate non-protection responses. Of the 41 records where the Safety Assessment forms were not completed within 24 hours after the safety assessment processes, the range of time it took to complete the forms was between 3 days and 396 days, with the average time being 142 days (see appendix for bar graph).

FS 9: Making a Safety Decision Consistent with the Safety Assessment

The compliance rate for this critical measure was **81%**. The measure was applied to all 73 records in the augmented sample; 59 of the 73 records received ratings of achieved and 14 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that the safety decision was consistent with the information documented in the Safety Assessment form, or the supervisor approved ending the protection response before the Safety Assessment form was documented and the rationale was documented and appropriate.

Of the 14 records that received ratings of not achieved, 4 had no 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 9 Memos/Service Requests had inappropriate non-protection responses.

3.3 Steps of the FDR Assessment or Investigation

Table 3 provides compliance rates for measures FS 10 to FS 13, which relate to meeting with or interviewing the parents and other adults in the family home, meeting with every child or youth who lives in the family home, visiting the family home and working with collateral contacts. The records included the selected sample of 64 closed Incidents augmented with the records described in the note below the table.

Table 3: Steps of the FDR Assessment or Investigation (N = 73)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	73*	28	38%	45	62%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	73*	32	44%	41	56%
FS 12: Visiting the Family Home	73*	25	34%	48	66%
FS 13: Working with Collateral Contacts	73*	31	42%	42	58%

*Total Applicable includes the sample of 64 Incidents augmented with the addition of 6 Memos and 3 Service Requests with inappropriate non-protection responses.

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

The compliance rate for this critical measure was **62%**. The measure was applied to all 73 records in the augmented sample; 45 of the 73 records received ratings of achieved and 28 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that the social worker met with or interviewed the parent(s) and other adults in the home (if applicable) and gathered sufficient information about the family to assess the safety and vulnerability of all children/youth living or being cared for in the family home, or the supervisor approved ending the protection response before the social worker met with or interviewed the parents and other adults in the home and the rationale was documented and appropriate.

Of the 28 records that received ratings of not achieved, 14 did not contain documentation that the social workers had met with or interviewed the parents, 1 did not contain documentation that the social worker had met with or interviewed the other adults in the home, 2 records had insufficient documentation with respect to the interviews to assess the safety and vulnerability of all children/youth in the homes, 2 had protection responses that were ended prior to meetings or interviewing the parents and/or other adults living in the homes and the rationales for the decisions were not appropriate, and 9 Memo/Service Requests had inappropriate non-protection responses.

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

The compliance rate for this critical measure was **56%**. The measure was applied to all 73 records in the augmented sample; 41 of the 73 records received ratings of achieved and 32 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that the social worker had a private, face-to-face conversation with every child/youth living in the family home according to their developmental level, or the supervisor granted an exception and the rationale was documented, or the supervisor approved ending the protection response before the social worker had a private, face-to-face conversation with every child/youth living in the family home and the rationale was documented and appropriate.

Of the 32 records that received ratings of not achieved, 21 did not document that the social workers had private, face-to-face conversations with every child/youth living in the homes, 2 had protection responses that were ended prior to meetings or interviews with the children/youth and the rationales for the decisions were not appropriate, and 9 Memos/Service Requests had inappropriate non-protection responses.

FS 12: Visiting the Family Home

The compliance rate for this critical measure was **66%**. The measure was applied to all 73 records in the augmented sample; 48 of the 73 records received ratings of achieved and 25 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that the social worker visited the family home before completing the FDR assessment or the investigation, or the supervisor granted an exception and the rationale was documented, or the supervisor approved ending the protection response before the social worker visited the family home and the rationale was documented and appropriate.

Of the 25 records that received ratings of not achieved, 14 did not document that the social workers visited the family homes, 2 had protection responses that were ended prior to the social workers visiting the family homes and the rationales for the decisions were not appropriate, and 9 Memos/Service Requests had inappropriate non-protection responses.

