

CASE PRACTICE AUDIT REPORT

Ktunaxa/Kinbasket Child & Family Services Society Family Service & Child Safety (Incidents) (IAB, IAC, IAD)

Fieldwork completed October 28-November 1, 2013 & November 12-15, 2013
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CASE PRACTICE AUDIT REPORT

KTUNAXA KINBASKET CHILD & FAMILY SERVICES SOCIETY (IAB, IAC & IAD)

1. PURPOSE

The purpose of this interim audit is to evaluate the effectiveness of Ktunaxa Kinbasket Child & Family Services Society's (KKCFSS) use of Signs of Safety within the agency's *Case Management Model* as a child protection practice framework.

KKCFSS has developed a *Case Management Model* for child protection practices which utilizes the Signs of Safety model to guide practice and inform key decision points consistent with AOPSI Child Protection Practice Standards.

A letter from the Provincial Director of Child Welfare (PDCW), dated June 5, 2012, enabled KKCFSS to continue to use the KKCFSS *Case Management Model* for a one year period while the Ministry evaluated the effectiveness of this approach alongside the newly implemented *Structured Decision Making (SDM) Tools* and *Child Protection Response Model*. The PDCW gave verbal approval for the agency to continue using the Case Management Model pending an interim practice audit which would inform the PDCW's decision about the ongoing use of this approach.

Since this date KKCFSS has continued to practice and deliver child welfare services consistent with the *Case Management Model* and to use alternative Signs of Safety assessment approaches in place of particular SDM components: 1) Vulnerability assessment; 2) Strengths and Needs Assessment; 3) Family Plan Template; 4) Vulnerability Reassessment; and 5) Reunification Assessment. KKCFSS was to continue to use: a) the Ministry Screening tools; and b) the Enhanced Safety Assessment tool approved by the Director.

This is the fourth audit for KKCFSS with the last audit of the child services and kinship care (resources) being completed in 2013.

The specific purposes of the audit are:

- to confirm good practice and further the development of practice;
- to assess and evaluate practice in relation to existing legislation and the Aboriginal Operational and Practice Standards and Indicators (AOPSI);
- to determine the current level of practice across a sample of cases;
- to identify barriers to providing an adequate level of service;
- to assist in identifying training needs;
- to provide information for use in updating and/or amending practice standards or policy.

The Office of the Provincial Director of Child Welfare, Quality Assurance is conducting the audit using a modified Aboriginal Case Practice Audit Tool. Audits of delegated agencies providing child protection, guardianship, family services and resources for children in care are conducted according to a three-year cycle.

2. METHODOLOGY

This was an interim practice audit of the agency as it was completed at the six month timeframe in the agency's use of their current draft *Case Management Model*. Prior to the audit commencing, a comparative review was completed on the AOPSI Family Service and Investigation standards and the KKCFSS *Case Management Model Manual* in order to determine the source of comparable practices within the *Case Management Model*. The comparative audit tools were shared with the agency Executive Director and they were used in the audit of the family service and child safety practice (see attached tools in Appendices A & B).

There were two quality assurance analysts from MCFD Office of the Provincial Director of Child Welfare, Quality Assurance who conducted the interim practice audit. The analysts conducted field work from October 28-November, 2013 & November 12-15, 2013.

A representative sample of child welfare records within the agency was prepared for the audit using the simple random sampling technique.

Representative random samples were drawn and then audited from three populations: (1) Family Service Files, (2) Protection Incidents (incidents where there was a section 13 concern), and (3) non-protection intakes (incidents and service requests where there was no section 13 concern).

Given that not every single child welfare record within each SDA and DAA is audited, the results obtained from an audit will depend on the particular set of child welfare records that happened to be selected for auditing and the results from the audit would change had a different set of child welfare records been randomly selected for auditing.

At the time of the audit, there were a total of 143 open and closed family service cases and 144 closed protection & non-protection incidents. A sample size of 38 family service cases and 40 incidents (protection & non-protection) were audited.

