



East Fraser Service Delivery Area

# Family Service Practice Audit

Report Completed: November 2019

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 East Fraser Service Delivery Area (SDA) from July 2018 to October 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 59 closed service requests, 53 closed memos, 63 closed incidents, 54 open FS cases, and 33 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 June 1, 2017 and May 31, 2018. For open FS cases, the review focused on electronic information documented in ICM and physical information documented in the files during a specific 12-month period (June 1, 2017 – May 31, 2018). For closed FS cases, the review focused on 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 December 1, 2017 and May 31, 2018.

The overall compliance score for the family service practice audit of the East Fraser SDA was **62%**. 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 manners 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 applicable records in this audit reflect the practice from both sources. Specifically, slightly less than a third (30%) of all calls and reports that resulted in memos, service requests and incidents were received and documented by the East Fraser SDA.

The practice analysts found that all the records documented sufficient caller information to assess and respond to the reports. Consistent use of the Screening Assessment was identified as a strength in Provincial Centralized Screening and the East Fraser SDA. Over three quarters of the records contained Screening Assessments that were completed within the required 24 hours. The practice analysts found that one third of the records contained IRRs 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. All of the incidents that were rated achieved for having correct decisions to provide protection responses also rated achieved for having 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 parent(s) 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 parent(s) 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 levels; 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 over half of the records contained DRRs that met all the requirements as outlined in the standard. Most of the records had documentation confirming that the immediate safety of children and youth was assessed during the first significant contacts with the families. However, the requirement to complete the Safety Assessment forms within 24 hours was met in less than half of the records. A little over three quarters of the records contained interviews with parents and other adults in the homes that met all the requirements as outlined in the standard and, similarly, a little over three quarters of the records documented conversations with all children and youth living in the family homes as outlined in the standard. The practice analysts found over two thirds of the records documented the required visits to the family homes. It is important to note that higher compliance would have been achieved to the standards related to interviews and home visits had one protection response not inappropriately ended prior to the social worker meeting with the family and had several 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 many of the critical measures.

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 just under two thirds 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.

Lastly, 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 the FDR assessment phase or investigation is completed within 30 days of a receiving a report or, if the FDR assessment or investigation cannot be completed within 30 days, supervisory approval for an extension to this timeframe is documented. The practice analysts found that over three quarters of the records contained completed Vulnerability Assessments and that less than one quarter of 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.

### 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 parent(s) 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.

Lastly, 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 that slightly over one third of the records had completed Family and Child Strengths and Needs Assessments (FSNA). Of the completed FSNAs, almost all (28 out of 30) were reviewed and signed by supervisors. With respect to family collaboration, the practice analysts found that over one third of the cases contained written Family Plans, or equivalents, that met all the requirements as outlined in the standard. The lack of Family Plans raises concerns 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. Furthermore, there was low compliance to completing Family Plans within the required timeframes and, of the completed Family Plans, less than a third documented supervisory approvals.

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. Slightly over one quarter of the open and closed FS cases were found to have Vulnerability Reassessments or Reunifications 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 under 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, 22% (19 out of 87) of the records in the open and closed FS case samples did not contain FSNA, Family Plans or equivalents, and 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 non-protection case.

## 2. ACTION PLAN

Actions	Persons Responsible	Outcomes	Completion Dates
<p>1. Review with all child protection supervisors the key supervisory consultation points and the timelines for completing SDM tools within the policies associated with Investigations and FDR processes. This review will also emphasize the importance of supervisors reviewing these key consultation points and timelines during case supervision sessions with staff. 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>Social workers providing child protection responses and ongoing family service will receive timely supervision that supports competent, strength based, practice.</p>	<p>Completed October 31, 2019</p>
<p>2. Review with all ongoing family service supervisors the purpose and value of using the Vulnerability Reassessment and Reunification Assessment to inform decision-making and the purpose and value of inclusive and collaborative family planning. This review will also emphasize the importance of creating clear, realistic and measurable goals with the families and the importance of supervisors reviewing these purposes and values during case supervision sessions with staff. 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>Children, youth and families receive timely and effective services that are based in comprehensive assessments.</p> <p>Families are fully engaged in the assessment and planning processes</p> <p>Families understand how their progress will be measured</p> <p>Families can assume responsibility for the safety and well-being of children/youth without the involvement of child protection services</p>	<p>Completed October 31, 2019</p>

