



Northeast Service Delivery Area

Family Service Practice Audit

Report Completed: December 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 Northeast Service Delivery Area (SDA) from September 2017 to February 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 September 13, 2017, using the simple random sampling technique. The data lists consisted of closed Service Requests, closed Memos, closed Incidents, open FS Cases, and closed FS Cases. The data within each of the five lists were randomized at the SDA level, and samples were selected at a 90% confidence level, with a 10% margin of error.

Selected Records for FS Practice Audit in Northeast SDA

| Record status and type | Total number at SDA level | Sample size |
|-------------------------|---------------------------|-------------|
| Closed Service Requests | 219 | 52 |
| Closed Memos | 142 | 46 |
| Closed Incidents | 654 | 61 |
| Open FS Cases | 72 | 35 |
| Closed FS Cases | 18 | 14 |

Specifically, the five samples consisted of:

1. Service Requests that were closed in the SDA between September 1, 2016 and August 31, 2017, where the type was request service – CFS, request service – CAPP, request for family support, or youth services.
2. Memos that were closed in the SDA between September 1, 2016 and August 31, 2017, where the type was screening and with the resolution of “No Further Action” excluding Memos that were created in error.
3. Incidents that were created after November 4, 2014, and were closed in the SDA between September 1, 2016 and August 31, 2017, where the type was family development response or investigation.
4. Family Service Cases with a service basis of protection open in the SDA on August 31, 2017, and had been open continuously for at least six months.
5. Family Service Cases with a service basis of protection that were closed in the SDA between February 1, 2017 and July 31, 2017 that had been open continuously for at least six months.

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

The selected records were assigned to three practice analysts on the provincial audit team for review. The data collection phase for this audit was conducted from September – December 2017. The analysts used the FS Practice Audit Tool to rate the records. The FS Practice Audit Tool contains 23 critical measures designed to assess achievement of key components of the Child Protection Response Model using a scale with achieved and not achieved as rating options for all measures. The analysts entered the ratings in a SharePoint-based data collection site that included ancillary questions and text boxes which they used to enter additional information about the factors taken into consideration in rating some of the measures.

In reviewing the Service Requests, Memos and Incidents, the analysts reviewed each record in its entirety from opening to closing. In reviewing the open FS cases, the analysts focused on practice that occurred during a specific 12-month period (September 1, 2016 – August 31, 2017). In reviewing the closed FS cases, the analysts focused on practice that occurred during the 12-month period prior to the closure of 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 FS Cases |
| FS23 | <ul style="list-style-type: none"> • Closed FS Cases |

Quality assurance policy and procedures require practice analysts identify for action any record that suggests a child may need protection under section 13 of the 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. Please note that some records received ratings of not achieved for more than one reason.

There were a combined total of 208 records in the five samples selected for this audit. However, not all of the measures in the audit tool were applicable to all 208 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 52 closed Service Requests, 46 closed Memos and 61 closed Incidents. The 159 records reflect practice in both the Northeast SDA and Provincial Centralized Screening. Specifically, 42 of the records were initiated by the SDA and 117 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 = 159)

| Measure | Total Applicable | # Not Achieved | % Not Achieved | # Achieved | % Achieved |
|---|------------------|----------------|----------------|------------|------------|
| FS 1: Gathering Full and Detailed Information | 159 | 5 | 3% | 154 | 97% |
| FS 2: Conducting an Initial Record Review (IRR) | 159 | 114 | 72% | 45 | 28% |
| FS 3: Completing the Screening Assessment | 159 | 45 | 28% | 114 | 72% |
| FS 4: Determining Whether the Report Requires a Protection or Non-protection Response | 159 | 5 | 3% | 154 | 97% |

FS 1: Gathering Full and Detailed Information

The compliance rate for this critical measure was **97%**. The measure was applied to all 159 records in the samples; 154 of the 159 records received ratings of achieved and 5 received ratings of not achieved. Of the 154 records that received ratings of achieved, 39 documented practice by the SDA and 115 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, 4 were reports about children's/youth's need for protection (3 documented practice by the SDA and 1 documented practice by Provincial Centralized Screening) and 1 was a Service Request (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 **28%**. The measure was applied to all 159 records in the samples; 45 of the 159 records received ratings of achieved and 114 received ratings of not achieved. Of the 45 records that received ratings of achieved, 8 documented practice by the SDA and 37 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 114 records that received ratings of not achieved, 34 documented practice by the SDA and 80 documented practice by Provincial Centralized Screening. Of these 114 records, 10 did not have IRRs documented including no checks of Best Practice (6 documented practice by the SDA and 4 documented practice by Provincial Centralized Screening), 78 had IRRs documented but no checks of Best Practice (18 documented practice by the SDA and 60 documented practice by Provincial Centralized Screening), 52 had IRRs documented but the IRRs did not contain sufficient information (12 documented practice by the SDA and 40 documented practice by Provincial Centralized Screening), 2 had IRRs documented but no indication that appropriate child protection authorities in other jurisdictions were contacted as required (1 documented practice by the SDA and 1 documented practice by Provincial Centralized Screening) and 8 had IRRs documented but they were not documented within 24 hours of receiving the reports (6 documented practice by the SDA and 2 documented practice by Provincial Centralized Screening). Of the 8 records that did not document the IRRs within 24 hours, the range of time it took to complete the IRRs was between 2 and 27 days, with the average time being 9 days (see appendix for bar graph). The analyst was unable to determine how long it took to complete the IRR in 1 of the 8 records because the call date was not accurately recorded. The total adds to more than the number of records that received ratings of not achieved because 35 records had combinations of the above noted reasons.