For this audit the number of child welfare records to be audited ensure (at the 90% confidence level) that the results from an audit are within plus or minus 15% percentage points (the margin of sampling error) from the results that would be obtained if the ministry audited every child welfare record within the agency.

More specifically, the 90% confidence level and 15% margin of sampling error means that if the ministry conducted 100 audits in the same Service Delivery Area (SDA) or DAA using the same sampling procedure it currently uses then in 90 of the 100 audits the results obtained from the audit would be within plus or minus 15% percentage points from the results that would be obtained if the ministry audited every child welfare records (files) within an SDA or DAA.

However it is important to note that some of the standards that are audited are only applicable to a subset (or reduced number) of the records that have been selected and so the results obtained for these standards may differ by more than plus or minus 15% percentage points from the results that would be obtained if the ministry audited every child welfare records within the agency.

The scope of the audit was March – September 2013 as the agency began using its revised draft *Case Management Model Manual* in 2013.

The computerized (ACPAT) was used to collect the data and generate office summary compliance reports and a compliance report for each file audited. Within ACPAT there is not ability to differentiate whether the incident is non-protection or not therefore the compliance findings are for incidents generally

Upon arrival at the agency, the analysts met with the Executive Director to review the audit purpose and process. The analysts were available to answer any questions from staff that arose during the audit process. At the completion of the audit, the analysts met with the Executive Director to provide some preliminary audit findings and discuss the next steps in the audit process. Interviews with the coordinators were conducted by phone after the fieldwork was completed.

3. AGENCY OVERVIEW

a) Delegation

Ktunaxa Kinbasket Child and Family Services is currently delegated to provide C6 legislated services. This level of delegation enables the agency to provide the following services:

- Child Protection;
- Temporary custody of children;
- Guardianship of children in continuing custody;
- Support services to families;
- Voluntary care agreements;
- Special needs agreements; and
- Establishing Residential Resources.

In 2009, a Delegation Confirmation Agreement was signed enabling the agency to provide services to the communities of Akisqnuq First Nation, Lower Kootenay

Band, St. Mary's Band, Shuswap band, Tobacco Plains Band and the Kootenay Region Métis Governance Council. The current Delegation Confirmation agreement expires April 2014.

b) Demographics

Ktunaxa Kinbasket Child and Family Services has been providing C6 legislated services since June 2004. The agency has three offices located in Cranbrook (IAB), Invermere (IAD) and Creston (IAC) which serve the five communities of the Ktunaxa Nation – Lower Kootenay, Shuswap, St. Mary's, Akisqnuq and Tobacco Plains – and the Métis and Urban Aboriginal people in the Ktunaxa Territory. The Aqam (Cranbrook) office is the main office of the agency and it is located on St. Mary's Band land. The communities and the corresponding catchment areas are in close proximity to their respective office and minimum travel time is required to visit these areas.

There are approximately 1129 registered on reserve band members for four of the five communities (the population for Tobacco Plains was unavailable) (www.aandc.ca). The population numbers for the Urban Aboriginal and Métis families was not available.

In addition to the range of services provided through their C6 Child Protection delegation, Ktunaxa/Kinbasket Child and Family Services Society also provides the following services:

- Infant & Early Childhood services;
- Early Years;
- Reconnection services;
- Family Support services;
- Strengthening Families Program;
- FASD Support services;
- Health Services;
- Cultural Connections services;
- Justice Advocacy services; and
- Sacred Family Circle services.

c) Professional Staff Complement

The delegated staff of the agency consists of an executive director, a manager of prevention services, four coordinators and twelve social workers. At the time of the audit, the agency was undergoing a reorganization of their service delivery structure/model. The new approach is being implemented at the Aqam office as they have a larger population to serve with the other two delegated offices

providing a blended service model. The non-delegated services will be provided out of the urban Cranbrook office. The new approach consists of:

1. Rapid Response Team: one coordinator, two C6 delegated social workers, one family support worker and one kinship care worker who will be providing kinship care and cultural connections services. The timeframe for service by this team is intake to 6 months involvement.
2. Long Term Team: one coordinator, three family support/guardianship delegated social workers, two family support workers (one fsw is delegated) and one kinship care worker. The time frame for service by this team is 6 months and longer.
3. Community Team: one coordinator, two early years workers, two family support workers (one fsw is delegated to C3), one justice worker and one Cultural worker.