<p>3. A sample of open ongoing Family Service Cases will be reviewed (in ICM only) to determine the progress in increasing the compliance with completing collaborative family plans. This review will focus on practice within the 12 months preceding the start of the review.</p>	<p>Manager, Quality Assurance</p>	<p>Families understand how their progress will be measured</p>	<p>December 2020</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 June 13, 2018, using the simple random sampling technique. The data lists consisted of closed service requests, closed memos, closed incidents, open FS cases, and closed FS cases. The data within each of the five lists were randomized at the SDA level, and samples were selected at a 90% confidence level, with a 10% margin of error.

**Selected Records for FS Practice Audit in East Fraser SDA**

Record status and type	Total number at SDA level	Sample size
Closed service requests	425	59
Closed memos	226	53
Closed incidents	1308	63
Open FS cases	255	54
Closed FS cases	60	33

More specifically, the five samples consisted of:

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

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

FS1 – FS4	<ul style="list-style-type: none"> <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. 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 262 records in the five samples selected for this audit. However, not all the measures in the audit tool were applicable to all 262 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 **62%**.

### **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 59 closed service requests, 53 closed memos and 63 closed incidents. The 175 records reflect practice in both the East Fraser SDA and Provincial Centralized Screening. Specifically, 52 of the records were initiated by the SDA and 123 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 = 175)**

<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	175	0	0%	175	100%
FS 2: Conducting an Initial Record Review (IRR)	175	118	67%	57	33%
FS 3: Completing the Screening Assessment	175	30	17%	145	83%
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response	175	5	3%	170	97%

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

The compliance rate for this critical measure was **100%**. The measure was applied to all 175 records in the samples; all the records received the rating of achieved. Of the 175 records that received the rating of achieved, 52 documented practice by the SDA and 123 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.

#### **FS 2: Conducting an Initial Record Review (IRR)**

The compliance rate for this critical measure was **33%**. The measure was applied to all 175 records in the samples; 57 of the 175 records received the ratings of achieved and 118 received

the ratings of not achieved. Of the 57 records that received the rating of achieved, nine documented practice by the SDA and 48 documented practice by the 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 118 records that received the rating of not achieved, 43 documented practice by the SDA and 75 documented practice by Provincial Centralized Screening. Of these 118 records, 12 did not have IRRs documented including no checks of Best Practice (seven documented practice by the SDA and five documented practice by the Provincial Centralized Screening), 93 had IRRs documented but no checks of Best Practices (35 documented practice by the SDA and 58 documented practice by the Provincial Centralized Screening), 38 had IRRs documented but the IRRs did not contain sufficient information (11 documented practice by the SDA and 27 documented practice by the Provincial Centralized Screening), and three had IRRs documented but they were not documented within 24 hours of receiving the reports (all three documented practice by Provincial Centralized Screening). Of the three records that did not document the IRRs within 24 hours, the range of time it took to complete the IRRs was between two and six days, with the average time being four days (see appendix for bar graph). The total adds to more than the number of records that received the rating of not achieved because 29 records had a combination of the above noted reasons.

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

The compliance rate for this critical measure was **83%**. The measure was applied to all 175 records in the samples; 145 of the 180 records were rated achieved and 30 were not rated achieved. Of the 145 records that received the rating of achieved, 61 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 30 records that received the rating of not achieved, two had incomplete Screening Assessments (both not completed by Provincial Centralized Screening) and 28 had Screening Assessments completed beyond the required timeframe (28 documented practice by the SDA, 12 of which were transferred by Provincial Centralized Screening without Screening Assessments). Of the 28 records that had Screening Assessments completed beyond the required timeframe, none required the Screening Assessment to have been completed

immediately and the range of time it took to complete these Screening Assessments was between two and 316 days, with the average time being 36 days (see appendix for a bar graph).