FS 3: Completing the Screening Assessment

The compliance rate for this critical measure was **72%**. The measure was applied to all 159 records in the samples; 114 of the 159 records received ratings of achieved and 45 received ratings of not achieved. Of the 114 records that received ratings of achieved, 30 documented practice by the SDA and 84 documented practice by Provincial Centralized Screening. To receive a rating of achieved, the record contained documentation that a Screening Assessment was completed immediately if the child/youth appeared to be in a life-threatening or dangerous situation or within 24 hours in all other situations.

Of the 45 records that received ratings of not achieved, 12 documented practice by the SDA and 33 documented practice by Provincial Centralized Screening. Of these 45 records, 4 did not have Screening Assessments (all 4 not completed by Provincial Centralized Screening prior to the transfers to the SDA), 1 had an incomplete Screening Assessment (partially completed by Provincial Centralized Screening prior to the transfer to the SDA) and 40 records had Screening Assessments completed beyond the required timeframe (12 documented practice of the SDA and 28 documented practice by Provincial Centralized Screening). The range of time it took to complete the Screening Assessments that were completed beyond the required timeframe was between 2 and 93 days, with the average time being 10 days (see appendix for a bar graph). There was no record in the sample that required the Screening Assessment to have been completed immediately.

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 159 records in the samples; 154 of the 159 records received ratings of achieved and 5 received ratings of not achieved. To receive a rating of achieved, the decision to provide a protection or non-protection response was appropriate and consistent with the information gathered.

Of the 5 records that received ratings of not achieved, 4 were Memos and 1 was a Service Request but the nature of the reported child protection concerns warranted child protection responses. The 4 Memos and 1 Service Request 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 the 4 Memos that received ratings of not achieved, 1 was originally deemed as requiring a protection response by Provincial Centralized Screening but was later changed to requiring a non-protection response by the SDA. The remaining 3 Memos and 1 Service Request were deemed as requiring non-protection responses by the SDA.

In 4 of the 5 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. The remaining record was brought to the attention of the involved team leader (TL) and director of operations (DOO), as well as the executive director of service (EDS) because the information in the record suggested that the child(ren) may have been left at risk of harm at the time the record was audited.

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 the Safety Assessment form. The records included the selected sample of 61 closed Incidents augmented with the records described in the note below the table.

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

| Measure | Total Applicable | # Not Achieved | % Not Achieved | # Achieved | % Achieved |
|--|------------------|----------------|----------------|------------|------------|
| FS 5: Determining the Response Priority | 66* | 6 | 9% | 60 | 91% |
| FS 6: Conducting a Detailed Record Review (DRR) | 66* | 39 | 59% | 27 | 41% |
| FS 7: Assessing the Safety of the Child or Youth | 66* | 26 | 39% | 40 | 61% |
| FS 8: Documenting the Safety Assessment | 66* | 51 | 77% | 15 | 23% |
| FS 9: Making a Safety Decision Consistent with the Safety Assessment | 66* | 8 | 12% | 58 | 88% |

*Total Applicable includes the sample of 61 Incidents augmented with the addition of 4 Memos and 1 Service Request with inappropriate non-protection responses.

FS 5: Determining the Response Priority

The compliance rate for this critical measure was **91%**. The measure was applied to all 66 records in the augmented sample; 60 of the 66 records received ratings of achieved and 6 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 6 records that received ratings of not achieved, 1 had a response priority timeframe of within 5 days but the response priority timeframe should have been immediately or within 24 hours (documented practice by Provincial Centralized Screening) and 5 Memos/Service Requests had inappropriate non-protection responses.

The audit also assessed whether the families were contacted within the timelines determined by the assigned response priority timeframes (immediate/within 24 hours or within 5 days). Of the 61 records in the Incident sample, 38 contained documentation confirming that the families were contacted within the timelines determined by the assigned response priority timeframes and 23 did not. Of these 23 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 1 was given the response priority timeframe of immediate/within 24 hours.

Of the 22 records where the families were not contacted within 5 days, 16 documented contact with the families beyond 5 days, 4 had supervisors appropriately approve ending the protection responses before making contact with the families, and 2 had protection responses that were ended prior to any contact with the families and the rationales for the decisions were not appropriate. Of the 16 records where the families were not contacted within 5 days, the range of time it took to contact the families was between 9 days and 91 days, with the average time being 32 days. With respect to the Incident where the family was not contacted immediately or within 24 hours, the time it took to contact the family was 5 days (see appendix for a bar graph).