The previous kinship care coordinator is now responsible for the kinship care contracts and completing the SAFE assessments. The transition to the new model is expected to be completed by January 2014.

4. DISCUSSION OF THE PROGRAMS AUDITED

As previously stated, the audit reflects the work done by the staff in the agency's delegated family service and child safety incidents over the past six months – March –September 2013.

a) Family Service cases

As noted earlier 38/143 open and closed family service cases were audited.

Family Service files achieved higher compliance with the following standards:

IAB (Cranbrook)- Office IAB has the higher volume of family service cases and therefore the most discrepancy in compliance across the standards compared to offices IAC & IAD.

- St 1 Receiving requests for Service;
- St 2 Supervisory Approval Required for Voluntary Services;
- St 3 Information and Referral for Voluntary Services;
- St 8 Special Needs Agreement; and
- St 27 Voluntary Services Protocols.

IAC (Creston)

- St 1 Receiving requests for Service;
- St 2 Supervisory Approval Required for Voluntary Services;
- St 3 Information and Referral for Voluntary Services;
- St 4 Involving the Aboriginal community in the Provision of Services;
- St 5 Family Service Plan Requirements and Support Services, Voluntary Care and Special Needs Agreements;
- St 9 Case Documentation; and
- St 27 Voluntary Services Protocols.

IAD (Invermere)

- St 1 Receiving requests for Service;
- St 2 Supervisory Approval Required for Voluntary Services;
- St 3 Information and Referral for Voluntary Services;
- St 4 Involving the Aboriginal community in the Provision of Services; and
- St 27 Voluntary Services Protocols.

Family Service files achieved lower compliance with the following standards:

IAB(Cranbrook)

- St 4 Involving the Aboriginal community in the Provision of Services;
- St 5 Family Service Plan Requirements and Support Services, Voluntary Care and Special Needs Agreements;
- St 6 Support Service Agreements;
- St 26 Closing Voluntary Services Files; and
- St 9 Case Documentation.

IAC (Creston)

- St 6 Support Service Agreements.

IAD (Invermere)

- St 6 Support Service Agreements.

Additional findings from the audit of the family service cases are:

- The agency does not use a support service agreement in its family service case practice and has not developed a comparable tool within its SOS practice or *Case Management Model Manual*. The mappings completed by the delegated staff need to include a reference to Sec 5 of the *CFCSA*, term of the agreement, people involved, services to be provided and is signed by all parties in order to comply with Standard 6.
- There is inconsistency across the three offices as to how the family service casework is documented in the files. While it is recognized that SOS allows for more discretion in how each worker completes the

required documentation it was noted that the analysts found it difficult to determine what each office considered to be a completed mapping, case recording or contact note/case consultation.

- There was difficulty determining within the BP database the difference between delegated and non-delegated family service cases and incidents. As all staff use BP as their case database, unless the worker changes the file type in the classification tab when the case moves from delegated service to non-delegated service and vice versa, there is essentially no way to tell the type of case it is when viewing BP only. This created a significant amount of work for the analysts as they had to manually review the file type of each open family service case and closed incident in order to determine if the family services being provided were delegated or non-delegated.
- Within the file documentation, the coordinator consultations lacked detail as to what was discussed and the direction provided.
- As was mutually agreed by KKCFS and the Provincial Director the Enhanced Safety Assessment is to be used in place of the SDM tools: Vulnerability Reassessment and the Reunification Assessment. As well within the *Case Management Model*, the Enhanced Safety Assessment may be completed more than once in a child protection response if the need to re-assess safety is required. This practice was not evident within documentation in the family service cases or incidents.
- Within the mappings, family plans and child safety plans, there was a lack of identifying information related to the purpose of the mapping/plan, whether it was an initial mapping/plan or a subsequent mapping/plan, person responsible for completing the document, completion dates, signatures of the participants and review dates. Within some of the cases audited, the analysts found it difficult to determine when the mapping/plan was completed and the purpose thus making it more difficult to establish what stage in the planning the case was at.

b) Child Safety - Incidents

As previously stated, 40 closed protection and non-protection incidents were audited. The incidents were audited on BP only as the agency does not use ICM other than to upload the case/incident name from BP to ICM.