FS 13: Working with Collateral Contacts

The compliance rate for this critical measure was **58%**. The measure was applied to all 73 records in the augmented sample; 42 of the 73 records received ratings of achieved and 31 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that the social worker obtained information from individuals who may have relevant knowledge of the family and/or the child/youth before completing the FDR assessment or the investigation, or the supervisor approved ending the protection response before the social worker obtained information from individuals who may have relevant knowledge of the family and/or the child/youth and the rationale was documented and appropriate.

Of the 31 records that received ratings of not achieved, 19 did not document collaterals (2 of these required collaterals with Delegated Aboriginal Agencies or designated representatives of the First Nations, Treaty First Nations or Metis community), 2 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 a protection response that were ended prior to completing collaterals and the rationale for the decision was not appropriate, and 9 Memos/Service Requests had inappropriate non-protection responses.

If the records were Incidents with FDR protection responses, the audit also assessed whether the social workers contacted the parents prior to initiating the FDR responses. Of the 57 records with completed FDR responses, 35 documented the social workers' contacts with the families prior to initiating the FDR responses and 22 documented the social workers' contacts with the parents after initiating the FDR responses.

The audit also assessed whether there was documentation about the agreements reached with parents about the plans to gather information from specific collaterals. Of the 57 records with completed FDR responses, 20 documented the agreements reached with parents about the plans to gather information from specific collaterals and 37 did not.

3.4 Assessing Risk of Future Harm and Determining the Need for Protection Services

Table 4 provides compliance rates for measures FS 14 to FS 16, which relate to assessing the risk of future harm, determining the need for protection services and the timeframe for completing the FDR assessment or investigation. The records included the selected sample of 64 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 = 73)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 14: Assessing the Risk of Future Harm	73*	24	33%	49	67%
FS 15: Determining the Need for Protection Services	73*	13	18%	60	82%
FS 16: Timeframe for Completing the FDR Assessment or the Investigation	73*	50	68%	23	32%

*Total Applicable includes the sample of 61 Incidents augmented with the addition of 6 Memos and 3 Service Requests with inappropriate non-protection responses.

FS 14: Assessing the Risk of Future Harm

The compliance rate for this critical measure was **67%**. The measure was applied to all 73 records in the augmented sample; 49 of the 73 records received ratings of achieved and 24 received ratings of not achieved. To receive a rating of achieved the record contained documentation that the Vulnerability Assessment was completed in its entirety and approved by the supervisor, or the supervisor approved ending the protection response before the Vulnerability Assessment was completed in its entirety and the rationale was documented and appropriate.

Of the 24 records that received ratings of not achieved, 12 had no Vulnerability Assessments, 1 had an incomplete Vulnerability Assessment, 2 had protection responses that were ended prior to completing the Vulnerability Assessments and the rationales for the decisions were not appropriate, and 9 Memos/Service Requests had inappropriate non-protection responses.

Of the 49 records that received ratings of achieved, 7 had protection responses that were ended prior to completing the Vulnerability Assessments and the rationales for the decisions were appropriate and 42 contained completed Vulnerability Assessments. Of these 42, the range of time it took to complete the forms was between 8 days and 469 days, with the average time being 119 days (see appendix for bar graph).

FS 15: Determining the Need for Protection Services

The compliance rate for this critical measure was **82%**. The measure was applied to all 73 records in the augmented sample; 60 of the 73 records received ratings of achieved and 13 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that the decision regarding the need for FDR protection services or ongoing protection services was consistent with the information obtained during the FDR assessment or the investigation, or the supervisor approved ending the protection response before the decision was made regarding the need for FDR protection services or ongoing protection services and the rationale was documented and appropriate.

Of the 13 records that received ratings of not achieved, 2 had decisions to not provide FDR protection services or ongoing protection services and these decisions were not consistent with the information obtained, 2 had protection responses that were ended without completing all of the required steps of the protection responses and the rationales for the decisions were not appropriate, and 9 Memos/Service Requests had inappropriate non-protection responses.

