



Okanagan Service Delivery Area

# Family Service Practice Audit

Report Completed: January 2020

Office of the Provincial Director of Child Welfare and Aboriginal Services

Quality Assurance Branch

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## INTRODUCTION

This report contains information and findings related to a family service practice audit that was conducted in the Okanagan Service Delivery Area (SDA) from January to May 2018.

Practice audits are conducted regularly by practice analysts in the Quality Assurance Branch of the Provincial Director of Child Welfare and Aboriginal Services Division across several of the Ministry of Children and Family Development (MCFD) service lines and for services provided by a delegated Aboriginal agency (DAA) under the Child, Family and Community Service Act (CFCSA). The audits inform continuous improvements in policy, practice, and overall service delivery. They provide quality assurance oversight and demonstrate public accountability.

Family service practice audits are 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. The Child Protection Response Model contains the policies, standards, and procedures that support the duties and functions carried out by delegated child protection social workers under the CFCSA. These duties and functions are designed to ensure the safety and wellbeing of children and youth in the province.

### 1. SUMMARY OF FINDINGS

The practice audit is based on a review of the following records which represent different aspects of the Child Protection Response Model: service requests, incidents (investigations and family development responses (FDR)), and family service (FS) cases. The samples contained 60 closed service requests, 60 closed memos, 66 closed incidents, 54 open FS cases, and 42 closed FS cases. For service requests, memos and incidents, the review focused on all electronic information documented in the Integrated Case Management (ICM) database for records that were closed between December 1, 2016 and November 30, 2017. For open FS cases, the review focused electronic information documented in ICM and physical information documented in the files during a specific 12-month period (December 1, 2016 and November 30, 2017). For closed FS cases, the review focused electronic information documented in ICM and physical information documented in the files during the 12-month period prior to the closures for records closed between June 1, 2017 and November 30, 2017.

The overall compliance score for the family service practice audit of the Okanagan SDA was **53%**. The following sub-sections contain the findings and observations of the practice analysts within the context of the policy, standards and procedures that informed the design of the 23 critical measures. Some of the findings relate to specific critical measures and corresponding policy requirements, while others are informed by themes that emerged across several measures.

## 1.1 Screening Process

Ministry policy requires that relevant information about a child or youth, who is reported to be in need of protection, is gathered and assessed by a delegated child protection worker within a timeframe appropriate to the reported circumstances. The assessment determines whether the report requires a protection or non-protection response and, if a protection response is required, the most appropriate response priority timeframe. Some of the intended outcomes of this policy are that the assessments of reports are based on complete and accurate information, that the safety and wellbeing of children or youth are addressed in timely and appropriate manner and that children, youth and families receive available services to address their needs.

The standards of practice associated with this policy include: gather full and detailed information from the caller to sufficiently assess and respond to the report; conduct an initial records review (IRR); complete a Screening Assessment; and determine whether the report requires a protection or non-protection response. For a report requiring a protection response, the standard of practice requires determining an appropriate response priority timeframe. It must be noted that practice relating to the screening process is conducted by Provincial Centralized Screening and the SDAs. The records that were applicable to the critical measures related to the screening process reflect the practice from both sources. Specifically, less than one-third (30%) of all calls and reports that resulted in memos, service requests and incidents were received and documented by the Okanagan SDA.

The practice analysts found almost all the records documented sufficient information from the callers to assess and respond to the reports. Consistent use of the Screening Assessment was identified as a strength in Provincial Centralized Screening and the Okanagan SDA. Less than three-quarters of the records contained Screening Assessments that were completed within the required 24 hours. The practice analysts found less than one-quarter of the records contained initial record reviews (IRR) that met all the requirements as outlined in the standard. Almost all the records had correct decisions about whether the reports required protection or non-protection responses. Lastly, all the incidents that correctly deemed the reports as requiring protection responses also identified the appropriate determinations regarding the response priority timeframes.

## 1.2 FDR Assessments and Investigations

Ministry policy stipulates that FDR is the primary protection response for a screened-in report that meets the following criteria: the circumstances do not involve severe physical abuse or severe neglect; and the parents are able and willing to participate in collaborative assessment and planning. Conversely, ministry policy stipulates that an investigation is the protection response for a screened-in report that meets the following criteria: the circumstances involve severe physical abuse or severe neglect; the parents are unable or unwilling to participate in

collaborative assessment and planning; or there is an open FS case for the family and at least one child/youth is out of the home due to protection reasons. Some of the intended outcomes of these policies are: that children and youth are safe from immediate threats of harm or maltreatment; that children and youth who are vulnerable to future maltreatment are identified; that families are engaged in the assessment and decision-making processes; and that Indigenous children and families are connected with their extended families and community members and have access to the most appropriate services and supports in their communities.

The standards of practice associated with these policies include: conduct a detailed record review (DRR); assess the safety of the child or youth during the first significant involvement with the family; document a Safety Assessment within 24 hours and, if there are concerns about the child/youth's immediate safety, develop and document a Safety Plan; complete in-person interviews with the parents and other adults living in the family home; have a private face-to-face conversation with every child or youth living in the home to the extent possible according to their developmental level; visit the family home; conduct collateral checks; assess the risk of future harm; determine whether there is a need for FDR protection services or ongoing protection services; and complete the FDR assessment or investigation within 30 days of receiving a report.