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

The compliance rate for this critical measure was **97%**. The measure was applied to all 175 records in the samples; 170 of the 175 records were rated achieved and five were rated not achieved. To receive a rating of achieved the decision to provide protection or non-protection response decision was appropriate and consistent with the information gathered.

Of the five records that received the rating of not achieved, two were memos and three were service requests. The five 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 the required protection responses were not provided. Within these two memos and three service requests, 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.

**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 63 closed incidents augmented with the records described in the note below the table.

**Table 2: Response Priority, Detailed Record Review and Safety Assessment (N = 68)**

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 5: Determining the Response Priority	68*	5	7%	63	93%
FS 6: Conducting a Detailed Record Review (DRR)	68*	29	43%	39	57%
FS 7: Assessing the Safety of the Child or Youth	68*	9	13%	59	87%
FS 8: Documenting the Safety Assessment	68*	39	53%	32	47%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	68*	9	13%	59	87%

\*Total applicable includes the sample of 63 incidents augmented with the addition of two memos and three service requests with inappropriate non-protection responses.

**FS 5: Determining the Response Priority**

The compliance rate for this critical measure was **93%**. The measure was applied to all 68 records in the augmented sample; 63 of the 68 records received the rating of achieved and five received the rating 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.

All five 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 records with appropriate protection responses, 43 contained documentation confirming that the families were contacted within the assigned response priorities and 20 did not. Of these 20 records where the families were not contacted within the assigned response priority timeframes, two were given the response priority timeframe of “immediate/ within 24 hours” and the times it took to contact these families were three and five days. The remaining 18 records were assigned the response priority timeframe of “within five days”, but three of these did not document the dates the families were contacted and the range of time it took to contact the remaining 15 families was between six and 80 days, with the average time being 16 days (see appendix for bar graph).

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

The compliance rate for this critical measure was **57%**. The measure was applied to all 68 records in the augmented sample; 39 of the 68 records received the rating of achieved and 29 were rated 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 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 DRR were conducted and the rationale was documented and appropriate.

Of the 29 records that received the rating of not achieved, 14 did not have DRRs, nine had DRRs that did not contain the information missing from the IRRs, one had a DRR that did not indicate how previous issues/concerns were addressed and the responsiveness of the families in addressing the issues and concerns and effectiveness of the last intervention, and five were memos/service requests that had inappropriate non-protection responses

### **FS 7: Assessing the Safety of the Child or Youth**

The compliance rate for this critical measure was **87%**. The measure was applied to all 68 records in the augmented sample; 59 of the 68 records received the rating of achieved and nine received the rating of not achieved. To receive a rating of achieved, the record contained documentation that:

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

Of the nine records that received rating of not achieved, two 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, one did not have a Safety Plan despite the fact that safety concerns were identified and the children/youth were not removed, one had Safety Plans that were not signed by the parents, and five were memos/service requests that had inappropriate non-protection responses.

### **FS 8: Documenting the Safety Assessment**

The compliance rate for this critical measure was **47%**. The measure was applied to all 68 records in the augmented sample; 32 of the 68 records received the rating of achieved and 36 received the rating of not achieved. To receive a rating of achieved, the record contained documentation that the Safety Assessment form was documented within 24 hours after the completion of the safety assessment process or the supervisor approved ending the protection response before the Safety Assessment form was documented and the rationale was documented and appropriate.

Of the 36 records that received the rating of not achieved, two did not have Safety Assessment forms, 29 had Safety Assessment forms that were not completed within 24 hours after the safety assessment processes and five were Memos/Service Requests with inappropriate non-protection responses. Of the 29 records where the Safety Assessment forms were not completed with 24 hours of the safety assessment processes, three did not document the dates of the first significant contacts with the families and the range of time it took to complete the remaining 26 forms was between two days and 200 days, with the average time being 36 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 **87%**. The measure was applied to all 68 records in the augmented sample; 59 of the 68 records received the rating of achieved and nine received the rating of not achieved. To receive a rating of achieved the record contained documentation that the safety decision was consistent with the information documented in the Safety Assessment form or the supervisor approved ending the protection response before the Safety Assessment form was documented and the rationale was documented and appropriate.