FS 6: Conducting a Detailed Record Review (DRR)

The compliance rate for this critical measure was **41%**. The measure was applied to all 66 records in the augmented sample; 27 of the 66 records received ratings of achieved and 39 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 39 records that received ratings of not achieved, 23 did not have DRRs, 10 had DRRs that did not contain the information missing from the IRRs, 3 had DRRs that did not indicate how previous issues/concerns were addressed, 1 had a DRR that did not indicate the family's responsiveness to previous issues, 1 had a DRR that did not indicate the effectiveness of the last intervention, 3 had protection responses that were ended prior to DRRs being completed and the rationales for the decisions were not appropriate, and 5 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 6 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 **61%**. The measure was applied to all 66 records in the augmented sample; 40 of the 66 records received ratings of achieved and 26 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 26 records that received ratings of not achieved, 2 either did not have the safety assessment processes completed or did not have the safety assessment processes completed during the first significant contacts with the families, 1 did not have the safety assessment process completed during the first significant contact with the family and the Safety Plan was not signed by the parent(s), 5 did not have Safety Plans despite the fact that safety concerns were identified and the children/youth were not removed, 10 had Safety Plans that were not signed by the parents or approved by the supervisors, 1 had a Safety Plan that was not signed by the parent(s), 2 had protection responses that were ended prior to the first significant contacts with the families and the rationales for the decisions were not appropriate, and 5 Memos/Service Requests had inappropriate non-protection responses.

FS 8: Documenting the Safety Assessment

The compliance rate for this critical measure was **23%**. The measure was applied to all 66 records in the augmented sample; 15 of the 66 records received ratings of achieved and 51 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 51 records that received ratings of not achieved, 1 did not have a Safety Assessment form, 43 had Safety Assessment forms that were not completed within 24 hours after the safety assessment processes, 2 had protection responses that were ended prior to the first significant contacts with the families and the rationales for the decisions were not appropriate and 5 Memos/Service Requests had inappropriate non-protection responses.

Of the 43 records where the Safety Assessment forms were not completed within 24 hours of the safety assessment processes, the range of time it took to complete the forms was between 2 days and 563 days, with the average time being 56 days (see appendix for a bar graph). The analyst was unable to determine how long it took to complete the Safety Assessment form on 1 the 43 records because the notes did not document when the safety assessment process took place.

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

The compliance rate for this critical measure was **88%**. The measure was applied to all 66 records in the augmented sample; 58 of the 66 records received ratings of achieved and 8 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 8 records that received ratings of not achieved, 1 did not have Safety Assessment form, 2 had protection responses that were ended prior to the first significant contacts with the families and the rationales for the decisions were not appropriate, and 5 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 61 closed Incidents augmented with the records described in the note below the table.

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

| Measure | Total Applicable | # Not Achieved | % Not Achieved | # Achieved | % Achieved |
|---|------------------|----------------|----------------|------------|------------|
| FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home | 66* | 21 | 32% | 45 | 68% |
| FS 11: Meeting with Every Child or Youth Who Lives in the Family Home | 66* | 16 | 24% | 50 | 76% |
| FS 12: Visiting the Family Home | 66* | 13 | 20% | 53 | 80% |
| FS 13: Working With Collateral Contacts | 66* | 31 | 47% | 35 | 53% |

*Total Applicable includes the sample of 61 Incidents augmented with the addition of 4 Memos and 1 Service Request 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 **68%**. The measure was applied to all 66 records in the augmented sample; 45 of the 66 records received ratings of achieved and 21 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 21 records that received ratings of not achieved, 7 did not contain documentation that the social workers had met with or interviewed the parents, 3 did not contain documentation that the social workers had met with or interviewed the other adults in the homes, 2 did not contain documentation that the social workers had met with or interviewed the parents and other adults in the homes, 1 contained documentation that the social worker had met with or interviewed only one of the two parents and insufficient information was gathered during that interview to assess the safety or vulnerability of the children/youth living in the home, 3 had protection responses that were ended prior to meeting or interviewing the parents and the rationales for the decisions were not appropriate, and 5 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 **76%**. The measure was applied to all 66 records in the augmented sample; 50 of the 66 records received ratings of achieved and 16 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 16 records that received ratings of not achieved, 9 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 5 Memos/Service Requests had inappropriate non-protection responses.

FS 12: Visiting the Family Home

The compliance rate for this critical measure was **80%**. The measure was applied to all 66 records in the augmented sample; 53 of the 66 records received ratings of achieved and 13 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 13 records that received ratings of not achieved, 5 did not document that the social workers visited the family homes, 3 had protection responses that were ended prior to the social workers visiting the family homes and the rationales for the decisions were not appropriate (note: one of these protection responses ended after interviews with the children/youth), and 5 Memos/Service Requests had inappropriate non-protection responses.