The practice analysts found that one-tenth of the records contained DRRs that met all the requirements as outlined in the standard. Two-thirds of the records had documentation confirming that the immediate safety of children and youth was assessed during the first significant contacts with the families. The requirement to complete the Safety Assessment forms within 24 hours was met in over one-quarter of the records. However, almost all the incidents that correctly deemed the reports as requiring protection responses and contained completed Screening Assessment forms also identified safety decisions that were consistent with the documentation. Over half the records contained interviews with parents and other adults in the homes that met all the requirements as outlined in the standard and, similarly, over half the records documented conversations with all children and youth living in the family homes met all the requirements as outlined in the standard. The practice analysts found less than two-thirds of the records documented the required visits to the family homes.

Child protection social workers are required to establish and maintain contact with support people and collateral sources of information who have significant knowledge about the child, youth and/or family. In conducting the audit, the practice analysts found that over one-third of the records contained the necessary collateral checks as outlined in the standard. The primary reasons for not meeting the standard were the failure to document any collateral information and the failure to document information from necessary collateral contacts, especially from the associated DAAs or designated representatives of the First Nations, Treaty First Nations or the Metis community.

Standards require child protection social workers to assess the risk of future harm as part of an FDR or investigation and determine whether there is a need for FDR protection services or ongoing protection services. Standards further require that an FDR assessment phase or investigation is completed within 30 days of receiving a report or, if an FDR assessment or investigation cannot be completed within 30 days, supervisory approval for an extension to this timeframe is documented. The practice analysts found over two-thirds of the records contained completed Vulnerability Assessments and that less than one-quarter of the protection responses were completed with the required timeframe of 30 days. With respect to determining whether there was a need for FDR protection services or ongoing protection services, the practice analysts identified two records with decisions to not provide ongoing protection services that appeared inconsistent with the documentation.

It is important to note that higher compliance would have been achieved to the standards related to assessing safety, interviews, home visits, collateral checks and Vulnerability Assessments had two protection responses not inappropriately ended prior to the social workers meeting with the families and had ten reports about child safety not been inappropriately screened out for child protection responses. These incorrect decisions had a negative impact on the compliance ratings for the above critical measures.

### **1.3 Open and Closed Family Service Cases**

Ministry policy requires that ongoing protection services involving continuous assessment, planning, and service provision, begin after an FDR or investigation has concluded that interventions need to remain in place to ensure the child/youth's safety and well-being while the child/youth lives with their parents or lives outside of the family home. Furthermore, policy requires that the six-month practice cycle for ongoing protection services begins after a Family Plan has been developed and implemented and includes the following components: continual evaluation of the family's progress; reassessment and analysis; and revised planning. Furthermore, policy requires that the decision to end ongoing protection services is made through reviewing the case and is based on a determination that the safety and well-being of the child/youth is sufficiently supported without further involvement of protection services.

Some of the intended outcomes of these policies are: that the vulnerability of children and youth to future harm or maltreatment is reduced; that families are fully engaged in the assessment and planning processes; that children, youth and families receive services and/or participate in strategies identified in their Family Plans; that Indigenous communities are involved in ongoing protection services in accordance with any agreements in place between them and the director; that families understand how their progress will be measured; and that families, extended families and communities are able to assume responsibility for the safety and well-being of children/youth without the involvement of child protection services.

The standards of practice associated with these policies include: complete an assessment of the strengths and needs of the child/youth and family that is reviewed and approved by a supervisor; collaborate with the family to create a Family Plan or its equivalent; revising, at least every six months, assessments and planning with the family and others involved; and make the determination to conclude ongoing protection services in consultation with a supervisor, with the supervisor's approval of the decision documented.

The practice analysts found less than half of the records had completed Family and Child Strengths and Needs Assessments (FSNA). Of the completed FSNA's, over two-thirds (68%) were signed by supervisors. With respect to family collaboration, the practice analysts found one-third of the cases contained written Family Plans, or equivalents, that met all the requirements as outlined in the standard. There was low compliance to completing the Family Plans within the required timeframes and, of the completed Family Plans, two-thirds (66%) documented supervisory approvals. The lack of Family Plans raises a concern that many families may not have been given opportunities to contribute directly to the development of strategies that will provide them the supports they require to address the child protection concerns.

The child protection social worker is required to revise, at least every six months, the Vulnerability Reassessment or Reunification Assessment with the family and others involved. Less than one-quarter of the open and closed FS cases were found to have Vulnerability Reassessments or Reunification Assessments as required by policy. The intent of these two SDM tools is to aid social workers and supervisors 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 practice analysts found over three-quarters of the closed FS cases had this required documentation; namely Vulnerability Reassessments or Reunification Assessments completed in their entirety within six months prior to the closure dates.

Within the open and closed FS cases, the practice analysts observed that many of the records lacked all the required SDM tools within the audit timeframe. Specifically, 29% (29 of the 96) of records in the open and closed FS case samples did not contain FSNA's, Family Plans or equivalents, or Vulnerability Reassessments/Reunification Assessments (does not include cases with incomplete SDM tools). This led to the question about whether these records were indeed protection, as labelled in ICM. 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 services include a recently completed Vulnerability Re-assessment or Reunification Assessment with a rating of "low risk" and supervisory approval designating the change from a protection to a non-protection case.