Child safety Investigation/Incidents achieved higher compliance with the following standards:

IAB, IAC & IAD (Cranbrook, Creston & Invermere)

- St 1 Receiving Reports of Suspected Child Abuse and Neglect;
- St 2 Prior Contact Check and Registration;
- St 3 Immediate Risk and Emergency Response;
- St 4 Assessing the Child Protection Report;

- St 6 Family Support Services;
- St 10 Deciding Whether to Investigate;
- St 11 Determining the Investigation Response Time;
- St 12 Supervisory Approval Required for Child Protection Services;
- St 13 Initial Plan of Investigation;
- St 15 Steps in the Investigation (**IAC & IAD only**);
- St 16 Developing and Implementing a Child Safety Plan;
- St 17 Child Protection Agency Protocols;
- St 18 Seeing and Interviewing the Child (**IAC & IAD only**);
- St 20 Seeing and Interviewing the Parent;
- St 21 Deciding Whether or Not the Child Needs Protection;
- St 24 Time Limit for Investigations (**IAB & IAC only**); and
- St 30 Case Documentation (**IAC & IAD only**).

Child safety Investigation/Incidents achieved lower compliance with the following standards:

IAB (Cranbrook)

- St 15 Steps in the Investigation;
- St 18 Seeing and Interviewing the Child; and
- St 30 Case Documentation.

IAD (Creston)

- St 24 Time Limit for Investigations.

Additional findings from the audit of the protection and non-protection incidents are:

- Overall there was a lack of depth and detail in the documentation of the interviews, child safety history, case consults, collateral checks and information. In most of the incidents, it was evident that the social workers involved had previous knowledge or contact with the family and, therefore, used this in their assessment of the concern reported however it would be useful to have that knowledge summarized in the incident documentation as it would provide more context for the decisions made;
- A need for improved documentation of coordinator consultations, direction and approvals as it was found that in some of the incidents the only approvals were at the conclusion and sign off of the incident;
- The use of the Enhanced Safety Assessment was inconsistently applied across the three offices. In some of the incidents it was completed the day of the report, days/weeks later or at or near the completion of the incident, when being signed off.

As previously mentioned in the August 2013 practice audit report, it was identified that the training for staff the agency's *Case Management Model*

requires strengthening. Further to this, it was confirmed during this audit that the coordinators have the primary responsibility to ensure the delegated staff are familiar with and are using the model and that there has been no formal training plan developed to support this. While it is evident from the compliance findings that the agency’s SOS based practice is meeting AOPSI standards, it is appropriate to expect that the agency develop a training plan to ensure staff are knowledgeable of the manual contents and receive training on practice updates from the agency and MCFD as the *Case Management Model* includes references to Chapter 3.

5. COMPLIANCE TO PROGRAMS AUDITED

Two auditors audited the family service and incidents at KKCFSS. The ‘not applicable’ scores were not included in the total.

a) Compliance to Family Service Practice

The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C6 Child Protection family service including:

- Information and referral for service
- Supervisors approval regarding voluntary service
- Family Service Plan and components for support
- Review of Family Service Plan
- Support Service Agreements with families
- Voluntary and Special Needs Agreements
- File Documentation.

IAB – Twenty-eight (28) open and closed family service cases were audited. The overall compliance to the family service standards was **63%**.

IAC- Seven (7) open and closed family service cases were audited. The overall compliance to the family service standards was **84%**.

IAD – Three (3) open and closed family service cases were audited. The overall compliance to the family service standards was **79%**.

The overall agency compliance to the family service standards was **68%**.