FS 13: Working with Collateral Contacts

The compliance rate for this critical measure was **53%**. The measure was applied to all 66 records in the augmented sample; 35 of the 66 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, 7 did not have documentation of collaterals being completed (of these, 5 required collaterals with Delegated Aboriginal Agencies or designated representatives of the First Nations, Treaty First Nations or Metis community and 1 required a collateral with a Child/Youth Special Needs social worker), 16 had documented collaterals but failed to complete necessary collaterals with Delegated Aboriginal Agencies or designated representatives of the First Nations, Treaty First Nations or Metis community (one of these also required a collateral with a Child/Youth Special Needs social worker), 3 had protection

responses that were ended prior to completing collaterals and the rationales for the decisions were not appropriate, and 5 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, made contact with the parents prior to making contact with collaterals. The audit also assessed whether these discussions identified which collateral contacts could provide the necessary information and reached agreements with the parents about the plans to gather information from specific collaterals. Of the 61 records in the Incident sample, 57 were deemed to require FDR protection responses. Of these 57 records, 39 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 61 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 = 66)

| Measure | Total Applicable | # Not Achieved | % Not Achieved | # Achieved | % Achieved |
|---|------------------|----------------|----------------|------------|------------|
| FS 14: Assessing the Risk of Future Harm | 66* | 10 | 15% | 56 | 85% |
| FS 15: Determining the Need for Protection Services | 66* | 13 | 20% | 53 | 80% |
| FS 16: Timeframe for Completing the FDR Assessment or the Investigation | 66* | 52 | 79% | 14 | 21% |

*Total Applicable includes the sample of 61 Incidents augmented with the addition of 4 Memos and 1 Service Request with inappropriate non-protection responses.

FS 14: Assessing the Risk of Future Harm

The compliance rate for this critical measure was **85%**. The measure was applied to all 66 records in the augmented sample; 56 of the 66 records received ratings of achieved and 10 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 10 records that received ratings of not achieved, 2 did not have Vulnerability Assessments, 3 had protection responses that were ended prior to completing the Vulnerability Assessments and the rationales for the decisions were not appropriate, and 5 Memos/Service Requests had inappropriate non-protection responses.

Of the 56 records where the Vulnerability Assessments were completed, the range of time it took to complete the forms was between 4 days and 575 days, with the average time being 102 days (see appendix for a bar graph).

FS 15: Determining the Need for Protection Services

The compliance rate for this critical measure was **80%**. The measure was applied to all 66 records in the augmented sample; 53 of the 66 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, 5 had decisions to not provide FDR protection services or ongoing protection services and these decisions were not consistent with the information obtained, 3 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 5 Memos/Service Requests had inappropriate non-protection responses.

In 4 of the 5 records that had decisions to not provide FDR protection services or ongoing protection services that were inconsistent with the information obtained, further information was collected by the social workers and/or supports were subsequently provided to the families which adequately addressed the risk factors presented in the initial reports and documented family histories. The remaining record was brought to the attention of the involved team leader (TL) and director of operations (DOO), as well as the executive director of service (EDS) because the information in the record suggested that the child(ren) may have been left at risk of harm at the time the record was audited.

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

The compliance rate for this critical measure was **21%**. The measure was applied to all 66 records in the augmented sample; 14 of the 66 records received ratings of achieved and 52 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 52 records that received ratings of not achieved, 47 did not have the FDR assessments or investigations completed within 30 days and 5 Memos/Service Requests had inappropriate non-protection responses.

Of the 47 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 35 and 589 days, with the average being 135 days (see appendix for a bar graph).

3.5 Strength and Needs Assessment and Family Plan

Table 5 provides compliance rates for measures FS 17 to FS 21, which relate to the completion of the Family and Child Strengths and Needs Assessment and the Family Plan. The rates are presented as percentages of all records to which the measures were applied. The records included the selected sample of 35 open FS cases and 14 closed FS cases.

Table 5: Strength and Needs Assessment and Family Plan (N = 49)

| Measure | Total Applicable | # Not Achieved | % Not Achieved | # Achieved | % Achieved |
|--|------------------|----------------|----------------|------------|------------|
| FS 17: Completing a Family and Child Strengths and Needs Assessment | 49 | 24 | 49% | 25 | 51% |
| FS 18: Supervisory Approval of the Family and Child Strengths and Needs Assessment | 49 | 30 | 61% | 19 | 39% |
| FS 19: Developing the Family Plan with the Family | 49 | 33 | 67% | 16 | 33% |
| FS 20: Timeframe for Completing the Family Plan | 49 | 38 | 78% | 11 | 22% |
| FS 21: Supervisory Approval of the Family Plan | 49 | 41 | 84% | 8 | 16% |

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

The compliance rate for this critical measure was **51%**. The measure was applied to all 49 records in the samples; 25 of the 49 records received ratings of achieved and 24 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 24 records that received ratings of not achieved, 21 did not contain Family and Child Strengths and Needs Assessments and 3 contained incomplete Family and Child Strengths and Needs Assessments.