## 2. ACTION PLAN

Actions	Persons Responsible	Outcomes	Completion Dates
<p>1. Review the policies and procedures associated with completing the SDM tools for investigations and FDRs, approving extensions to timeframes and supervisory consultations at key decision points with all child protection supervisors. This review will also include the policies associated with completing IRRs. 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>Social workers providing child protection responses and ongoing family service will receive timely supervision that supports competent, strength based, practice.</p> <p>Children, youth and families receive timely and effective services that are based on comprehensive assessments.</p>	<p>April 30, 2020</p>
<p>2. Review Policy 1.6: Working with Service Providers and Collateral Contacts with all staff providing child protection responses. This review will have an emphasis on the importance of having an approach that engages and works with families and community in accordance with the principles of admin fairness (see appendix D). 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 and youth who are vulnerable to future maltreatment are identified.</p> <p>Indigenous communities are partners in keeping children and youth safe.</p>	<p>April 30, 2020</p>
<p>3. Review the policies and procedures associated with completing the SDM tools and Family Plans for ongoing protection services with family service supervisors. This</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>April 30, 2020</p>



<p>review will have an emphasis on the importance of completing the SDM tools and Family Plans in collaboration with the families. Confirmation that this review has been completed will be sent, via email, to the Manager of Quality Assurance.</p>		<p>Families understand how their progress will be measured</p> <p>Families can assume responsibility for the safety and well-being of children/youth without the involvement of child protection services</p>	
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## APPENDIX

### A. METHODOLOGY

Five samples of 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 Okanagan SDA**

Record status and type	Total number at SDA level	Sample size
Closed service requests	560	60
Closed memos	519	60
Closed incidents	2231	66
Open FS cases	256	54
Closed FS cases	101	42

More 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” excluding 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 service cases with a service basis of protection open in the SDA on November 30, 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 June 1, 2017 and November 30, 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 two practice analysts on the provincial audit team for review. The practice 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 practice 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 practice analysts reviewed each record in its entirety from opening to closing. In reviewing the open FS cases, the practice analysts focused on practice that occurred during a specific 12-month period (December 1, 2016 and November 30, 2017). In reviewing the closed FS cases, the practice analysts focused on practice that occurred during the 12-months 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"> <li>• Memos</li> <li>• Service requests</li> <li>• Incidents</li> </ul>
FS5 – FS16	<ul style="list-style-type: none"> <li>• Incidents</li> <li>• Memos and service requests with inappropriate non-protection responses</li> </ul>
FS17 – FS22	<ul style="list-style-type: none"> <li>• Open and closed FS cases</li> </ul>
FS23	<ul style="list-style-type: none"> <li>• Closed FS cases</li> </ul>

Quality assurance policy and procedures require practice analysts to identify for action any record that suggests a child may need protection under section 13 of the Child, Family and Community Service Act. During this audit, practice analysts watched for situations in which the information in the records suggested that the children may have been left at risk of harm at the time the record was audited and therefore in need of further protection services. During this audit, no records were identified for action.

## B. DETAILED FINDINGS AND ANALYSIS

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

There was a combined total of 282 records in the five samples selected for this audit. However, not all the measures in the audit tool were applicable to all records in the selected samples. The “Total Applicable” column in the tables contains the total number of records to which the measure was applied.

The SDA overall compliance rate was **53%**.

### **b.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 60 closed service requests, 60 closed memos and 66 closed incidents. The 186 records reflect practice in both the Okanagan SDA and Provincial Centralized Screening. Specifically, 55 of the records were initiated by the SDA and 131 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. The breakdowns provided in the analysis under each measure are for information purposes only.

**Table 1: Report and Screening Assessment (N = 186)**

<b>Measure</b>	<b>Total Applicable</b>	<b># Not Achieved</b>	<b>% Not Achieved</b>	<b># Achieved</b>	<b>% Achieved</b>
FS 1: Gathering Full and Detailed Information	186	10	5%	176	95%
FS 2: Conducting an Initial Record Review (IRR)	186	148	80%	38	20%
FS 3: Completing the Screening Assessment	186	54	29%	132	71%
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response	186	13	7%	173	93%

#### **FS 1: Gathering Full and Detailed Information**

The compliance rate for this critical measure was **95%**. The measure was applied to all 186 records in the samples: 176 received the rating of achieved and ten received the rating of not achieved. Of the 176 records that received the rating of achieved, 49 documented practice by the SDA and 127 documented practice by Provincial Centralized Screening. To receive the rating of achieved, the information gathered from the caller was full, detailed and sufficient to determine an appropriate pathway.

Of the ten records that received the rating of not achieved, all reports were about children/youths' need for protection (six documented practice by the SDA and two documented practice by Provincial Centralized Screening) and 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 **20%**. The measure was applied to all 186 records in the samples: 38 received the rating of achieved and 148 received the rating of not achieved. Of the 38 records that received the rating of achieved, nine documented practice by the SDA and 29 documented practice by Provincial Centralized Screening. To receive the rating of achieved:

- 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 148 records that received the rating of not achieved, 46 documented practice by the SDA and 102 documented practice by Provincial Centralized Screening. Of these 148 records, 17 did not document IRRs (12 documented practice by the SDA and five documented practice by Provincial Centralized Screening), 108 IRRs did not include checks of Best Practice (32 documented practice by the SDA and 76 documented practice by Provincial Centralized Screening), 73 IRRs did not contain sufficient information (14 documented practice by the SDA and 59 documented practice by Provincial Centralized Screening), eight IRRs did not indicate that appropriate child protection authorities in other jurisdictions were contacted as required (two documented practice by the SDA and six documented practice by Provincial Centralized Screening) and nine IRRs were not documented within 24 hours of receiving the reports (six documented practice by the SDA and three documented practice by Provincial Centralized Screening). Of the nine IRRs that were not documented within 24 hours, one did not document the date the IRR was completed and the range of time it took to complete the remaining eight IRRs was between two and 330 days, with the average time being 48 days (see appendix for bar graph). The total adds to more than the number of records that received the rating of not achieved because 61 records had combinations of the above noted reasons.