Of the nine records that received the rating of not achieved, two did not have Safety Assessment forms, two had safety decisions that were not consistent with the Safety Assessments, and five 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 63 closed incidents augmented with the records described in the note below the table.

**Table 3: Steps of the FDR Assessment or Investigation (N = 68)**

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	68*	16	24%	52	76%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	68*	16	24%	52	76%
FS 12: Visiting the Family Home	68*	20	29%	48	71%
FS 13: Working with Collateral Contacts	68*	19	28%	49	72%

\*Total applicable includes the sample of 63 incidents augmented with the addition of two memos and three service requests with inappropriate non-protection responses.

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

The compliance rate for this critical measure was **76%**. The measure was applied to all 68 records in the augmented sample; 52 of the 68 records received the rating of achieved and 16 received the rating of not achieved. To receive a rating of achieved the record contained documentation that the social worker met with or interviewed the parent(s) and other adults in the home (if applicable) and gathered sufficient information about the family to assess the safety and vulnerability of all children/youth living or being cared for in the family home, or the supervisor

approved ending the protection response before the social worker met with or interviewed the parents and other adults in the home and the rationale was documented and appropriate.

Of the 16 records that received the rating of not achieved, three did not contain documentation that the social workers had met with or interviewed the parents, five contained documentation that the mothers were interviewed but not the fathers, one did not contain documentation that the social workers had met with or interviewed the other adults in the home, one contained documentation that the interview with the parent was conducted over the telephone and insufficient information was documented to assess the safety or vulnerability of the children/youth living in the home, one had a protection response that ended prior to interviewing the parents and other adults in the family home and the rationale for the decision was not appropriate and five were memos/service requests with inappropriate non-protection responses.

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

The compliance rate for this critical measure was **76%**. The measure was applied to all 68 records in the augmented sample; 52 of the 68 records received the rating of achieved and 16 received the rating of not achieved. To receive a rating of achieved the record contained documentation that the social worker had a private, face-to-face conversation with every child/youth living in the family home according to their developmental level, or the supervisor granted an exception and the rationale was documented, or the supervisor approved ending the protection response before the social worker had a private, face-to-face conversation with every child/youth living in the family home and the rationale was documented and appropriate.

Of the 16 records that received the rating of not achieved, two did not document that social workers had private, face-to-face conversations with any of the children/youth living in the homes, six documented that social workers had private, face-to-face conversations with some, but not all, of the children/youth living in the homes, one documented that the social worker had a conversation with the child/youth living in the home but it was conducted in the presence of the parent, one had a protection response that ended prior to conducting a conversation with the children/youth living in the home and the rationale for the decision was not appropriate, one documented insufficient information to assess the safety and vulnerability of all the children and youth living in the home and five were memos/service requests with inappropriate non-protection responses.

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

The compliance rate for this critical measure was **71%**. The measure was applied to all 68 records in the augmented sample; 48 of the 68 records received the rating of achieved and 20 received the rating of not achieved. To receive a rating of achieved the record contained documentation that the social worker 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 20 records that received the rating of not achieved, 14 did not document that the social workers visited the family homes, one had protection responses that were ended prior to visiting the family homes and the rationales for the decisions were not appropriate, and five were memos/service requests with inappropriate non-protection responses.

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

The compliance rate for this critical measure was **72%**. The measure was applied to all 68 records in the augmented sample; 49 of the 68 records received the rating of achieved and 19 received the rating of not achieved. To receive a rating of achieved, the record contained documentation that:

- the 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 19 records that received the rating of not achieved, 11 did not have documentation of collaterals being completed (includes one that required a collateral with a Delegated Aboriginal Agency or designated representative of the First Nations, Treaty First Nations or Metis community), two had documentation of collaterals being completed but the social workers failed to complete the necessary collaterals with Delegated Aboriginal Agencies or designated representatives of the First Nations, Treaty First Nations or Metis community, one had a protection response that was ended prior to completing collaterals and the rationale for the decision was not appropriate and five were memos/service requests with inappropriate non-protection responses.

