



Thompson Cariboo Shuswap 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 Thompson Cariboo Shuswap Service Delivery Area (SDA) from January to May 2018. These sections include:

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

1. PURPOSE

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

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

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

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

2. METHODOLOGY

Five samples of FS records were selected from lists of data extracted from the Integrated Case Management (ICM) system on December 7, 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 Thompson Cariboo Shuswap SDA

Record status and type	Total number at SDA level	Sample size
Closed Service Requests	444	59
Closed Memos	465	58
Closed Incidents	1,769	64
Open FS Cases	391	56
Closed FS Cases	119	42

Specifically, the five samples consisted of:

1. Service Requests that were closed in the SDA between December 1, 2016 and November 30, 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 December 1, 2016 and November 30, 2017, where the type was screening and with the resolution of No Further Action. Exclude Memos that were created in error.
3. Incidents that were created after November 4, 2014, and were closed in the SDA between December 1, 2016 and November 30, 2017, where the type was family development response or investigation.
4. Family Services Cases that were open in the SDA on November 30, 2017, where the type was protection and had been open for at least six months (continuously).
5. Family Cases that were closed in the SDA between June 1, 2017 and November 30, 2017, where the type was protection and had been open for at least six months (continuously).

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 four practice analysts on the provincial audit team for review. The data collection phase for this audit was conducted from January, 2018 to May 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 (December 1, 2016 and November 30, 2017). In reviewing the closed FS Case records, the analysts focused on practice that occurred during the 12-month period prior to the closure of the record.

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

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

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

3. FINDINGS AND ANALYSIS

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

There were a combined total of 279 records in the five samples selected for this audit. However, not all of the measures in the audit tool were applicable to all 279 records in the selected samples. The “Total Applicable” column in the tables contains the total number of records to which the measure was applied.

3.1 Report and Screening Assessment

Table 1 provides compliance rates for measures FS 1 to FS 4, which relate to obtaining and assessing a child protection report. The records included the randomly selected samples of 59 closed Service Requests, 58 closed Memos and 64 closed Incidents. The 181 records reflect practice in both the Thompson Cariboo Shuswap SDA and Provincial Centralized Screening. Specifically, 113 of the records were initiated by the SDA and 68 records were initiated by Provincial Centralized Screening. Separating the practice of Provincial Centralized Screening and the SDA within the tables is not possible because that would not meet the confidence level and margin of error at which the samples were selected. Therefore, the compliance rates and analyses contained within critical measures FS 1 to FS 3 apply to a combination of SDA and Provincial Centralized Screening practice. Breakdowns are provided in the analysis under each measure are for information purposes only.

Table 1: Report and Screening Assessment (N = 181)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 1: Gathering Full and Detailed Information	181	5	3%	176	97%
FS 2: Conducting an Initial Record Review (IRR)	181	98	54%	83	46%
FS 3: Completing the Screening Assessment	181	46	25%	135	75%
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response	181	6	3%	175	97%

FS 1: Gathering Full and Detailed Information

The compliance rate for this critical measure was **97%**. The measure was applied to all 181 records in the samples; 176 of the 181 records received ratings of achieved and 5 received ratings of not achieved. Of the 176 records that received ratings of achieved, 108 documented practice by the SDA and 68 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 5 records that received ratings of not achieved, all were reports about children's/youths' need for protection and all lacked full, detailed and sufficient information to assess and respond to the reports. Of the records that received ratings of not achieved, all 5 documented practice by the SDA.

FS 2: Conducting an Initial Record Review (IRR)

The compliance rate for this critical measure was **46%**. The measure was applied to all 181 records in the samples; 83 of the 181 records received ratings of achieved and 98 received ratings of not achieved.

Of the 83 records that received ratings of achieved, 51 documented practice by the SDA and 32 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 98 records that received ratings of not achieved, 62 documented practice by the SDA and 36 documented practice by Provincial Centralized Screening. Of these 98 records, 10 had no IRRs including no checks of Best Practice (9 not documented by the SDA, 1 not documented by Provincial Centralized Screening), 61 had IRRs documented but no checks of Best Practice (34 documented by the SDA and 27 documented by Provincial Centralized Screening), 49 had IRRs documented but the IRRs did not contain sufficient information (29 documented by the SDA and 20 documented by Provincial Centralized Screening), 1 had no indication that child protection authorities in other jurisdictions were contacted (documented by the SDA), and 7 had IRRs but they were not documented within 24 hours of receiving the reports (7 documented by the SDA). Of the 7 records that did not have IRRs documented within 24 hours, the range of time it took to complete the IRRs was between 6 and 137 days, with the average time being 49 days (see appendix for bar graph). The total adds to more than the number of records rated not achieved as 26 records had combinations 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 181 records in the samples; 135 of the 181 records received ratings of achieved and 46 received ratings of not achieved.