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

The compliance rate for this critical measure was **32%**. The measure was applied to all 73 records in the augmented sample; 23 of the 73 records received ratings of achieved and 50 received ratings of not achieved. To receive a rating of achieved the record contained documentation that the FDR assessment or investigation was completed within 30 days of receiving the report or the FDR assessment or investigation was completed in accordance with the extended timeframe that had been approved by the supervisor.

Of the 50 records that received ratings of not achieved, 41 did not have the FDR assessments or investigations completed within 30 days and 9 Memos/Service Requests had inappropriate non-protection responses. Of the 41 records where the FDR assessments or investigations were not completed within 30 days, the range of time it took to complete the FDR assessments or investigations was between 32 and 1001 days, with the average being 135 days (see appendix for bar graph).

3.5 Strength and Needs Assessment and Family Plan

Table 5 provides compliance rates for measures FS 17 to FS 21, which relate to the completion of the Family and Child Strengths and Needs Assessment and the Family Plan. The rates are presented as percentages of all records to which the measures were applied. The records included the selected sample of 49 open FS cases and 29 closed FS cases.

Table 5: Strength and Needs Assessment and Family Plan (N = 78)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 17: Completing a Family and Child Strengths and Needs Assessment	78	43	55%	35	45%
FS 18: Supervisory Approval of the Family and Child Strengths and Needs Assessment	78	52	67%	26	33%
FS 19: Developing the Family Plan with the Family	78	41	53%	37	47%
FS 20: Timeframe for Completing the Family Plan	78	54	69%	24	31%
FS 21: Supervisory Approval of the Family Plan	78	55	71%	23	29%

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

The compliance rate for this critical measure was **45%**. The measure was applied to all 78 records in the sample; 35 of the 78 records received ratings of achieved and 43 received ratings of not achieved. To receive a rating of achieved, the record contained a Family and Child Strength and Needs Assessment completed in its entirety within the 12-month timeframe of the audit.

Of the 43 records that received ratings of not achieved, 34 did not contain Family and Child Strengths and Needs Assessments and 9 contained incomplete Family and Child Strengths and Needs Assessments.

Of the 35 records that received ratings of achieved, 24 had Family and Child Strengths and Needs Assessments completed within the last six-month protection cycle and 11 did not have Family and Child Strengths and Needs Assessments completed within the last 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 **33%**. The measure was applied to all 78 records in the sample; 26 of the 78 records received ratings of achieved and 52 received ratings of not achieved. To receive a rating of achieved, the record contained a Family and Child Strength and Needs Assessment that was approved by the supervisor.

Of the 52 records that received ratings of not achieved, 34 did not contain Family and Child Strengths and Needs Assessments, 9 contained incomplete Family and Child Strengths and Needs Assessments (that were not approved by the supervisors) and 9 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 **47%**. The measure was applied to all 78 records in the sample; 37 of the 49 records received ratings of achieved and 41 received ratings of not achieved.

To receive a rating of achieved, the record contained a completed Family Plan form or its equivalent and was developed in collaboration with the family. An equivalent to the Family Plan form can be the plan developed during a facilitated meeting, such as at a Family Case Planning Conference or Family Group Conference. The plan developed may be in lieu of a Family Plan if the plan has:

- the priority needs to be addressed
- the goals described in clear and simple terms regarding what the family would like to change in their lives in relation to the identified need
- indicators that describe in clear and simple terms what will appear different when the needs are met
- strategies to reach goals where the person responsible for implementing the strategy is also noted
- a review date when progress towards the goal will be reviewed and a determination made on whether the goal has been met.

Of the 41 records that received ratings of not achieved, 39 did not have Family Plans or equivalents and 2 had Family Plans or equivalents but they were not developed in collaboration with the families.