If the records were Incidents with FDR assessments, the audit also assessed whether the social workers contacted the parents prior to contacting collaterals. The audit also assessed whether the parents identified which collateral contacts could provide the necessary information and reached agreements with the parents about the plans to gather information from specific collaterals. Of the 57 FDR responses, two protection responses ended prior to contacting the parents and the rationales for the decisions were appropriate, three documented that the social workers did not contact the parents prior to contacting collaterals due immediate safety concerns and 43 documented contacts with the parents prior to contacting collaterals.

Furthermore, of these 57 FDR responses, 20 documented discussions with 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 63 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 = 68)**

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 14: Assessing the Risk of Future Harm	68*	14	21%	54	79%
FS 15: Determining the Need for Protection Services	68*	8	12%	60	88%
FS 16: Timeframe for Completing the FDR Assessment or the Investigation	68*	53	78%	15	22%

\*Total applicable includes the sample of 63 incidents augmented with the addition of two memos and three service requests with inappropriate non-protection responses.

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

The compliance rate for this critical measure was **79%**. The measure was applied to all 68 records in the augmented sample; 54 of the 68 records received the rating of achieved and 14 received the rating of not achieved. To receive a rating of achieved, the record contained documentation that the Vulnerability Assessment was completed in its entirety and approved by the supervisor, or the supervisor approved ending the protection response before the Vulnerability Assessment was completed in its entirety and the rationale was documented and appropriate.

Of the 14 records that received the rating of not achieved, three did not have Vulnerability Assessments, three had Vulnerability Assessments that were not approved by supervisors, two had incomplete Vulnerability Assessments, one had a protection response that ended prior to completing the Vulnerability Assessment and the rationale for the decision was not appropriate, and five were memos/service requests with inappropriate non-protection responses.

The audit also assessed the length of time it took to complete the Vulnerability Assessments. Of the 54 records that received the rating of achieved, six protection responses ended prior to completing the Vulnerability Assessment and the rationales for the decisions were appropriate, and the range of time it took to complete the remaining 48 forms was between five days and 642 days, with the average time being 122 days (see appendix for a bar graph).

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

The compliance rate for this critical measure was **88%**. The measure was applied to all 68 records in the augmented sample; 60 of the 68 records received the rating of achieved and eight received the rating of not achieved. To receive a rating of achieved, the record contained documentation that the decision regarding the need for FDR protection services or ongoing protection services was consistent with the information obtained during the FDR assessment or the investigation, or the supervisor approved ending the protection response before the decision was made regarding the need for FDR protection services or ongoing protection services and the rationale was documented and appropriate.

Of the eight records that received the rating of not achieved, two had decisions to not provide FDR protection services or ongoing protection services and these decisions were not consistent with the information obtained, one had protection response that were ended without completing all of the required steps of the protection response and the rationale for the decision was not appropriate, and five were memos/service requests with inappropriate non-protection responses. Of the two records with inconsistent decisions not to provide FDR protection services or ongoing protection services, protection responses 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 68 records in the augmented sample; 15 of the 68 records received the rating of achieved and 53 received the rating of not achieved. To receive a rating of achieved, the record contained documentation that the FDR assessment or investigation was completed within 30 days of receiving the report or the FDR assessment or investigation was completed in accordance with the extended timeframe and plan approved by the supervisor.

Of the 53 records that received the rating of not achieved, 46 did not have the FDR assessments or investigations completed within 30 days, one had a protection response that ended without completing all of the required steps of the protection response and the rationale for the decision was not appropriate, one was not completed within the extension time approved by the supervisor, and five were memos/service requests with inappropriate non-protection responses.

Of the 46 records where the FDR assessments or investigations were not completed within 30 days, the range of time it took to complete was between 31 and 657 days, with the average being 152 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 33 closed FS cases.