Of the 25 records that received ratings of achieved, 11 had Family and Child Strengths and Needs Assessments completed within the most recent 6 month protection cycle and 14 did not have Family and Child Strengths and Needs Assessments completed within the most recent 6 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 **39%**. The measure was applied to all 49 records in the sample; 19 of the 49 records received ratings of achieved and 30 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 30 records that received ratings of not achieved, 21 did not contain Family and Child Strengths and Needs Assessments, 3 contained incomplete Family and Child Strengths and Needs Assessments (that were not approved by the supervisors) and 6 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 **33%**. The measure was applied to all 49 records in the samples; 16 of the 49 records received ratings of achieved and 33 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 33 records that received ratings of not achieved, 29 did not have Family Plans or equivalents and 4 had Family Plans or equivalents but they were not developed in collaboration with the families.

Of the 16 records that received ratings of achieved, 6 had completed the Family Plans or equivalents after the completion of the Family and Child Strengths and Needs Assessments and 10 had completed the Family Plans or equivalents without first completing the Family and Child Strengths and Needs Assessments.

Of the 29 records that did not have Family Plans or equivalents, 1 open FS Case was brought to the attention of the involved team leader (TL) and director of operations (DOO), as well as the executive director of service (EDS) because the information in the record suggested that the children may have been left at risk of harm at the time the record was audited.

FS 20: Timeframe for Completing the Family Plan

The compliance rate for this critical measure was **22%**. The measure was applied to all 49 records in the samples; 11 of the 49 records received ratings of achieved and 38 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 within the 12 month time frame of the audit) and the Family Plan was revised within the most recent 6 month protection cycle.

Of the 38 records that received ratings of not achieved, 29 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) and 6 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 cycles.

FS 21: Supervisory Approval of the Family Plan

The compliance rate for this critical measure was **16%**. The measure was applied to all 49 records in the samples; 8 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 Family Plan or equivalent that was approved by the supervisor.

Of the 41 records that received ratings of not achieved, 29 did not have Family Plans or equivalents and 12 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 35 open FS Cases and 14 closed FS Cases.

Table 6 Reassessment and the Decision to End Protection Services (N = 49)

| Measure | Total Applicable | # Not Achieved | % Not Achieved | # Achieved | % Achieved |
|--|------------------|----------------|----------------|------------|------------|
| FS 22: Completing a Vulnerability Reassessment or Reunification Assessment | 49 | 33 | 67% | 16 | 33% |
| FS 23: Making the Decision to End Ongoing Protection Services | 14* | 3 | 21% | 11 | 79% |

* Total Applicable includes the sample of 14 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 49 records in the samples; 16 of the 49 records received ratings of achieved and 33 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 33 records that received ratings of not achieved, 27 did not have Vulnerability Reassessments or Reunification Assessments completed within the most recent 6 month protection cycle.

6 had incomplete Vulnerability Reassessments or Reunification Assessments within the most recent 6 month protection cycle. Of the 27 records that did not have Vulnerability Reassessments or Reunification Assessments completed within the most recent 6 month protection cycle, 21 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 **79%**. The measure was applied to all 14 records in the closed FS Case sample; 11 of the 14 records received ratings of achieved and 3 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 3 records that received ratings of not achieved, 1 ended protection services without completing a Vulnerability Re-assessment within the last 6-month protection services cycle, 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, and 1 ended protection services after the family did not demonstrate improvements as identified in the Family Plan and the family did not show an ability to access/use formal and informal resources.

Of the 3 records that had decisions to end protection services that were inconsistent with the information obtained, 1 closed FS Case was brought to the attention of the involved team leader (TL) and director of operations (DOO), as well as the executive director of service (EDS) because the information in the record suggested that the children may have been left at risk of harm at the time the record was audited.

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, 4 records were identified for action because the information in the records suggested that the children may have been at risk at the time the records were audited. The TLs, DOOs and EDSs were immediately notified and subsequently confirmed that they were following up as appropriate.

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 **62%**.

4.1 Strengths and Challenges of the Screening Process

Overall, the Northeast SDA (with the support of Provincial Central Screening) received high compliance rates for the screening process outlined in the Child Protection Response Policies. There was extremely high (97%) compliance for the critical measure associated with gathering full and detailed information (FS 1). Almost all of the records contained information that was sufficient to assess and respond to the reports and determine appropriate pathways. Of the records that received ratings of not achieved, 2 out of 5 were faxed reports from the RCMP to a SDA district office that were missing key pieces information and the social workers did not follow up with police to obtain more information.

The compliance rate for conducting an IRR (FS 2) was significantly lower than the other aspects of the screening process with 28% compliance. Over two thirds of the records were missing checks of Best Practices. Ensuring that all social workers are aware that checking Best Practices is required, regardless of whether a family is identified as Indigenous, may increase compliance with this measure. In addition, almost half of the records that received not achieved ratings 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 numbers of past Service Requests and Incidents within ICM and Best Practices and identify the previous issues or concerns. Given that this work is often completed by Provincial Central Screening prior to transferring records, it is important that the receiving offices verify the information documented in the IRRs to ensure accuracy.