Of the 135 records that received ratings of achieved, 101 documented practice by the SDA and 34 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 46 records that received ratings of not achieved, 3 had incomplete Screening Assessments (2 not completed by the SDA and 1 not completed by Provincial Centralized Screening) 2 had no Screening Assessments (both not completed by the SDA) and 41 records had Screening Assessments documented beyond the required timeframe (all 41 Screening Assessments were completed by the SDA, 6 of which were transferred by Provincial Centralized Screening without Screening Assessments). The range of time it took to complete the Screening Assessments that were completed beyond the required timeframe was between 2 and 171 days, with the average time being 35 days (see appendix for a bar graph).

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

The compliance rate for this critical measure was **97%**. The measure was applied to all 181 records in the samples; 175 of the 181 records received ratings of achieved and 6 received ratings of not achieved.

To receive a rating of achieved the record contained documentation that the protection or non-protection response decision was appropriate.

Of the 6 records that received ratings of not achieved, 2 were Memos, 1 was a Service Request and 3 were Incidents. The 2 Memos and 1 Service Request 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 3 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 3 Incidents that received not achieved ratings for FS4 were removed from the Incident sample from FS 5 to FS 16 because the protection responses were not required.

3.2 Response Priority, Detailed Records Review and Safety Assessment

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

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 5: Determining the Response Priority	64*	3	5%	61	95%
FS 6: Conducting a Detailed Record Review (DRR)	64*	42	66%	22	34%
FS 7: Assessing the Safety of the Child or Youth	64*	7	11%	57	89%
FS 8: Documenting the Safety Assessment	64*	35	55%	29	45%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	64*	5	8%	59	92%

*Total Applicable includes sample of 64 Incidents augmented with the addition of 1 Memo and 2 Service Requests with inappropriate non-protection responses and the removal of 3 Incidents with inappropriate protection responses.

FS 5: Determining the Response Priority

The compliance rate for this critical measure was **95%**. The measure was applied to all 64 records in the augmented sample; 61 of the 64 records received ratings of achieved and 3 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 3 records that received ratings of not achieved, all were Memos/Service Requests with inappropriate non-protection responses.

The audit also assessed whether families were contacted within the timeframes of the assigned response priorities. Of the 61 records with appropriate protection responses, 46 families were contacted within the assigned response priorities, 14 families were not contacted within the assigned response priorities, and 1 had a protection response that was appropriately ended prior to family contact and prior to the expiration of the assigned response priority timeframe. Of the 14 records where the families were not contacted within the assigned response priorities, 13 were assigned the response priority timeframe of “within 5 days” and range of time it took to contact these families was between 7 days and 60 days, with the average time being 31 days. The remaining record was assigned the response priority timeframe of “immediate/within 24 hours” and the time it took to contact the family was 4 days (see appendix for a bar graph).

FS 6: Conducting a Detailed Record Review (DRR)

The compliance rate for this critical measure was **34%**. The measure was applied to all 64 records in the augmented sample; 22 of the 64 records received ratings of achieved and 42 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that the DRR:

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

Of the 42 records that received ratings of not achieved, 20 did not have DRRs, 17 had DRRs that did not contain the information missing from the IRRs, 2 had protection responses that ended prior to DRRs being completed and the rationales for the decisions were not appropriate, and 3 were Memos/Service Requests with inappropriate non-protection responses.

FS 7: Assessing the Safety of the Child or Youth

The compliance rate for this critical measure was **89%**. The measure was applied to all 64 records in the augmented sample; 57 of the 64 records received ratings of achieved and 7 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 7 records that received ratings of not achieved, 2 did not have Safety Plans despite the fact that safety concerns were identified and the children/youth were not removed, 1 had a Safety Plan that was not signed by the parents nor approved by the supervisor, 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 3 were Memos/Service Requests with inappropriate non-protection responses.

FS 8: Documenting the Safety Assessment

The compliance rate for this critical measure was **45%**. The measure was applied to all 64 records in the augmented sample; 29 of the 64 records received ratings of achieved and 35 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that the Safety Assessment form was documented within 24 hours after completion of the safety assessment process, or the supervisor approved ending the protection response before the Safety Assessment was documented and the rationale was documented and appropriate.

Of the 35 records that received ratings of not achieved, 31 had Safety Assessment forms that were not completed within 24 hours after the completion of the safety assessment processes, 1 had no Safety Assessment form because the protection response ended prior to the first significant contact with the family and the rationale for the decision was not appropriate, and 3 were Memos/Service Requests with inappropriate non-protection responses. Of the 31 records where the Safety Assessment forms were not completed within 24 hours after the completion of the safety assessment processes, the range of time it took to complete the forms was between 2 days and 390 days, with the average time being 91 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 **92%**. The measure was applied to all 64 records in the augmented sample; 59 of the 64 records received ratings of achieved and 5 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 5 records that received ratings of not achieved, 1 had a safety decision that was not consistent with the Safety Assessment form, 1 did not have a Safety Assessment form because the protection response ended prior to the first significant contact with the family and the rationale for the decision were not appropriate, and 3 were Memos/Service Requests with inappropriate non-protection responses.