**Table 5: Strength and Needs Assessment and Family Plan (N = 87)**

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 17: Completing a Family and Child Strengths and Needs Assessment	87	57	66%	30	34%
FS 18: Supervisory Approval of the Family and Child Strengths and Needs Assessment	87	59	68%	28	32%
FS 19: Developing the Family Plan with the Family	87	52	60%	35	40%
FS 20: Timeframe for Completing the Family Plan	87	72	83%	15	17%
FS 21: Supervisory Approval of the Family Plan	87	77	89%	10	11%

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

The compliance rate for this critical measure was **34%**. The measure was applied to all 87 records in the samples; 30 of the 101 records received the rating of achieved and 57 received the rating of not achieved. To receive a rating of achieved, the record contained a Family and Child Strength and Needs Assessment completed in its entirety within the 12-month time frame of the audit.

Of the 57 records that received the rating of not achieved, 50 did not contain Family and Child Strengths and Needs Assessments and seven contained incomplete Family and Child Strengths and Needs Assessments.

Of the 30 records that received the rating of achieved, 18 had Family and Child Strengths and Needs Assessments completed within the most recent six-month protection cycles and 12 did not have Family and Child Strengths and Needs Assessments completed within the most recent six-month protection cycles, 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 **26%**. The measure was applied to all 87 records in the samples; 28 of the 87 records received the rating of achieved and 59 received the rating of not achieved. To receive a rating of achieved, the record contained a Family and Child Strength and Needs Assessment that was approved by the supervisor.

Of the 59 records that received the rating of not achieved, 50 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 three contained completed Family and Child Strength and Needs Assessments that were not approved by the supervisors.

### **FS 19: Developing the Family Plan with the Family**

The compliance rate for this critical measure was **40%**. The measure was applied to all 87 records in the samples; 35 of the 87 records received the rating of achieved and 52 received the rating 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 52 records that received the rating of not achieved, 52 did not have Family Plans or equivalents.

The audit also assessed whether the Family Plans were informed by completed Family and Child Strengths and Needs Assessments. Of the 35 records that contained completed Family Plans or equivalents, 16 had completed the Family Plans or equivalents after the completion of the Family and Child Strengths and Needs Assessments and 19 had completed the Family Plans or equivalents without first completing the Family and Child Strengths and Needs Assessments.

### **FS 20: Timeframe for Completing the Family Plan**

The compliance rate for this critical measure was **17%**. The measure was applied to all 87 records in the samples; 15 of the 87 records received the rating of achieved and 72 received the rating of not achieved. To receive a rating of achieved, the record contained a Family Plan or its equivalent that was created within 30 days of initiating ongoing protection services (if initiated within the

12-month time frame of the audit) and the Family Plan was revised within the most recent six-month protection cycle.

Of the 72 records that received the rating of not achieved, 52 did not have Family Plans or equivalents and 20 did not have Family Plans or equivalent created within the most recent six-month ongoing protection services cycles but they were completed 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 **17%**. The measure was applied to all 87 records in the samples; 10 of the 87 records received the rating of achieved and 77 received the rating 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 77 records that received the rating of not achieved, 52 did not have Family Plans or equivalents and 25 had completed Family Plans or equivalents that 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 33 closed FS cases.

**Table 6 Reassessment and the Decision to End Protection Services (N = 87)**

Measure	Total Applicable	# Not Achieved	% Not Achieved	# Achieved	% Achieved
FS 22: Completing a Vulnerability Reassessment or Reunification Assessment	87	64	74%	23	26%
FS 23: Making the Decision to End Ongoing Protection Services	33*	10	30%	23	70%

\* Total applicable include the sample of 33 closed cases

**FS 22: Completing a Vulnerability Reassessment or Reunification Assessment**

The compliance rate for this critical measure was **26%**. The measure was applied to all 87 records in the samples; 23 of the 87 records received the rating of achieved and 64 received the rating of not achieved. To receive a rating of achieved, the record contained a Vulnerability Reassessment or Reunification Assessment completed within the most recent six-month protection cycle and a

Reunification Assessment 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 64 records that received the rating of not achieved, 52 did not have Vulnerability Reassessments or Reunification Assessments completed within the most recent six-month protection cycle and 11 had incomplete Vulnerability Reassessments or Reunification Assessments within the most recent six-month protection cycle, and one did not have a Reunification Assessment completed within three months of a court proceeding.