There was moderately high (72%) compliance for the critical measure associated with completing the Screening Assessment (FS 3). Almost all of the records that received ratings of not achieved had Screening Assessments completed beyond 24 hours.

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

There was very high (91%) compliance for the critical measure associated with determining a response priority timeframe (FS 5). Of the 6 records that received ratings of not achieved, 5 were inappropriately coded as non-protection and 1 had a response priority timeframe of 5 days but the reported concerns should have been responded to immediately or within 24 hours.

4.2 Strengths of FDR Assessment or Investigation

The critical measures associated with the FDR assessment or investigation process received high compliance rates but were negatively impacted by the 5 records that received ratings of not achieved at the critical measure associated with determining whether the report requires a protection or non-protection response (FS 4). These 5 records also received ratings of not achieved from critical measures FS 5 to FS 16. In addition, the compliance rates were negatively impacted by records where the 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 moderate (61%) compliance. The primary reason for the not achieved ratings was the missing Safety Plans that should have been developed to address the risk factors that were identified during the first significant contacts with the families. Reviewing the procedures in regards to 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 (88%). It is positive to note that all of the records with completed Safety Assessment forms had safety decisions that were consistent with the information documented in the Safety Assessments. The 8 records that received ratings of not achieved did not have Safety Assessment forms.

The critical measure associated with meeting with or interviewing the parents and other adults in the family home (FS 10) received a moderate (68%) compliance rate. Of all the records with completed FDR assessments or investigations, 12 did not document protective interviews with the parents. It is important to note that of these 12, 10 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 high (76%) compliance rate. Of all the records with completed FDR assessments or investigations, 9 did not document private, face-to-face conversations/interviews with every child or youth who lived in the family homes.

There was high (80%) compliance with the critical measure associated with visiting the family home (FS 12). Of all the records with completed FDR assessments or investigations, 5 did not describe the social workers observing the children's or youth's living situations and no documentation of consultations with supervisors in regards to exceptions to this requirement.

There was high (85%) 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, 2 did not have Vulnerability Assessments. Overall the completion of Vulnerability Assessments was high and they are being 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 high (80%) compliance rate.

Of all the records with completed FDR assessments or investigations, 3 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 a number of areas of strength in the FDR assessment and investigation processes as outlined above, there is room for improvement in some key areas. The first challenge is in regards to the critical measure associated with conducting a DRR (FS 6) which received a low (41%) 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 the missing checks of Best Practices in the IRRs were not completed as part of the DRRs.

There was very low (23%) 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 working with collateral contacts (FS 13) received a moderately low (53%) 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.

The final critical measure in regards to the FDR assessment or investigation processes is associated with the timeframe for completing the FDR assessment or investigation (FS 16) which received a very low (21%) compliance rate. It was evident in reviewing the records that there were many factors contributing to work not being completed in a timely manner. One way to increase compliance with this critical measure would be for supervisors to consider approving extensions to the timeframe for the FDR assessments and investigations and 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 to provide a foundation for the provision of effective ongoing child protection services. Over half (51%) of the records had a completed Family and Child Strengths and Needs Assessments (FS 17). Of the records that had Family and Child Strength and Needs Assessments completed within the 12 month audit time frame, less than half of these (44%) were completed during the last six month protection cycles.

The critical measure associated with the supervisory approval of the Family and Child Strengths and Needs Assessment (FS 18) also had low (39%) compliance. Twenty-four (24) of the applicable records did not have a Family and Child Strengths and Needs Assessment resulting in only 25 out of 49 records with completed Family and Child Strength and Needs Assessments with 6 of the completed assessments not 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 (33%) compliance rate. The critical measure associated with the timeframe for completing the Family Plan (FS 20) received a very low (22%) compliance rate. The critical measure associated with the supervisory approval of the Family Plan (FS 21) received an extremely low (16%) 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. 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 moderately high (79%) compliance rate. All of records that received achieved ratings had well documented and appropriate decisions regarding file closures. The 3 records that received not achieved ratings had limited documentation of monitoring leading up to file closures and the documentation to support the decisions was also lacking.

5. ACTIONS TAKEN TO DATE

On November 6, 2018, members of Quality Assurance met with the SDA's leadership to discuss the findings and begin developing an action plan. During the meeting, the SDA identified the following actions taken within the previous 12 months that addressed some of the findings in this report.

- In January/February 2018, the staff in the Fort St. John, Dawson Creek and Chetwynd offices received 'Call to Case Closure' training. NOTE: Not all offices were involved in training due to staffing shortages and budget constraints.
- In May/June 2018, the staff in the Dawson Creek and Chetwynd offices received SDM Tool Training.