3.3 Steps of the FDR Assessment or Investigation

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

Table 3: Steps of the FDR Assessment or Investigation (N = 64)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	64*	11	17%	53	83%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	64*	11	17%	53	83%
FS 12: Visiting the Family Home	64*	10	16%	54	84%
FS 13: Working With Collateral Contacts	64*	20	31%	44	69%

*Total Applicable includes sample of 64 Incidents augmented with the addition of 1 Memo and 2 Service Requests with inappropriate non-protection responses and the removal of 3 Incidents with inappropriate protection responses.

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

The compliance rate for this critical measure was **83%**. The measure was applied to all 64 records in the augmented sample; 53 of the 64 records received ratings of achieved and 11 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)
- 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 11 records that received ratings of not achieved, 4 contained documentation that the social workers had met with or interviewed the mothers but not the fathers, 1 contained insufficient information from the interview to assess the safety or vulnerability of the children/youth living in the home, 2 did not contain documentation that the social workers had met with or interviewed other adults in the homes, 1 had a protection response that ended prior to meeting or interviewing the parents and/or other adults living in the home and the rationale for the decision was not appropriate, and 3 were Memos/Service Requests with inappropriate non-protection responses.

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

The compliance rate for this critical measure was **83%**. The measure was applied to all 64 records in the augmented sample; 53 of the 64 records received ratings of achieved and 11 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 11 records that received ratings of not achieved, 1 did not contain documentation that the social worker had private, face-to-face conversations with any of the children/youth living in the family home, 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 contained documentation that the social worker had a conversation with the child/youth while the parent was present, 2 had protection responses that ended prior to meetings or interviews with the children/youth and the rationales for the decisions were not appropriate, and 3 were Memos/Service Requests with inappropriate non-protection responses.

FS 12: Visiting the Family Home

The compliance rate for this critical measure was **84%**. The measure was applied to all 64 records in the augmented sample; 54 of the 64 records received ratings of achieved and 10 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 10 records that received ratings of not achieved, 6 did not document that the social workers visited the family homes, 1 had a protection response that ended prior to the social worker visiting the family home and the rationale for the decision was not appropriate, and 3 were Memos/Service Requests with inappropriate non-protection responses.

FS 13: Working with Collateral Contacts

The compliance rate for this critical measure was **69%**. The measure was applied to all 64 records in the augmented sample; 44 of the 64 records received ratings of achieved and 20 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 20 records that received ratings of not achieved, 3 had no documentation of collaterals being completed, 12 had documented collaterals but failed to complete necessary collaterals with Delegated Aboriginal Agencies or designated representatives of the First Nations, Treaty First Nations or Metis community, 1 had documented collaterals but failed to complete a necessary collateral with a medical physician, 2 had protection responses that were ended prior to completing collaterals and the rationales for the decisions were not appropriate, and 3 were Memos/Service Requests with inappropriate non-protection responses. The total adds to more than the number of records that received ratings of not achieved because 1 record had combinations of the above noted reasons.

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. The audit also assessed whether the parents identified which collateral contacts could provide the necessary information and reached agreements with the parents about the plans to gather information from specific collaterals. Of the 60 records with FDR responses, 51 documented that the social workers made contact with the parents prior to making contact with collaterals and 1 FDR response ended prior to contacting the family and the rationale for the decision was appropriate. Furthermore, of these 60 records, 37 documented discussions with the parents about which collateral contacts could provide the necessary information and reached agreements about the plans to gather information from specific collaterals.

3.4 Assessing 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 = 64)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 14: Assessing the Risk of Future Harm	64*	5	8%	59	92%
FS 15: Determining the Need for Protection Services	64*	5	8%	59	92%
FS 16: Timeframe for Completing the FDR Assessment or the Investigation	64*	57	89%	7	11%

*Total Applicable includes sample of 64 Incidents augmented with the addition of 1 Memo and 2 Service Requests with inappropriate non-protection responses and the removal of 3 Incidents with inappropriate protection responses.

FS 14: Assessing the Risk of Future Harm

The compliance rate for this critical measure was **92%**. The measure was applied to all 64 records in the augmented sample; 59 of the 64 records received ratings of achieved and 5 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 5 records rated not achieved, 2 had protection responses that ended prior to completing the Vulnerability Assessments and the rationales for the decisions were not appropriate and 3 were Memos/Service Requests with inappropriate non-protection responses.

The audit also assessed the length of time it took to complete the Vulnerability Assessments.