Of the 37 records that received ratings of achieved, 16 had completed the Family Plans or equivalents after the completion of the Family and Child Strengths and Needs Assessments and 21 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 **31%**. The measure was applied to all 78 records in the samples; 24 of the 78 records received ratings of achieved and 54 received ratings of not achieved. To receive a rating of achieved, the record contained a Family Plan or its equivalent that was created within 30 days of initiating ongoing protection services (if initiated within the 12-month time frame of the audit) and the Family Plan was revised within the most recent six-month ongoing protection services cycle.

Of the 54 records that received ratings of not achieved, 39 did not have Family Plans or equivalents within the 12-month time frame of the audit, 1 did not have a Family Plan or equivalent created within 30 days of initiating ongoing protection services (initiated within the 12-month time frame of the audit), and 14 had Family Plans or equivalents created 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 **29%**. The measure was applied to all 78 records in the sample; 23 of the 78 records received ratings of achieved and 55 received ratings of not achieved. To receive a rating of achieved, the record contained a Family Plan or equivalent that was approved by the supervisor.

Of the 55 records that received ratings of not achieved, 39 did not have Family Plans or equivalents and 16 completed Family Plans or equivalents were not approved by the supervisors.

3.6 Reassessment and the Decision to End Protection Services

Table 6 provides compliance rates for measures FS 22 to FS 23, which relate to the completion of a Vulnerability Reassessment or Reunification Assessment and making the decision to end ongoing protection services. The rates are presented as percentages of all records to which the measures were applied. The records included the selected sample of 49 open FS cases and 29 closed FS cases.

Table 6: Decision to End Protection Services (N = 78)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 22: Completing a Vulnerability Reassessment or Reunification Assessment	78	52	67%	26	33%
FS 23: Making the Decision to End Ongoing Protection Services	29*	11	38%	18	62%

* Total Applicable includes the sample of 29 closed cases

FS 22: Completing a Vulnerability Reassessment or Reunification Assessment

The compliance rate for this critical measure was **33%**. The measure was applied to all 78 records in the sample; 26 of the 78 records received ratings of achieved and 52 received ratings of not achieved. To receive a rating of achieved, the record contained a Vulnerability Reassessment or Reunification Assessment completed within the most recent six-month ongoing protection cycle and a Reunification Assessment completed within three months of the child's return or a court proceeding regarding custody and the assessments(s) was approved by the supervisor.

Of the 52 records that received ratings of not achieved, 45 did not have Vulnerability Reassessments or Reunification Assessments completed within the most recent six-month protection cycle and 7 had incomplete Vulnerability Reassessments or Reunification Assessments within the most recent six-month protection cycle. Of the 45 records that did not have Vulnerability Reassessments or Reunification Assessments completed within the most recent six-month protection cycle, 44 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 **62%**. The measure was applied to all 29 records in the closed FS Case sample; 18 of the 29 records received ratings of achieved and 11 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that:

- the decision to conclude ongoing protection services was made in consultation with a supervisor
- there were no unaddressed reports of abuse or neglect
- 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 11 records that received ratings of not achieved, 10 ended protection services without completing Vulnerability Re-assessments or Reunification Assessments within the last six-month protection services cycles and 1 ended protection services after completing a Vulnerability Reassessment with a rating of high vulnerability (risk factors still existed and were not addressed) and the family did not show an ability to access/use formal and informal resources.

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, no records were identified for action because the information in the record suggested that the children may have been at risk at the time the record was audited and therefore in need of further protection services.

4. OBSERVATIONS AND THEMES

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

The SDA overall compliance rate was **59%**.

4.1 Strengths and Challenges of the Screening Process

Overall, the Coast North Shore SDA showed a high compliance rate for the screening process outlined in the Child Protection Response Policies. There was extremely high (98%) compliance for the critical measure associated with gathering full and detailed information (FS 1). Almost all the records contained information that was sufficient to assess and respond to the reports and determine appropriate pathways. Of the not achieved records, all 3 reports were lacking sufficient information to assess and respond to the reports.