6. ACTION PLAN

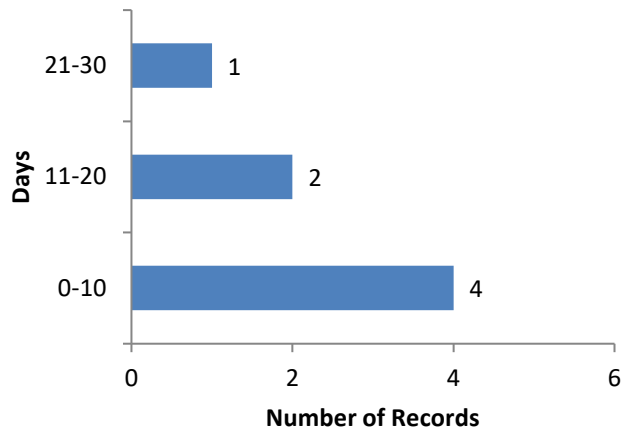
| ACTION | PERSON RESPONSIBLE | OUTCOME | COMPLETION DATE |
|---|---|---|-----------------|
| 1. Review with staff the requirements for completing an IRR and DRR, including a check of Best Practices. Confirmation of this review, with completion date, to be sent to the Manager of Quality Assurance. | Director of Operations and Director of Practice to plan with Practice Consultant. | The assessment of a report will be based on complete and accurate information. | 2019Mar31 |
| 2. Review with staff the timeline for completing the Safety Assessment form and develop strategies to assist with meeting this timeline. Confirmation of this review, with completion date, to be sent to the Manager of Quality Assurance. | Director of Operations to plan with supervisors. | The safety and wellbeing of children and youth are addressed in a timely manner. | 2019Mar31 |
| 3. Review with staff Policy 1.6(4) Collateral Contact When Child is Indigenous. Confirmation of this review, with completion date, to be sent to the Manager of Quality Assurance. | Director of Operations and Director of Practice to plan with Practice Consultant. | Indigenous children and families are connected with extended family and community members and have access to the most appropriate services and supports in their communities. | 2019Mar31 |
| 4. Review with staff the timeline for completing a protection response and the requirements for extending this timeline. Confirmation of this review, with completion date, to be sent to the Manager of Quality Assurance. | Director of Operations to plan with supervisors. | The safety and wellbeing of children and youth are addressed in a timely manner. | 2019Mar31 |

| | | | |
|---|---|--|-----------|
| 5. Review with staff the five key elements of a Family Plan and ensure that any equivalent plan developed during a family meeting contains these elements and a place to document the participation/approval of the supervisor. Confirmation of this review, with completion date, and the template used during family planning meetings, to be sent to the Manager of Quality Assurance. | Director of Operations to plan with supervisors, including the supervisor responsible for Collaborative Practice. | Families understand how their progress will be measured. | 2019Mar31 |
|---|---|--|-----------|

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

In reviewing the 208 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.

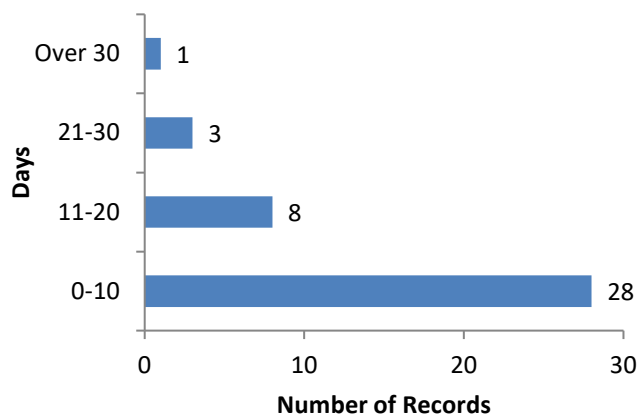
Figure 1: Timeframe for IRR completion, if not completed within 24 hours (FS 2)



Note:

1. N = 7 of 208 records are included in this time calculation. Includes 7 records that received ratings of not achieved on FS 2 because the IRR was not completed within 24 hours (200 of the 208 records completed the IRR within 24 hours).
2. 1 record that received ratings of not achieved on FS 2 because the IRR was not completed within 24 hours is not included in this chart as the call date for this record was not accurately recorded so the timeframe between the call being received and the completion of the IRR was unable to be determined.

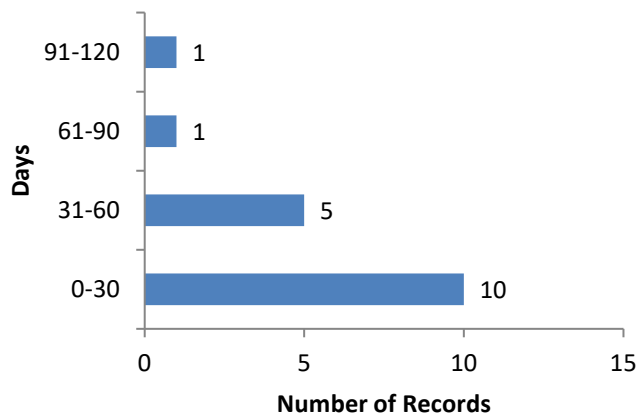
Figure 2: Timeframe for completion of Screening Assessment, if not completed within 24 hours (FS 3)



Note:

1. N = 40 of 208 records are included in this time calculation. Includes 40 records that received ratings of not achieved on FS 3 because the IRR was not completed within 24 hours.