### **FS 3: Completing the Screening Assessment**

The compliance rate for this critical measure was **71%**. The measure was applied to all 186 records in the samples: 132 received the rating of achieved and 54 received the rating of not

achieved. Of the 132 records that received the rating of achieved, 24 documented practice by the SDA and 108 documented practice by Provincial Centralized Screening. To receive the rating of achieved, a Screening Assessment that 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 54 records that received the rating of not achieved, 31 documented practice by the SDA and 23 documented practice by Provincial Centralized Screening. Of these 54 records, five contained incomplete Screening Assessments (all five by Provincial Centralized Screening) and 49 Screening Assessments were not documented within the required timeframe (31 documented practice by the SDA and 18 documented practice by Provincial Centralized Screening). Of the 49 Screening Assessments completed beyond the required timeframe, 18 were completed after the records were transferred to the SDA by Provincial Centralized Screening. Of the 49 Screening Assessments completed beyond the required timeframe, none required the Screening Assessment to have been completed immediately and the range of time it took was between two and 331 days, with the average time being 32 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 **93%**. The measure was applied to all 186 records in the samples: 173 received the rating of achieved and 13 received the rating of not achieved. To receive the rating of achieved, the decision to provide protection or non-protection response decision was appropriate and consistent with the information gathered.

Of the 13 records that received the rating of not achieved, eight were memos, two were service requests and three were incidents. The ten memos/service requests were added to the incident sample from FS 5 to FS 16 and received the rating of not achieved for these measures because either the required protection responses were not provided (four records) or there were partial protection responses documented but the records were not converted to incidents, as required (six records). Of these ten 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 three incidents that received the rating of not achieved for FS4 were removed from the incident sample from FS 5 to FS 16, because the protection responses were not required.

#### **b.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 66 closed incidents augmented with the records described in the note below the table.

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

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 5: Determining the Response Priority	73*	10	14%	63	86%
FS 6: Conducting a Detailed Record Review (DRR)	73*	66	90%	7	10%
FS 7: Assessing the Safety of the Child or Youth	73*	24	33%	49	67%
FS 8: Documenting the Safety Assessment	73*	53	73%	20	27%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	73*	16	22%	57	78%

\*Total applicable includes the sample of 66 incidents augmented with the addition of 8 memos 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 **86%**. The measure was applied to all 73 records in the augmented sample: 63 received the rating of achieved and ten received the rating of not achieved. To receive the rating of achieved, the response priority timeframe was appropriate and, if there was an override, it was approved by the supervisor.

All ten records that received the rating of not achieved were memos/service requests with inappropriate non-protection responses.

The audit also assessed whether the families were contacted within the timelines determined by the assigned response priority timeframes (immediate/within 24 hours or within five days). Of the 63 incidents in the augmented sample, 33 confirmed that the families were contacted within the assigned response priorities, 24 did not confirm that the families were contacted within the assigned response priorities, five did not document the dates the families were contacted, and one was a protection response that ended prior to the expiration of the assigned response priority timeframe. Of the 24 records where the families were not contacted within the assigned response priorities, one was assigned the response priority timeframe of “immediate/within 24 hours” and the time it took to contact the family was four days and 23 were assigned the response priority timeframe of “within five days” and the range of time it took to contact the families was between six days and 331 days. The average time it took to contact all 24 families was 46 days (see appendix for bar graph).

### **FS 6: Conducting a Detailed Record Review (DRR)**

The compliance rate for this critical measure was **10%**. The measure was applied to all 73 records in the augmented sample: seven received the rating of achieved and 66 were rated not achieved. To receive the rating of achieved, 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 have 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 responses before the DDR were conducted and the rationale was documented and appropriate.

Of the 66 records that received the rating of not achieved, 45 did not document DRRs, five DRRs did not contain the information missing from the IRRs, six DRRs did not indicate how previous issues/concerns were addressed, six DRRs did not indicate the families' responsiveness to previous issues, six DRRs did not indicate the effectiveness of the last interventions, two were protection responses that ended prior to the DRRs being completed and the rationales for the decisions were not appropriate, and ten were memos/service requests with inappropriate non-protection responses. The total adds to more than the number of records that received the rating of not achieved because six 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 **67%**. The measure was applied to all 73 records in the augmented sample: 49 received the rating of achieved and 24 received the rating of not achieved. To receive the rating of achieved:

- 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 24 records that received the rating of not achieved, five either did not document the safety assessment processes or the documented safety assessment processes were not completed during the first significant contacts with the families, one did not contain a Safety Plan despite the fact that safety concerns were identified and the children/youth were not removed, three Safety Plans were not signed by the parents or approved by the supervisors, four Safety Plans were not signed by the parents, one was a protection response that ended prior to the first significant contact with the family and the rationale for the decision was not appropriate, and ten were memos/service requests with inappropriate non-protection responses.