The compliance rate for conducting an IRR (FS 2) was significantly lower than the other aspects of the screening process with 21% compliance. Over two thirds (68%) of all the records audited were missing checks of Best Practices.

Ensuring that all workers are aware that checking Best Practices is required, regardless of whether a family is identified as Indigenous, will increase compliance with this measure. In addition, almost one third (31%) of all the records audited had IRRs that did not contain sufficient information as outlined in the Child Protection Response Policies. Finally, a significant amount (17%) of all the records audited did not contain IRRs. It is important to note that the Child Protection Response Policies specify that IRRs must be completed and that they identify the numbers of past Service Requests and Incidents and identify the previous issues or concerns.

There was moderately high (77%) compliance for the critical measure associated with completing the Screening Assessment (FS 3). Almost all of the records that were rated not achieved had Screening Assessments completed beyond 24 hours.

There was extremely high (95%) 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 high (88%) compliance for the critical measure associated with determining a response priority timeframe (FS 5). Of the 9 records that received ratings of not achieved, all were inappropriately coded as non-protection and required a protection response.

4.2 Strengths of FDR Assessment or Investigation

There are several critical measures associated with the FDR assessment or investigation process that received high compliance rates. Although the compliance rates for the following measures are overall quite high, they were negatively impacted by the 9 records that received not achieved ratings at the critical measure associated with determining whether the report requires a protection or non-protection response (FS 4). These 9 records also received not achieved ratings from critical measures FS 5 to FS 16. In addition, the compliance rates were negatively impacted by records where the responses were ended early with supervisory approvals but the rationales for ending the responses early did not meet the criteria as outlined in the Child Protection Response Policies.

The critical measure associated with assessing the safety of the child or youth (FS 7) received moderate (73%) compliance. The primary reasons for the not achieved ratings was the Safety Assessment processes were not completed during the first significant contacts and Safety Plans were not signed by parents or approved by supervisors. Reviewing the procedures regarding Safety Plans outlined in the Child Protection Response Policies will likely increase compliance with this critical measure. The critical measure associated with making a safety decision consistent with the Safety Assessment form (FS 9) had high compliance (81%). It is positive to note that all the records with completed Safety Assessment forms had safety decisions that were consistent with the information documented in the Safety Assessments. Of the 14 records that received ratings of not achieved, 13 did not have Safety Assessment forms.

Lastly, the critical measure associated with determining the need for protection services (FS 15) received a high (82%) compliance rate. Of all the records with completed FDR assessments or investigations, 2 decisions to close the Incidents and not provide FDR protection services or ongoing protection services were not consistent with the information documented.

4.3 Challenges of FDR Assessment or Investigation

Although there are several areas of strengths in the FDR assessment and investigation processes as outlined above there is room for improvement in some key areas. The first challenge is regarding the critical measure associated with conducting a DRR (FS 6) which received a very low (27%) compliance rate. The primary reasons for not achieved ratings were missing DRRs. It is important to note that there were missing checks of Best Practices in the IRRs that were not completed as part of the DRRs.

There was very low (25%) compliance with the critical measure associated with documenting the Safety Assessment form within 24 hours of completing the safety assessment process (FS 8). 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 (there is a breakdown of the times it took to complete the Safety Assessment forms in appendix one). It may be beneficial to review this timeline expectation with staff to ensure higher compliance with this standard.

The critical measure associated with meeting with or interviewing the parents and other adults in the family home (FS 10) received a moderate (62%) compliance rate. Of all the records with completed FDR assessments or investigations, 14 did not document protective interviews with the parents. It is important to note that of these 14, 7 were missing in-person interviews with the fathers who live in the family homes.

The critical measure associated with meeting with every child or youth who lives in the family home (FS 11) received a moderately low (56%) compliance rate. Of all the records with completed FDR assessments or investigations, 21 did not document private, face-to-face conversations/interviews with every child or youth who lived in the family homes. Policy requires that with each FDR the social worker will have private, face-to-face conversations with every child and youth who resides in the home.