The following provides a breakdown of the compliance ratings:

AOPSI – Voluntary Services Standards	IAB	IAC	IAD
Standard 1	22 cases (81%)	7 cases (100%)	3 cases (100%)

Receiving Requests for Services	compliant 5 cases (19%) non-compliant 1 case not applicable	compliant	compliant
Standard 2 Supervisory Approval Required for Voluntary Services	22 cases (79%) compliant 6 cases (21%) non-compliant	7 cases (100%) compliant	3 cases (100%) compliant
Standard 3 Information and Referral for Voluntary Services	22 cases (79%) compliant 6 cases (21%) non-compliant	7 cases (100%) compliant	3 cases (100%) compliant
Standard 4 Involving the Aboriginal community in the Provision of Services	10 cases (36%) compliant 18 cases (64%) non-compliant	7 cases (100%) compliant	2 cases (100%) compliant 1 case not applicable
Standard 5 Family Service Plan Requirements and Support Services, Voluntary Care and Special Needs Agreements	18 cases (67%) compliant 9 cases (33%) non-compliant 1 case not applicable	6 cases (86%) compliant 1 case (14%) non-compliant	2 cases (67%) compliant 1 case (33%) non-compliant
Standard 6 Support Service Agreements	18 cases (100%) non-compliant 10 cases not applicable	7 cases (100%) non-compliant	3 cases (100%) non-compliant
Standard 7 Voluntary Care Agreements	2 cases (67%) compliant 1 case (33%) non-compliant 25 cases not applicable	1 case (100%) compliant 6 cases not applicable	1 case (100%) compliant 2 cases not applicable

Standard 8 Special Needs Agreement	3 cases (100%) compliant 25 cases not applicable	No applicable cases	No applicable cases
Standard 9 Case Documentation	12 cases (43%) compliant 16 cases (57%) non-compliant	6 cases (86%) compliant 1 case (14%) non-compliant	2 cases (67%) compliant 1 case non-compliant
Standard 24 Transferring Voluntary Services Files	2 cases (67%) compliant 1 case (33%) non-compliant 25 cases not applicable	No applicable cases	No applicable cases
Standard 26 Closing Voluntary Services Files	4 cases (50%) compliant 4 cases (50%) non-compliant 20 cases not applicable	1 case (100%) compliant 6 cases not applicable	No applicable cases
Standard 27 Voluntary Services Protocols	26 cases (96%) compliant 1 case (4%) non-compliant 1 case not applicable	7 cases (100%) compliant	3 cases (100%) compliant

b) Compliance to Child Safety Practice

The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C6 Child Protection including, but not limited to:

- Supervisory consultation regarding child protection;
- Prior contact check and registration;
- Assessment and emergency response;
- Deciding whether to investigate and determining the response time;
- Initial plan and steps in investigation;

- Recording and reporting the investigation results; and
- Time limits for investigations to be completed.

IAB – Twenty-nine (29) closed incidents were audited. The overall compliance to the child safety standards was **86%**.

IAC- Three (3) closed incidents were audited. The overall compliance to the child safety standards was **98%**.

IAD – Eight (8) closed incidents were audited. The overall compliance to the child safety standards was **96%**.

The overall agency compliance to the family service standards was **89%**.

The following provides a breakdown of the compliance ratings:

Standard – AOPSI Child Protection	IAB	IAC	IAD
Standard 1 Receiving Reports of Suspected Child Abuse and Neglect	29 incidents (100%) compliant	3 incidents (100%) compliant	8 incidents (100%) compliant
Standard 2 Prior Contact Check and Registration	29 incidents (100%) compliant	3 incidents (100%) compliant	8 incidents (100%) compliant
Standard 3 Immediate Risk and Emergency Response	7 incidents (78%) compliant 2 incidents (22%) non-compliant 20 incidents not applicable	1 incident (100%) compliant 2 incidents not applicable	2 incidents (100%) compliant 6 incidents not applicable
Standard 4 Assessing the Child Protection Report	27 incidents (93%) compliant 2 incidents (7%) non-compliant	3 incidents (100%) compliant	8 incidents (100%) compliant
Standard 5 Kinship Care	1 incident (100%) compliant 28 incidents not applicable	1 incident (100%) compliant 2 incidents not applicable	No incidents applicable