**FS 8: Documenting the Safety Assessment**

The compliance rate for this critical measure was **27%**. The measure was applied to all 73 records in the augmented sample: 20 received the rating of achieved and 53 received the rating of not achieved. To receive the rating of achieved, 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 form was documented and the rationale was documented and appropriate.

Of the 53 records that received the rating of not achieved, three did not contain Safety Assessment forms, one contained an incomplete Safety Assessment form, 38 Safety Assessment forms were not completed within 24 hours after the safety assessment processes, one was a protection response that ended prior to the first significant contact with the family and the rationale for the decision was not appropriate and ten were memos/service requests with inappropriate non-protection responses. Of the 38 Safety Assessment forms that were not completed within 24 hours of the safety assessment processes, the range of time it took to complete the forms was between two days and 681 days, with the average time being 62 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 **78%**. The measure was applied to all 73 records in the augmented sample: 57 received the rating of achieved and 16 received the rating of not achieved. To receive the rating of achieved, 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 16 records that received the rating of not achieved, three did not contain Safety Assessment forms, one had an incomplete Safety Assessment form, one had a safety decision that was not consistent with the Safety Assessment form, one was a protection response that were ended prior to the first significant contact with the family and the rationale for the decision were not appropriate, and ten were memos/service requests with inappropriate non-protection responses.

**b.3 Steps of the FDR Assessment or Investigation**

Table 3 provides compliance rates for measures FS 10 to FS 13, which relate to meeting with or interviewing the parents and other adults in the family home, meeting with every child or youth who lives in the family home, visiting the family home and working with collateral contacts. The records included the selected sample of 66 closed incidents augmented with the records described in the note below the table.

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

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	73*	31	42%	42	58%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	73*	36	49%	37	51%
FS 12: Visiting the Family Home	73*	28	38%	45	62%
FS 13: Working with Collateral Contacts	73*	47	64%	26	36%

\*Total applicable includes the sample of 66 incidents augmented with the addition of eight memos and two service requests with inappropriate non-protection responses and the removal of three 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 **58%**. The measure was applied to all 73 records in the augmented sample: 42 received the rating of achieved and 31 received the rating of not achieved. To receive the rating of achieved, the social worker met with or interviewed the parents 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 31 records that received the rating of not achieved, seven did not confirm that the social workers met with or interviewed the parents, four confirmed that the mothers were interviewed but the fathers were not, seven did not confirm that the social workers met with or interviewed the other adults in the homes, three contained insufficient information from the interviews to assess the safety or vulnerability of the children/youth living in the homes, one was a protection response that ended prior to meeting or interviewing the parents and the rationale for the decision was not appropriate, and ten were memo/service requests with inappropriate non-protection responses. The total adds to more than the number of records that received the rating of not achieved because one record had a combination of the above noted reasons.

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

The compliance rate for this critical measure was **51%**. The measure was applied to all 73 records in the augmented sample: 37 received the rating of achieved and 36 received the rating of not achieved. To receive the rating of achieved, 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 36 records that received the rating of not achieved, 25 did not confirm that the social workers had private, face-to-face conversation with every child/youth living in the homes, one was a protection response that ended prior to conducting conversations with the children/youth and the rationale for the decision was not appropriate, and ten were memos/service requests with inappropriate non-protection responses. Of the 25 records that did not confirm private, face-to-face conversations with every child/youth living in the homes, nine did not document conversations with any of the children/youth, ten documented conversations with the subject children/youth but did not document conversations with siblings, three documented conversations with all children/youth, but the conversations were not private, and three documented conversations with all children/youth, but the content of the conversations were not sufficiently described.

#### **FS 12: Visiting the Family Home**

The compliance rate for this critical measure was **62%**. The measure was applied to all 73 records in the augmented sample: 44 received the rating of achieved and 28 received the rating of not achieved. To receive the rating of achieved, 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 28 records that received the rating of not achieved, 17 did not confirm that the social workers visited the family homes, one was a protection response that ended prior to visiting the family home and the rationale for the decision was not appropriate, and ten were memos/service requests with inappropriate non-protection responses.

#### **FS 13: Working with Collateral Contacts**

The compliance rate for this critical measure was **36%**. The measure was applied to all 73 records in the augmented sample: 26 received the rating of achieved and 47 received the rating of not achieved. To receive the rating of achieved:

- 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 47 records that received the rating of not achieved, 27 did not confirm that any collaterals were completed, 12 did not confirm that necessary collaterals were completed with Delegated Aboriginal Agencies or designated representatives of the First Nations, Treaty First Nations or Metis community, two did not confirm that necessary collaterals were completed with involved specialized services (one required a collateral with a Child/Youth Special Needs worker and one required a collateral with a Child/Youth Mental Health worker), two protection responses ended prior to completing collaterals and the rationales for the decisions were not appropriate, and ten memos/service requests had inappropriate non-protection responses. The total adds to more than the number of records that received the rating of not achieved because 13 records had combinations of the above noted reasons.

If the incidents were FDR responses, the audit also assessed whether the social workers contacted the parents prior to contacting 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 with completed FDR responses, 43 documented that the social workers contacted the parents prior to contacting collaterals. Furthermore, of these 61 records, 14 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.

#### **b.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 66 closed incidents augmented with the records described in the note below the table.