There was moderate (66%) compliance with the critical measure associated with visiting the family home (FS 12). Of all the records with completed FDR assessments or investigations, 14 did not describe the social workers observing the children's or youth's living situations and no documentation of consultations with supervisors regarding exceptions to this requirement.

The critical measure associated with working with collateral contacts (FS 13) received a moderately low (58%) 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, such as 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.

There was moderate (67%) compliance with the critical measure associated with assessing the risk of future harm (FS 14). Of all the records with completed FDR assessments or investigations, 13 had either no or incomplete Vulnerability Assessments. Completion of Vulnerability Assessments will increase the compliance of the 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 a low (32%) 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 to review the relevant standards with staff and encourage them to consult and consider approving extensions to the timeframe for the FDR assessments and investigations and then document these plans, consultations, and approvals.

4.4 Strengths and Challenges of Open and Closed Family Service Cases

Almost all the measures associated with the provision of ongoing protection services had low compliance rates. Most 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. Almost half (45%) of the records had a completed Family and Child Strengths and Needs Assessments (FS 17) within the 12-month timeframe of the audit. It is important to note that of all the records audited, only 30% had a Family and Child Strength and Needs Assessments completed during the last 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 very low (33%) compliance. Of the 35 out of 78 records with completed Family and Child Strength and Needs Assessments, 9 were not signed by the 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 low (47%) compliance rate. The critical measure associated with the timeframe for completing the Family Plan (FS 20) received a very low (31%) compliance rate. The critical measure associated with the supervisory approval of the Family Plan (FS 21) received a low (29%) 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 consultation with the supervisors were documented.

The critical measure associated with completing a Vulnerability Reassessment or Reunification Assessment (FS 22) had a low (33%) compliance rate. The intent of these two SDM tools is to aid social workers and team leaders in decision making regarding the appropriate service intensities, whether cases should remain open and whether children in out of home living arrangements should return to their homes.

Lastly, the critical measure associated with making the decision to end ongoing protection services (FS 23) had a moderate (62%) compliance rate. All of files that received achieved ratings had well documented and appropriate decisions regarding file closures. The 10 of the 11 records that received not achieved ratings had limited documentation of monitoring leading up to file closures.

5. ACTIONS TAKEN TO DATE

In November and December 2018, all delegated staff in the Coast North Shore 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.