Of the 59 records that received ratings of achieved, 3 had protection responses that were ended prior to completing the Vulnerability Assessments and the rationales for the decisions were appropriate and 56 records had completed Vulnerability Assessments.

Of these 56, the range of time it took to complete the assessments was between 1 day and 442 days, with the average time being 148 days (see appendix for a bar graph).

FS 15: Determining the Need for Protection Services

The compliance rate for this critical measure was **92%**. The measure was applied to all 64 records in the augmented sample; 59 of the 64 records received ratings of achieved and 5 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 5 records that received ratings of not achieved, 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 3 were Memos/Service Requests with inappropriate non-protection responses.

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 64 records in the augmented sample; 7 of the 64 records received ratings of achieved and 57 received ratings of not achieved. To receive a rating of achieved, the record contained documentation that the FDR assessment or investigation was completed within 30 days of receiving the report or the FDR assessment or investigation was completed in accordance with the extended timeframe and plan approved by the supervisor.

Of the 57 records that received ratings of not achieved, 52 did not have the FDR assessments or investigations completed within 30 days, 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 3 were Memos/Service Requests with inappropriate non-protection responses. Of the 52 records where the FDR assessments or investigations were not completed within 30 days or within the extended timeframes approved by the supervisors, the range of time it took to complete the FDR assessments or investigations was between 36 and 468 days, with the average being 197 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 56 open FS Cases and 42 closed FS Cases.

Table 5: Strength and Needs Assessment and Family Plan (N = 98)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 17: Completing a Family and Child Strengths and Needs Assessment	98	49	50%	49	50%
FS 18: Supervisory Approval of the Family and Child Strengths and Needs Assessment	98	59	60%	39	40%
FS 19: Developing the Family Plan with the Family	98	59	60%	39	40%
FS 20: Timeframe for Completing the Family Plan	98	70	71%	28	29%
FS 21: Supervisory Approval of the Family Plan	98	65	66%	33	34%

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

The compliance rate for this critical measure was **50%**. The measure was applied to all 98 records in the samples; 49 of the 98 records received ratings of achieved and 49 received ratings of not achieved. To receive a rating of achieved, the record contained a Family and Child Strength and Needs Assessment completed in its entirety within the 12 month time frame of the audit.

Of the 49 records that received ratings of not achieved, 35 did not contain Family and Child Strengths and Needs Assessments and 14 contained incomplete Family and Child Strengths and Needs Assessments.

Of the 49 records that received ratings of achieved, 28 had Family and Child Strengths and Needs Assessments completed within the last 6 month protection cycle and 21 did not have Family and Child Strengths and Needs Assessments completed within the most recent 6 month protection cycle, but were completed within the 12 month timeframe of the audit.

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

The compliance rate for this critical measure was **40%**. The measure was applied to all 98 records in the samples; 39 of the 98 records received ratings of achieved and 59 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 59 records that received ratings of not achieved, 35 did not contain Family and Child Strengths and Needs Assessments, 14 contained incomplete Family and Child Strengths and Needs Assessments (that were also not approved by the supervisors), and 10 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 **40%**. The measure was applied to all 98 records in the samples; 39 of the 98 records received ratings of achieved and 59 received ratings of not achieved.

To receive a rating of achieved, the record contained a completed Family Plan or its equivalent and was developed in collaboration with the family.

An equivalent to the Family Plan form can be the plan developed during a facilitated meeting, such as at a Family Case Planning Conference or Family Group Conference. The plan developed may be in lieu of a Family Plan if the plan has:

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

Of the 59 records that received a rating of not achieved, 56 did not have Family Plans or equivalents and 3 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 39 records that received a rating of achieved, 20 had developed the Family Plans or equivalents after the completion of the Family and Child Strengths and Needs Assessments and 19 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 **29%**. The measure was applied to all 98 records in the samples; 28 of the 98 records received ratings of achieved and 70 received ratings of not achieved. To receive a rating of achieved, the record contained a Family Plan or its equivalent that was created within 30 days of initiating ongoing protection services (if initiated within the 12 month timeframe of the audit) or the Family Plan was revised within the most recent 6 month protection cycle.

Of the 70 records that received ratings of not achieved, 56 did not have Family Plans or equivalents within the 12 month time frame of the audit, 3 did not have Family Plans or equivalents created within 30 days of initiating ongoing protection services (initiated within the 12 month time frame of the audit), 11 had Family Plans or equivalents within the 12 month time frame of the audit but did not have Family Plans or equivalents created within the most recent 6 month ongoing protection services cycle.

FS 21: Supervisory Approval of the Family Plan

The compliance rate for this critical measure was **34%**. The measure was applied to all 98 records in the samples; 33 of the 98 records received ratings of achieved and 65 received ratings of not achieved.