**Table 4: Assessing the Risk of Future Harm and Determining the Need for Protection Services (N = 73)**

<b>Measure</b>	<b>Total Applicable</b>	<b># Not Achieved</b>	<b>% Not Achieved</b>	<b># Achieved</b>	<b>% Achieved</b>
FS 14: Assessing the Risk of Future Harm	73*	23	32%	50	68%
FS 15: Determining the Need for Protection Services	73*	14	19%	59	81%
FS 16: Timeframe for Completing the FDR Assessment or the Investigation	73*	57	78%	16	22%

\*Total applicable includes the sample of 66 incidents augmented with the addition of eight memos and two service requests with inappropriate non-protection responses.

**FS 14: Assessing the Risk of Future Harm**

The compliance rate for this critical measure was **68%**. The measure was applied to all 73 records in the augmented sample: 50 received the rating of achieved and 23 received the rating of not achieved. To receive the rating of achieved, a 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 23 records that received the rating of not achieved, seven did not contain Vulnerability Assessments, three contained incomplete Vulnerability, one Vulnerability Assessment was not signed by the supervisor, two protection responses ended prior to completing Vulnerability Assessments and the rationales for the decisions were not appropriate, and ten memos/service requests had inappropriate non-protection responses.

The audit also assessed the time it took to complete the Vulnerability Assessments. Of the 50 records that received the rating of achieved, one protection response ended prior to completing a Vulnerability Assessment and the rationale for the decision was appropriate and the range of time it took to complete the remaining 49 forms was between seven days and 693 days, with the average time being 98 days (see appendix for a bar graph).

**FS 15: Determining the Need for Protection Services**

The compliance rate for this critical measure was **81%**. The measure was applied to all 73 records in the augmented sample: 59 received the rating of achieved and 16 received the rating of not achieved. To receive the rating of achieved, 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 16 records that received the rating of not achieved, two decisions to not provide FDR protection services or ongoing protection services were not consistent with the information obtained, two protection responses ended without completing all the required steps and the rationales for the decisions were not appropriate, and ten memos/service requests had inappropriate non-protection responses. With respect to the decisions to not provide FDR protection services or ongoing protection services that were inconsistent with the information obtained, further information was collected by the social workers and/or supports were subsequently provided to the families which adequately addressed the risk factors presented in the initial reports and documented family histories.

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

The compliance rate for this critical measure was **22%**. The measure was applied to all 73 records in the augmented sample: 16 received the rating of achieved and 57 received the rating of not achieved. To receive the rating of achieved, 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 the rating of not achieved, 45 FDR assessments or investigations were not completed within 30 days, two protection responses ended without completing all the required steps and the rationales for the decisions were not appropriate, and ten memos/service requests had inappropriate non-protection responses. Of the 45 FDR assessments or investigations that were not completed within 30 days, the range of time it took to complete the FDR assessments or investigations was between 31 and 693 days, with the average being 160 days (see appendix for a bar graph).

### **b.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 54 open FS cases and 42 closed FS cases.

**Table 5: Strength and Needs Assessment and Family Plan (N = 96)**

<b>Measure</b>	<b>Total Applicable</b>	<b># Not Achieved</b>	<b>% Not Achieved</b>	<b># Achieved</b>	<b>% Achieved</b>
FS 17: Completing a Family and Child Strengths and Needs Assessment	96	58	60%	38	40%
FS 18: Supervisory Approval of the Family and Child Strengths and Needs Assessment	96	70	73%	26	27%
FS 19: Developing the Family Plan with the Family	96	64	67%	32	33%
FS 20: Timeframe for Completing the Family Plan	96	77	80%	19	20%
FS 21: Supervisory Approval of the Family Plan	96	74	77%	22	23%

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

The compliance rate for this critical measure was **40%**. The measure was applied to all 96 records in the samples: 38 received the rating of achieved and 58 received the rating of not achieved. To receive the rating of achieved, a Family and Child Strength and Needs Assessment was completed in its entirety within the 12-month time frame of the audit.

Of the 58 records that received the rating of not achieved, 52 did not contain Family and Child Strengths and Needs Assessments and six contained incomplete Family and Child Strengths and Needs Assessments.

Of the 38 records that received the rating of achieved, 17 Family and Child Strengths and Needs Assessments were completed within the most recent six-month practice cycle and 21 Family and Child Strengths and Needs Assessments were not completed within the most recent six-month practice 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 **27%**. The measure was applied to all 96 records in the samples: 26 received the rating of achieved and 70 received the rating of not achieved. To receive the rating of achieved, the Family and Child Strength and Needs Assessment was approved by the supervisor.

Of the 70 records that received the rating of not achieved, 52 did not contain Family and Child Strengths and Needs Assessments, six contained incomplete Family and Child Strengths and Needs Assessments (that were also not approved by the supervisors) and 12 Family and Child Strength and Needs Assessments 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 96 records in the samples: 32 received the rating of achieved and 64 received the rating of not achieved. To receive the rating of achieved, a Family Plan form or its equivalent 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 64 records that received the rating of not achieved, 58 did not contain Family Plans or equivalents and six Family Plans or equivalents 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 38 Family Plans or equivalents, 17 were completed after the completion of the Family and Child Strengths and Needs Assessments and 21 were completed 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 **20%**. The measure was applied to all 96 records in the samples: 19 received the rating of achieved and 77 received the rating of not achieved. To receive the rating of achieved, the Family Plan or its equivalent was created within 30 days of initiating ongoing protection services (if initiated within the 12-month time frame of the audit) and the Family Plan was revised within the most recent six-month practice cycle.