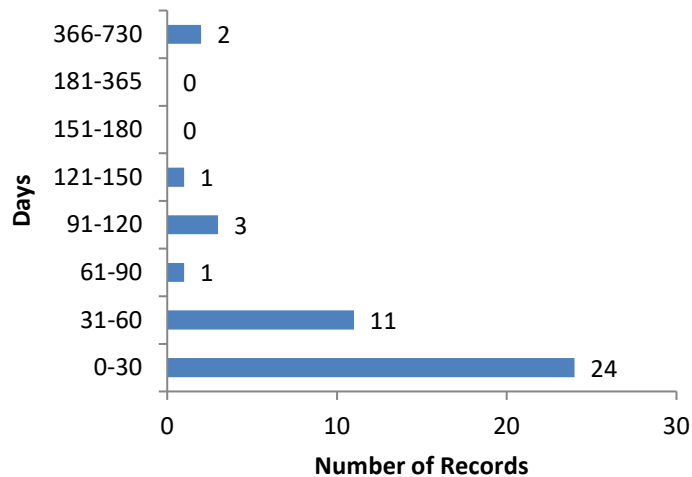
Figure 3: Timeframe to make contact with the family, if contact not made within the timeframe of the assigned response priority (FS 5)



Note:

1. N = 17 of 208 records are included in this time calculation. Includes 17 records where the family was not contacted within the timeframe of the assigned response priority.

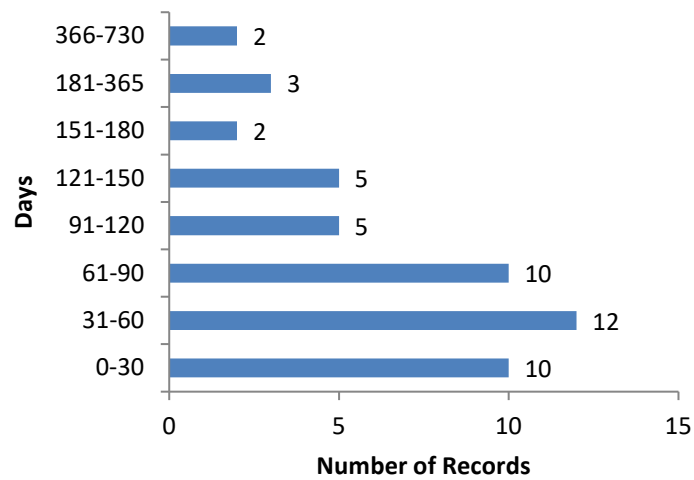
Figure 4: Timeframe to complete the Safety Assessment form, if not documented within 24 hours of the completion of the safety assessment process (FS 8)



Note:

1. N = 42 of 208 records are included in this time calculation. Includes 42 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.

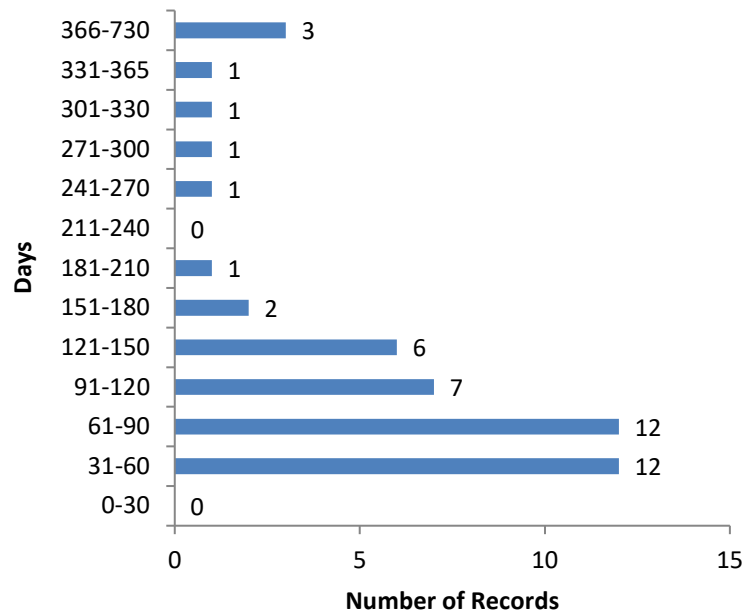
Figure 5: Timeframe to complete the Vulnerability Assessment from the date the report was received? (FS 14)



Note:

1. N = 49 of 208 records are included in this time calculation. Includes 49 records rated achieved at FS 14 because the Vulnerability Assessment was completed.

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



Note:

1. N = 47 of 208 records are included in this time calculation. Includes 47 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.