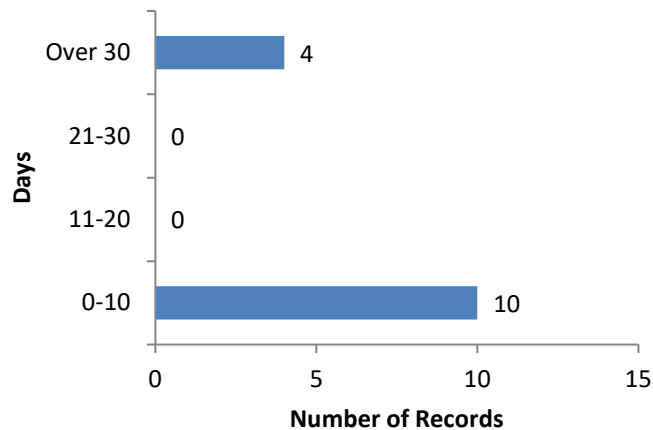
6. ACTION PLAN

ACTIONS	PERSONS RESPONSIBLE	OUTCOMES	COMPLETION DATES
1. Review the policies and procedures associated with completing FDR assessments and investigations with all intake and family service teams. Confirmation that this review has been completed will be sent, via email, to the manager of Quality Assurance.	Executive Director of Service Director of Practice	Children, youth and families receive timely services that are needed to support and assist the family to care for and make the family safe for the child/youth.	June 30, 2019
2. Review the policies and procedures associated with the six-month practice cycle with all family service teams. This review will have an emphasis placed on the importance of completing the SDM tools and Family Plans in collaboration with the families. Confirmation that this review has been completed will be sent, via email, to the Manager of Quality Assurance.	Executive Director of Service Director of Practice	Families are fully engaged in the assessment and planning processes. Families understand how their progress will be measured Families are able to assume responsibility for the safety and well-being of children/youth without the involvement of child protection services.	June 30, 2019
3. Each Director of Operations will meet separately with every supervisor overseeing intake and family service practice to ensure that regularly scheduled supervision is utilized with every social worker. These meetings will also include the review of the supervisory tracking systems used to monitor the key decision points 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 will receive supervision that supports competent, culturally safe, practice.	June 30, 2019

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

In reviewing the 251 records for this audit, the practice analysts on the provincial audit team captured data in relation to the time intervals for certain aspects of practice. These time intervals are displayed in the six bar charts below.

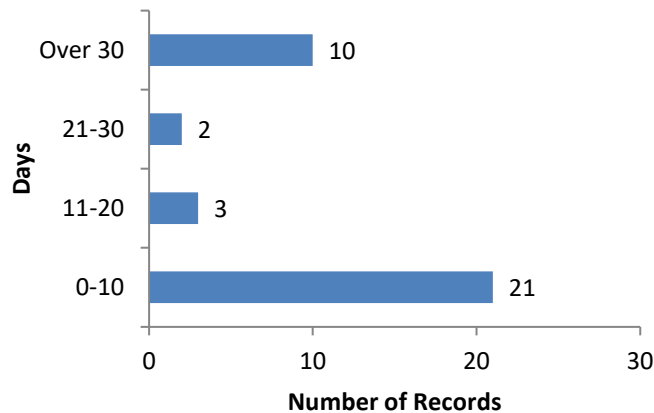
Figure 1: Timeframe for IRR completion, if not completed within 24 hours (FS 2)



Note:

1. N = 14 of 251 records are included in this time calculation. Includes 14 records that received ratings of not achieved on FS 2 because the IRR was not completed within 24 hours.

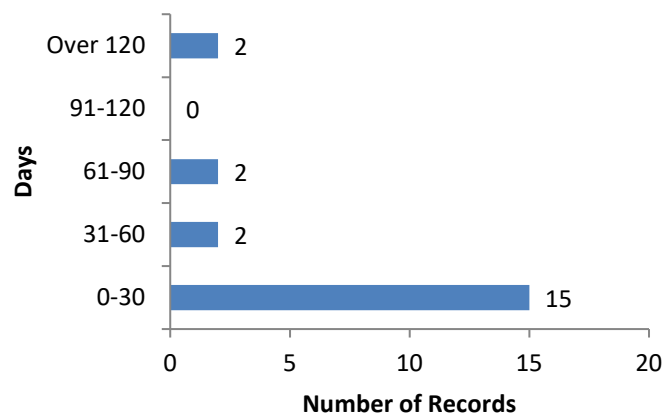
Figure 2: Timeframe for completion of Screening Assessment, if not completed within 24 hours (FS 3)



Note:

1. N = 36 of 251 records are included in this time calculation. Includes 35 records that received ratings of not achieved on FS 3 because the IRR was not completed within 24 hours.

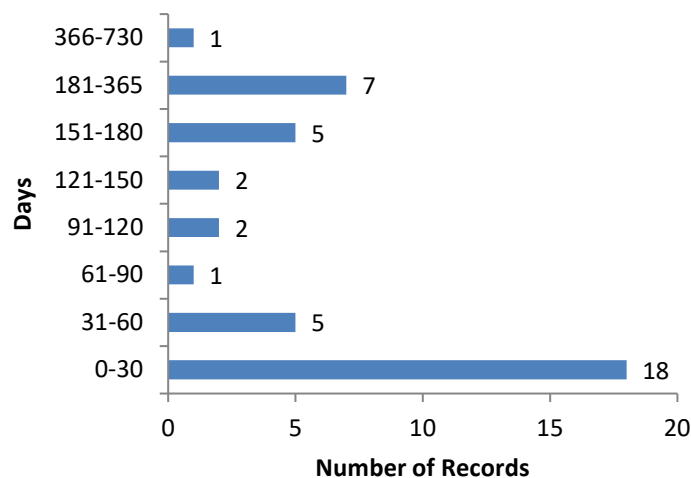
Figure 3: Timeframe to make contact with the family, if contact not made within the timeframe of the assigned response priority (FS 5)