Of the 77 records that received the rating of not achieved, 58 did not contain Family Plans or equivalents within the 12-month time frame of the audit, four Family Plans or equivalents were not created within 30 days of initiating ongoing protection services (initiated within the 12-month time frame of the audit), 15 Family Plans or equivalents were not created within the most recent six-month practice cycle but were created within the 12-month time frame of the audit.

#### **FS 21: Supervisory Approval of the Family Plan**

The compliance rate for this critical measure was **23%**. The measure was applied to all 96 records in the samples: 22 received the rating of achieved and 74 received the rating of not achieved. To receive the rating of achieved, the Family Plan or equivalent was approved by the supervisor.

Of the 74 records that received the rating of not achieved, 58 did not contain Family Plans or equivalents and 16 Family Plans or equivalents were not approved by the supervisors.

### **b.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 54 open FS cases and 42 closed FS cases.

**Table 6 Reassessment and the Decision to End Protection Services (N = 96)**

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 22: Completing a Vulnerability Reassessment or Reunification Assessment	96	80	83%	16	17%
FS 23: Making the Decision to End Ongoing Protection Services	42*	10	24%	32	76%

\* 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 **17%**. The measure was applied to all 96 records in the samples: 16 received the rating of achieved and 80 received the rating of not achieved. To receive the rating of achieved, a Vulnerability Reassessment or Reunification Assessment was completed within the most recent six-month practice cycle and a Reunification Assessment was completed within three months of the child's return or a court proceeding regarding custody and the assessment(s) was approved by the supervisor.

Of the 80 records that received the rating of not achieved, 58 did not contain Vulnerability Reassessments or Reunification Assessments completed within the most recent six-month practice cycle and 17 contained incomplete Vulnerability Reassessments or Reunification Assessments within the most recent six-month practice cycle and five did not contain Reunification Assessments completed within three months of court dates or the return of children in care. Of the 58 records that did not contain Vulnerability Reassessments or Reunification Assessments completed within the most recent six-month practice cycle, 55 also did not contain 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 **76%**. The measure was applied to all 42 records in the closed FS case sample: 32 received the rating of achieved and ten received the rating of not achieved. To receive the rating of achieved:

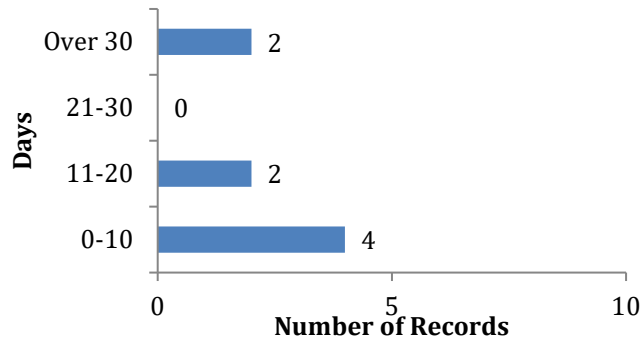
- the decision to conclude ongoing protection services was made in consultation with a supervisor;
- there were no unaddressed reports of abuse or neglect;
- there were no indications of current or imminent safety concerns;
- the family demonstrated improvements as identified in the Family Plan;
- a 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 ten records that received the rating of not achieved, eight ended ongoing protection services without completing Vulnerability Re-assessments or Reunification Assessments within the last six-month practice cycle and two ended ongoing protection services after completing Vulnerability Reassessments despite the rating of high vulnerability.

### C. TIME INTERVALS OBSERVED AS PART OF FAMILY SERVICE PRACTICE

In reviewing the 186 incidents, memos and service requests for this audit, the practice analysts captured data in relation to the time intervals for certain aspects of practice. These time intervals are displayed in the six bar charts below.

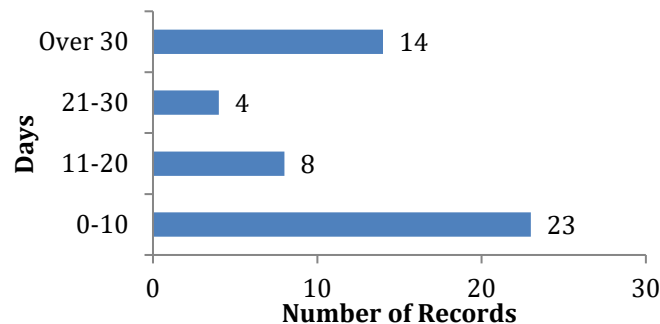
**Figure 1: Timeframe for IRR completion, if not completed within 24 hours (FS 2)**



Note:

1. N = 8 of 186 records that received the rating of not achieved because the IRRs were not completed within 24 hours.
2. One record that received the rating of not achieved is not included in this chart because the timeframe between the call and the completion of the IRR could not to be determined.