To receive a rating of achieved, the record contained a Family Plan that was approved by the supervisor.

Of the 65 records that received a rating of not achieved, 56 did not have Family Plans or equivalents and 9 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 56 open FS Cases and 42 closed FS Cases.

Table 6: Reassessment and the Decision to End Protection Services (N = 98)

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 22: Completing a Vulnerability Reassessment or Reunification Assessment	98	63	64%	35	36%
FS 23: Making the Decision to End Ongoing Protection Services	42*	20	48%	22	52%

* Total applicable include the sample of 42 closed Cases

FS 22: Completing a Vulnerability Reassessment or Reunification Assessment

The compliance rate for this critical measure was **36%**. The measure was applied to all 98 records in the samples; 35 of the 98 records received ratings of achieved and 63 received ratings of not achieved. To receive a rating of achieved, the record contained a Vulnerability Reassessment or Reunification Assessment completed within the most recent 6 month protection cycle and a Reunification Assessment completed within 3 months of the child's return or a court proceeding regarding custody and the assessment(s) was approved by the supervisor.

Of the 63 records that received ratings of not achieved, 59 did not have Vulnerability Reassessments or Reunification Assessments completed within the most recent 6-month protection services cycle, and 4 had incomplete Vulnerability Reassessments or Reunification Assessments within the most recent 6-month protection cycle.

Of the 59 records that did not have Vulnerability Reassessments or Reunification Assessments completed within the most recent 6-month protection services cycle, 50 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 **52%**. The measure was applied to all 42 records in the sample; 22 of the 42 records received ratings of achieved and 20 received ratings of not achieved. To receive a rating of achieved the record contained documentation that:

- the decision to conclude ongoing protection services was made in consultation with a supervisor
- there were no unaddressed reports of abuse or neglect
- there were no indications of current or imminent safety concerns
- the family demonstrated improvements as identified in the Family Plan
- a recent Vulnerability Reassessment or Reunification Assessment confirmed that factors identified as contributing to high vulnerability no longer existed or have been sufficiently addressed
- the family demonstrated the ability to access and use formal and informal resources and the family had the ability to parent without MCFD support.

Of the 20 records that received ratings of not achieved, all ended protection services without completing Vulnerability Re-assessments or Reunification Assessments within the last 6-month protection cycle.

Records Identified for Action

Quality assurance policy and procedures require practice analysts to identify for action any record that suggests a child may need protection under section 13 of the Child, Family and Community Service Act. During 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 **65%**

4.1 Strengths and Challenges of the Screening Process

Overall, the Thompson Cariboo Shuswap SDA (with the support of Provincial Central Screening) showed high compliance rates for the screening process outlined in the Child Protection Response Policies. There was extremely high compliance (97%) for the critical measure associated with gathering full and detailed information (FS1). Almost all of the records (176 of 181) contained information that was sufficient to assess and respond to the reports and appropriate pathways. The 5 records that received ratings of not achieved were all lacking sufficient information to assess and respond to the reports.

The compliance rate for conducting an IRR (FS2) was significantly lower (46%) than the other aspects of the screening process. Over one third of the records audited (39%) were missing checks of Best Practices. Ensuring that all workers are aware that checking Best Practices is required, regardless of whether the family is identified as Indigenous, may increase compliance with this measure.

In addition, over one quarter of the records audited (27%) had IRRs that did not contain sufficient information as outlined in the Child Protection Response Policies. It is important to note that the Child Protection Response Policies specify that IRRs must identify the number of past Service Requests and Incidents within ICM and Best Practices and identify the previous issues or concerns.

There was moderately high compliance (75%) for the critical measure associated with completing the Screening Assessment (FS 3). Specifically, 135 out of 181 records contained Screening Assessments that were completed within 24 hours. Of the 46 records that received ratings of not achieved, 41 had Screening Assessments that were not completed within 24 hours.

There was extremely high compliance (97%) for the critical measure associated with determining whether the report requires a protection or non-protection response (FS 4). Almost all of the records audited (175 out of 181) contained documentation that supported the decision of either a protection or non-protection response. All decisions to rate records as not achieved at this measure were made in consultation with a manager of quality assurance. Consistent use of the Screening Assessment tool seems to have contributed to the extremely high compliance with this critical measure.

There was also very high (95%) 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

The critical measures associated with the FDR assessment or investigation received high compliance rates but were negatively impacted by the 3 records that received ratings of not achieved at the critical measure associated with determining whether the reports required protection or non-protection responses (FS 4). These 3 records also received the rating of not achieved from critical measures FS 5 to FS 16. In addition the compliance rates were negatively impacted by the 2 records where the protection responses 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 a high (89%) compliance rate. Of the 61 records with completed FDR assessments or investigations, 3 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 very high (92%) compliance rate. Of the 61 records with completed FDR assessments or investigations, only 1 had a safety decision that was inconsistent with the information documented in the Safety Assessment form (the safety decision was “safe” despite there being risk factors present).