Note:

1. N = 21 of 251 records are included in this time calculation. Includes 27 records where the family was not contacted within the timeframe of the assigned response priority timeframe augmented with the removal of 6 records where the timeframe could not be calculated.

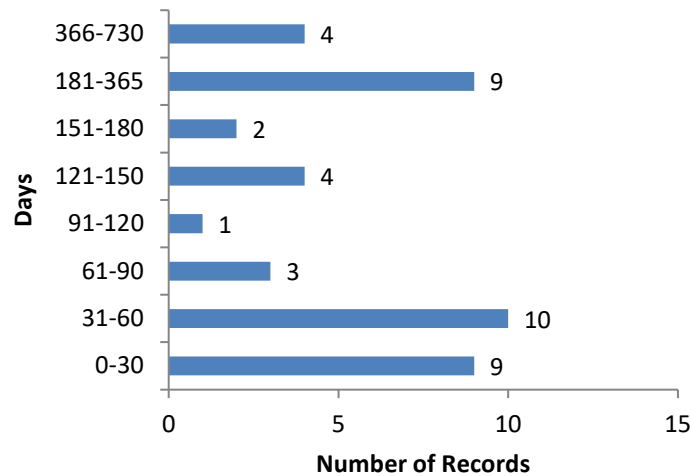
Figure 4: Timeframe to complete the Safety Assessment form, if not documented within 24 hours of the completion of the safety assessment process (FS 8)



Note:

1. N = 41 of 251 records are included in this time calculation. Includes 41 records that received ratings of not achieved at FS 8 because the Safety Assessment form was not completed within 24 hours of the completion of the safety assessment process.
2. 1 record that received ratings of not achieved on FS 8 because the Safety Assessment form was not completed within 24 hours of the completion of the safety assessment process is not included because it was unable to be determined when the safety assessment process took place as it was not clearly documented on the record.

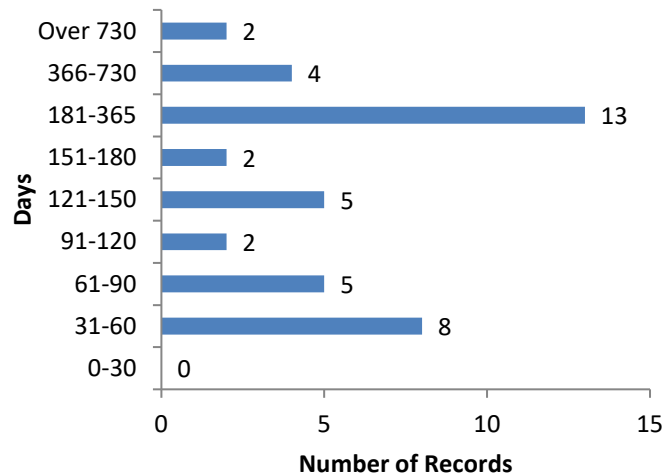
Figure 5: Timeframe to complete the Vulnerability Assessment from the date the report was received? (FS 14)



Note:

1. N = 42 of 251 records are included in this time calculation. Includes 42 records rated achieved at FS 14 because the Vulnerability Assessment was completed.

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



Note:

1. N = 41 of 251 records are included in this time calculation. Includes 41 records that received ratings of not achieved at FS 16 because the FDR assessment or investigation was not completed within 30 days or within the timeframe approved for an extension.