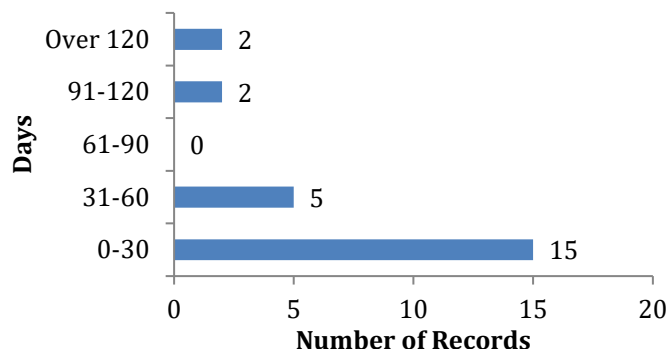
**Figure 2: Timeframe for completion of Screening Assessment, if not completed within 24 hours (FS 3)**



Note:

1. N = 49 of 186 records that received the rating of not achieved because the IRRs were not completed within 24 hours.

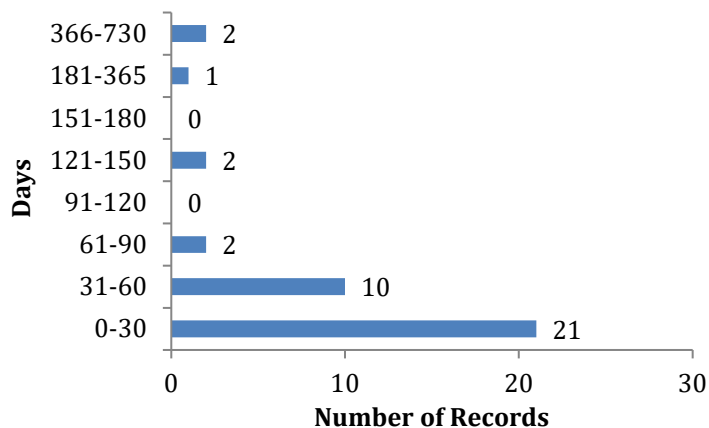
**Figure 3: Timeframe to make contact with the family, if contact not made within the timeframe of the assigned response priority (FS 5)**



Note:

1. N = 24 of 186 records are included in this time calculation. Includes 17 records where the families were not contacted within the timeframes of the assigned response priorities.
2. Six records were not included in this chart because five did not document the dates the families were contacted, and one protection response ended early.

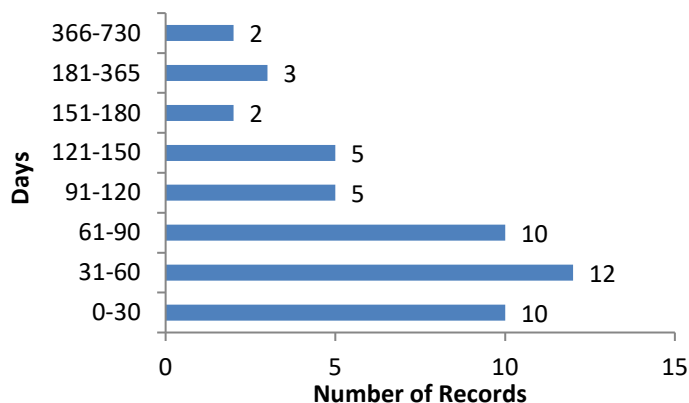
**Figure 4: Timeframe to complete the Safety Assessment form, if not documented within 24 hours of the completion of the safety assessment process (FS 8)**



Note:

1. N = 38 of 186 records that received the rating of not achieved because the Safety Assessment forms were not completed within 24 hours of the completion of the safety assessment processes.

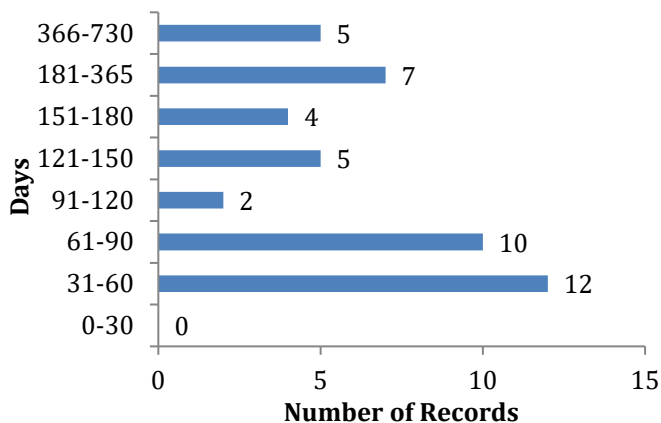
**Figure 5: Timeframe to complete the Vulnerability Assessment from the date the report was received? (FS 14)**



Note:

1. N = 49 of 186 records rated achieved because the Vulnerability Assessments were completed.
2. One record that received a rating of achieved is not included in this chart because an appropriate exemption was given to completing the Vulnerability Assessment.

**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 = 45 of 186 records that received the rating of not achieved because the FDR assessments or investigations were not completed within 30 days or within the approved timeframe extensions.

#### **D. PRINCIPLES OF ADMINISTRATIVE FAIRNESS**

1. Being treated with dignity and respect.
2. Getting clear communication and information
3. Having a fair, independent review about things that affect you.
4. Having the opportunity to be heard by decision-makers.
5. Having the opportunity to respond to information about oneself.
6. Participating In plans that affect you.
7. Receiving notice of decisions and reasons for decisions.
8. Getting issues looked at in a timely way;
9. Understanding the roles of the people involved.
10. Expecting decisions to be consistent.
11. Having the right to advocacy.
12. Knowing others have the legal authority to take action.
13. Being free to speak up without getting into trouble.
14. Having culture acknowledged and included.