The critical measure associated with meeting with or interviewing the parents and other adults in the family home (FS 10) received a high (83%) compliance rate. Of the 61 records with completed FDR assessments or investigations, 7 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.

The critical measure associated with meeting with every child or youth who lives in the family home (FS 11) received a high (83%) compliance rate. Of the 61 records with completed FDR assessments or investigations, 6 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 high (84%) compliance rate. Of the 61 records with completed FDR assessments or investigations, 6 did not describe the social workers observing the children's/youth's living situations and no documentation of consultations with supervisors in regards to exceptions to this requirement.

The critical measure associated with working with collateral contacts (FS 13) received a moderate (69%) compliance rate. Of the 61 records with completed FDR assessments or investigations, 24 involved Indigenous families of which 12 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.

There was very high (92%) compliance with the critical measure associated with assessing the risk of future harm (FS 14). Of the 61 records with completed FDR assessments or investigations, all had Vulnerability Assessments completed and approved by supervisors prior to the closures of Incidents.

Lastly, the critical measure associated with determining the need for protection services (FS 15) received a very high (92%) compliance rate. Of the 61 records with completed FDR assessments or investigations, all received ratings of achieved.

4.3 Challenges of FDR Assessment or Investigation

Although there are a number of areas of strength in the FDR assessment and investigation processes, there is room for improvement in some key areas. The first challenge is in regards to the critical measure associated with conducting a DRR (FS 6) which received a low (34%) compliance rate. The primary reasons for not achieved ratings were missing DRRs and DRRs that were conducted but did not contain the information that was missing from the IRRs.

It is important to note that when checks of Best Practices are missing within IRRs, checks of Best Practices is required as part of the DRRs. This is not being done in the Thompson Cariboo Shuswap SDA.

There was low (45%) 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 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 Strengths and Challenges of Open and Closed Family Service Cases

Almost all of the measures associated with the provision of ongoing protection services had low compliance rates. The majority of these measures focus on the completion of SDM tools that are intended provide a foundation for the provision of effective child protection services. Half of the records had completed Family and Child Strengths and Needs Assessments (FS 17). Of the records that had Family and Child Strengths and Needs Assessments completed within the 12 month audit time frame, over half of these (57%) had completed the assessments within the previous six month protection cycle.

The critical measure associated with the supervisory approval of the Family and Child Strengths and Needs Assessment (FS 18) also had low (40%) compliance. Of the 49 records that had Family and Child Strength and Needs Assessments completed within the 12-month audit time frame, 39 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 low (40%) compliance rate. The critical measures associated with the timeframe for completing the Family Plan (FS 20) and the supervisory approval of the Family Plan (FS 21) received extremely low and low compliance rates (29% and 34%, respectively). These low compliance rates raise concern that many families may not have been given opportunities to contribute directly to the development of strategies that will provide them with the supports they require to address the child protection concerns. Unlike other critical measures relating to SDM tools, the audit of the Family Plan considered all file documentation related to collaborative decision making in family planning. For the achieved records, it was often meeting minutes from family case planning conferences that informed achieved ratings.

It is important to note that supervisory approvals were not always evident when the plans were developed, unless the supervisors attended the conferences or consultation with the supervisors were documented. Practice analysts observed that many meeting minutes from family case planning conferences were included as attachments on ICM which contributed to the achieved ratings for this measure.

The critical measure associated with completing a Vulnerability Reassessment or Reunification Assessment (FS 22) had a low (36%) compliance rate. The intent of these two SDM tools is to aid social workers and team leaders in decision making regarding the appropriate service intensities, whether cases should remain open and whether children in out of home living arrangements should return to their homes.

The critical measure associated with making the decision to end ongoing protection services (FS 23) had a moderately low (52%) compliance rate. All of the files that received achieved ratings had well documented decisions regarding file closure. The 20 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 98 ongoing family service records, 29 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

The Thompson Cariboo Shuswap SDA is a vast geographical area with offices in eight communities. Of these eight communities, six are designated “hard-to-recruit” (HTR) and have faced chronic staffing challenges. To offset these staffing challenges, the SDA has:

1. Received approval to offer modified work schedules (seven days on/seven days off) in all new social worker job postings to attract staff to the Lillooet and Ashcroft offices.
2. Received support from the Provincial Mobile Response Team throughout 2018.
3. Received approved to “over burn” FTEs in Kamloops and create an extra team to backfill vacant positions and create opportunities for Kamloops staff to travel to HTR communities.
4. All supervisor positions are currently filled in all HTR communities.
5. Nine social worker assistants have been added to the SDA’s FTE complement in the past three years.
6. Four and half Collaborative Practice Decision Making positions have been added to the SDA’s FTE complement in the past two years.