Of the 52 records that did not have Vulnerability Reassessments or Reunification Assessments completed within the most recent six-month protection cycle, 44 also did not have Vulnerability Reassessments or Reunification Assessments completed within the 12-month time frame of the audit.

### **FS 23: Making the Decision to End Ongoing Protection Services**

The compliance rate for this critical measure was **70%**. The measure was applied to all 33 records in the closed FS case sample; 23 of the 33 records received the rating of achieved and 10 received the rating of not achieved. To receive a rating of achieved, the record contained documentation that:

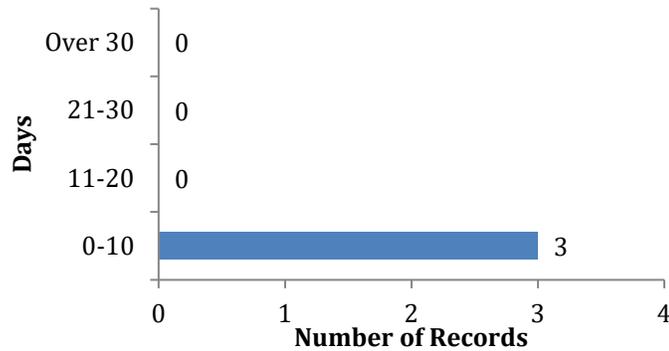
- the decision to conclude ongoing protection services was made in consultation with a supervisor;
- there were no unaddressed reports of abuse or neglect;
- there were no indications of current or imminent safety concerns;
- the family demonstrated improvements as identified in the Family Plan;
- a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

Of the 10 records that received the rating of not achieved, all 10 ended protection services without completing Vulnerability Re-assessments or Reunification Assessments within the last six-month protection cycle.

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

In reviewing the 262 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.

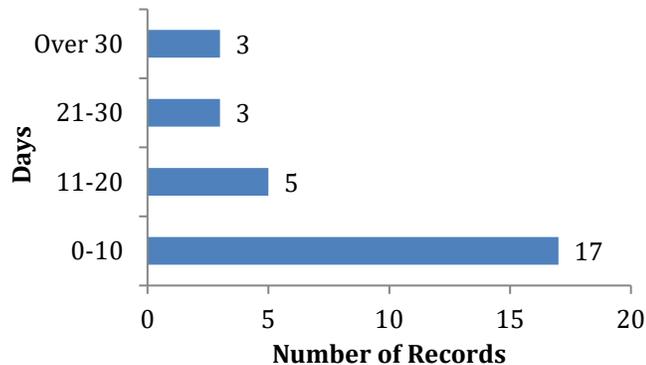
**Figure 1: Timeframe for IRR completion, if not completed with 24 hours (FS 2)**



Note:

1. N = 3 records were rated not achieved on FS 2 because the IRRs were not completed within 24 hours.

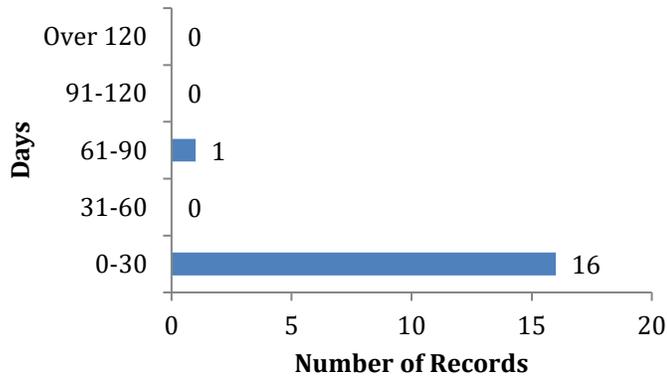
**Figure 2: Timeframe for completion of Screening Assessment, if not completed within 24 hours (FS 3)**



Note:

1. N = 28 records were rated not achieved on FS 3 because the Screening Assessments were not completed within 24 hours.

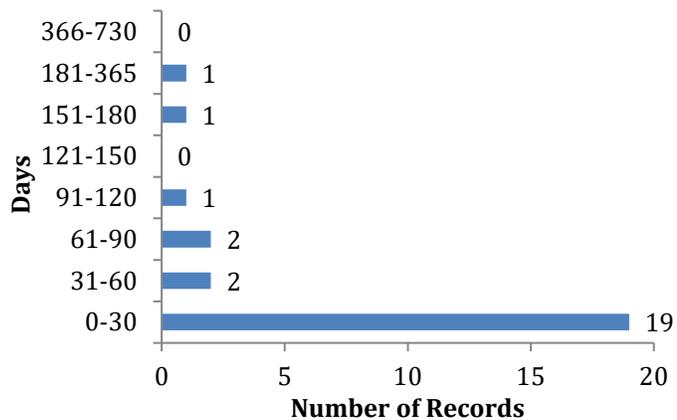
**Figure 3: Timeframe to make contact with the family, if contact not made within the timeframe of the assigned response priority (FS 5)**



**Notes:**

1. N = 17 records where the families were not contacted within the timeframes of the assigned response priorities.
2. Does not include 3 records where the dates of contacts were not documented and therefore the times it took to contact the families are unknown.

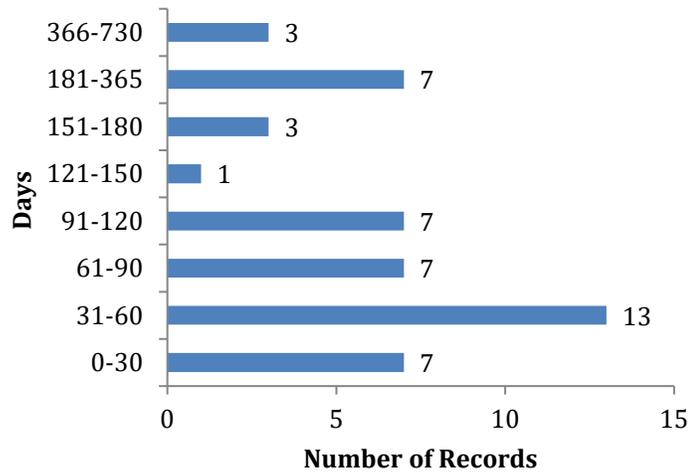
**Figure 4: Timeframe to complete the Safety Assessment form, if not documented within 24 hours of the completion of the safety assessment process (FS 8)**



**Notes:**

1. N = 26 records that were rated not achieved because the Safety Assessment forms were not completed within 24 hours of the completion of the safety assessment processes.
2. Does not include 3 records where the dates of contacts were not documented and therefore the times it took to contact the families are unknown.

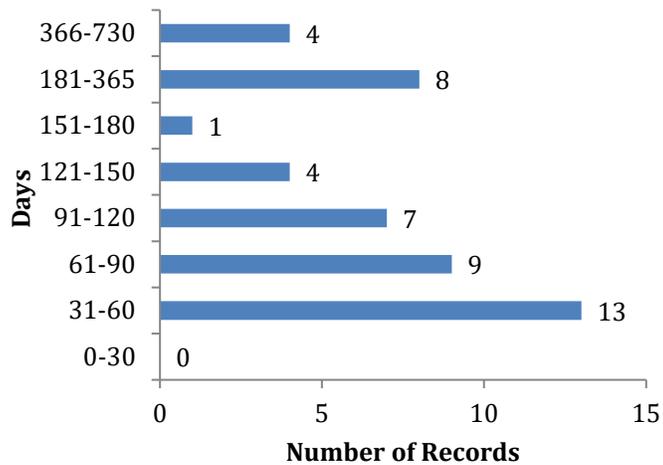
**Figure 5: Timeframe to complete the Vulnerability Assessment from the date the report was received? (FS 14)**



Note:

1. N = 48 records that contained completed Vulnerability Assessments.

**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 = 46 records where the FDR assessments or investigations were not completed within 30 days or within the timeframes approved for extensions.