From April to October 2018, training sessions aimed at improving documentation practices were provided to staff in the Kamloops, Williams Lake, Salmon Arm and Clearwater offices. The agenda of the training sessions included the review of: the Good Recording Guide, the purposes and benefits of SDM tools and the documentation requirements during the six month practice cycle.

6. ACTION PLAN

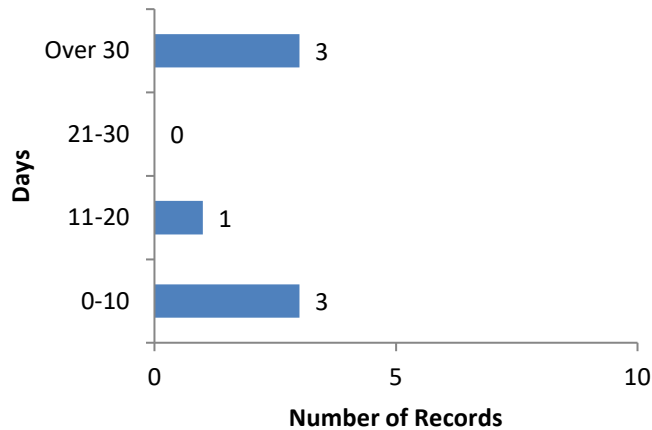
ACTIONS	PERSONS RESPONSIBLE	OUTCOMES	COMPLETION DATES
1. Review the policies associated with the timeframe requirements for completing a FDR assessment and an investigation with all supervisors overseeing child protection responses. This review will also include the documentation requirements for supervisory approvals for extensions to timeframes. 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. Extensions to timeframes are approved by supervisors and documented.	May 30, 2019

<p>2. Review Policy 1.6, <i>Working with Service Providers and Collateral Contacts</i>, with all staff providing child protection responses. This review will have an emphasis on the importance of completing collateral checks when working collaboratively with CYSN and CYMH program areas and when working with Indigenous families, youth and children. Confirmation that this review has been completed will be sent, via email, to the Manager of Quality Assurance.</p>	<p>Executive Director of Service</p> <p>Director of Practice</p>	<p>Children, youth and families receive services that best meet their needs, are sensitive to their views, cultural heritage and spiritual beliefs, and are based upon thorough assessments that include as much relevant information as possible from individuals who have knowledge about them, including extended family, Indigenous Bands and/or cultural groups, and community members.</p>	<p>May 30, 2019</p>
<p>3. Review the policies and procedures associated with the six-month practice cycle with all staff providing services through Family Service Cases. This review will have an emphasis placed on the importance of completing SDM tools and Family Plans done in collaboration with the families. Confirmation that this review has been completed will be sent, via email, to the Manager of Quality Assurance.</p>	<p>Executive Director of Service</p> <p>Director of Practice</p>	<p>Families are fully engaged in the assessment and planning processes.</p> <p>Families understand how their progress will be measured.</p>	<p>May 30, 2019</p>
<p>4. Review all open Family Service Cases and complete, in collaboration with the families, all outstanding Family Plans. Confirmation of completion will be sent, via email, to the Manager of Quality Assurance.</p>	<p>Executive Director of Service</p> <p>Director of Practice</p>	<p>Families are fully engaged in the assessment and planning processes.</p> <p>Families understand how their progress will be measured</p> <p>Families are able to assume responsibility for the safety and well-being of children/youth without the involvement of child protection services.</p>	<p>December 31, 2019</p>

APPENDIX – Time Intervals Observed as part of Family Service Practice

In reviewing the 279 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.

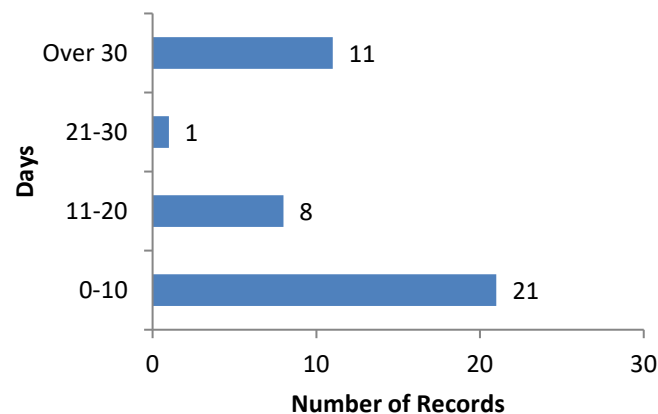
Figure 1: Timeframe for IRR completion, if not completed within 24 hours (FS 2)



Note:

1. N = 7 of 279 records are included in this time calculation.

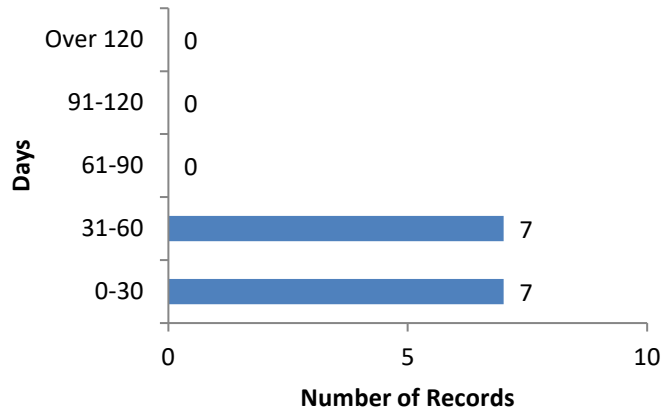
Figure 2: Timeframe for completion of Screening Assessment, if not completed within 24 hours (FS 3)



Note:

1. N = 41 of 279 records are included in this time calculation.

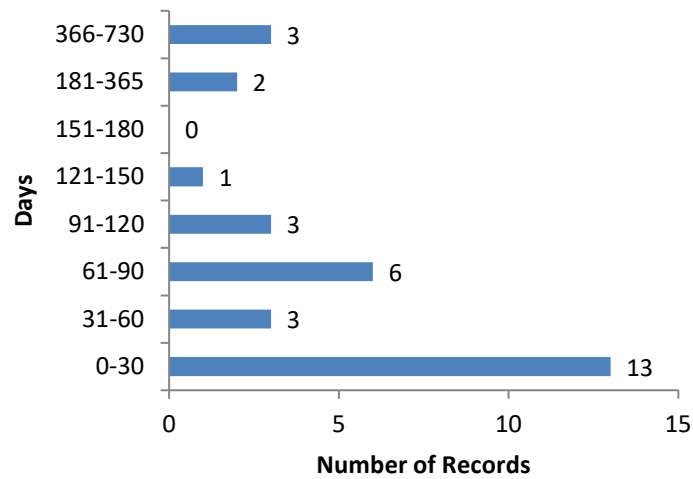
Figure 3: Timeframe to make contact with the family, if contact not made within the timeframe of the assigned response priority (FS 5)



Note:

1. N = 14 of 279 records are included in this time calculation.

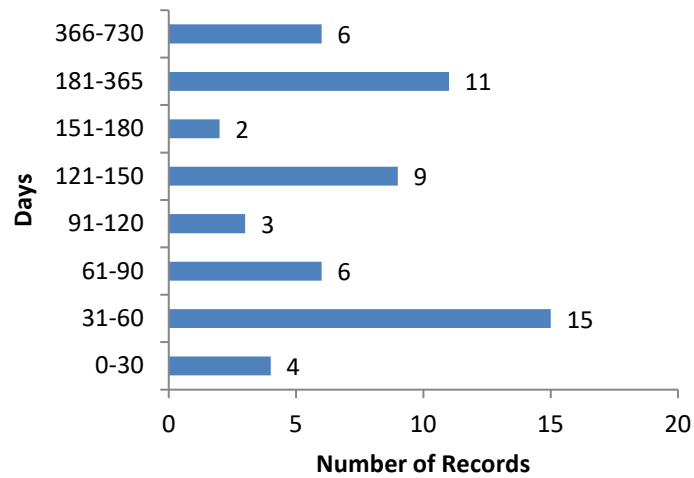
Figure 4: Timeframe to complete the Safety Assessment form, if not documented within 24 hours of the completion of the safety assessment process (FS 8)



Note:

1. N = 31 of 279 records are included in this time calculation.

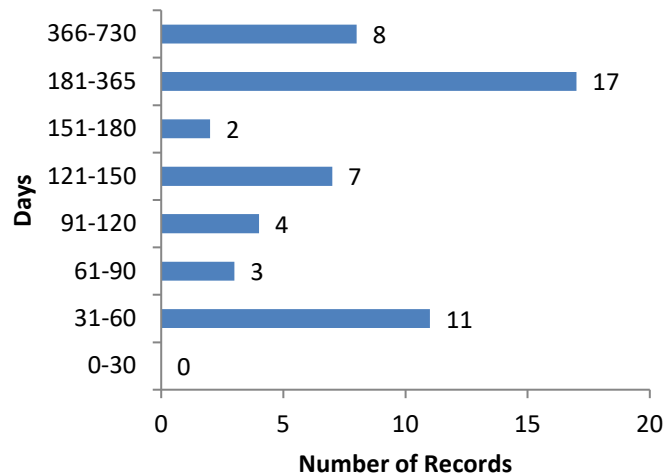
Figure 5: Timeframe to complete the Vulnerability Assessment from the date the report was received? (FS 14)



Note:

1. N = 56 of 279 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 = 52 of 279 records are included in this time calculation.