Standard 6 Family Support Services	10 incidents (100%) compliant 19 incidents not applicable	2 incidents (100%) compliant 1 incident not applicable	3 incidents (100%) compliant 5 incidents not applicable
Standard 7 Voluntary Care and Special Care Agreements	1 incident (100%) compliant 28 incidents not applicable	No incidents applicable	No incidents applicable
Standard 8 Cooperative Planning and Dispute Resolution	No incidents applicable	No incidents applicable	No incidents applicable
Standard 9 Less Disruptive Measures	No incidents applicable	1 incident (100%) compliant 2 incidents not applicable	No incidents applicable
Standard 10 Deciding Whether to Investigate	24 incidents (96%) compliant 1 (4%) incident non-compliant 4 incidents not applicable	3 incidents (100%) compliant	6 incidents (100%) compliant 2 incidents not applicable
Standard 11 Determining the Investigation Response Time	22 incidents (88%) compliant 3 (12%) incidents non-compliant 4 incidents not applicable	3 incidents (100%) compliant	6 incidents (100%) compliant 2 incidents not applicable
Standard 12 Supervisory Approval Required for Child Protection Services	29 incidents (100%) compliant	3 incidents (100%) compliant	8 incidents (100%) compliant
Standard 13 Initial Plan of Investigation	22 incidents (85%) compliant 4 incidents (15%) non-compliant 3 incidents not applicable	3 incidents (100%) compliant	8 incidents (100%) compliant

Standard 14 Informing the Police	12 incidents (100%) compliant 17 incidents not applicable	1 incident (100%) compliant 2 incidents not applicable	1 incident (100%) compliant 7 incidents not applicable
Standard 15 Steps in the Investigation	17 incidents (65%) compliant 9 incidents (35%) non-compliant 3 incidents not applicable	3 incidents (100%) compliant	6 incidents (100%) compliant 2 incidents not applicable
Standard 16 Developing and Implementing a Child Safety Plan	8 incidents (89%) compliant 1 incident (11%) non-compliant 20 incidents not applicable	2 incidents (100%) compliant 1 incident not applicable	5 incidents (100%) compliant 3 incidents not applicable
Standard 17 Child Protection Agency Protocols	25 incidents (93%) compliant 2 incidents (7%) non-compliant 2 incidents not applicable	3 incidents (100%) compliant	8 incidents (100%) compliant
Standard 18 Seeing and Interviewing the Child	12 incidents (60%) compliant 8 incidents (40%) non-compliant 9 incidents not applicable	3 incidents (100%) compliant	4 incidents (80%) compliant 1 incident (20%) non-compliant 3 incidents not applicable
Standard 19 Arranging a Medical Examination of a Child	1 incident (33%) compliant 2 incidents (67%) non-compliant 26 incidents not applicable	No incidents applicable	No incidents applicable
Standard 20 Seeing	22 incidents (79%)	3 incidents (100%)	7 incidents (100%)

and Interviewing the Parent	compliant 1 incident (21%) non-compliant with factors 5 incidents non-compliant 1 incident not applicable	compliant	compliant 1 incidents not applicable
Standard 21 Deciding Whether or Not the Child Needs Protection	18 incidents (78%) compliant 5 incidents (22%) non-compliant 6 incidents not applicable	3 incidents (100%) compliant	6 incidents (100%) compliant 2 incidents not applicable
Standard 22 Action taken when the parent or child cannot be located	No incidents applicable	No incidents applicable	No incidents applicable
Standard 23 Reporting the Investigation Results	6 incidents (60%) compliant 4 incidents (40%) non-compliant 19 incidents not applicable	1 incident (100%) compliant 2 incidents not applicable	4 incidents (100%) compliant 4 incidents not applicable
Standard 24 Time Limit for Investigations	28 incidents (97%) compliant 1 incident (3%) non-compliant	2 incidents (67%) compliant 1 incident (33%) non-compliant	4 incidents (57%) compliant 3 incidents (43%) non-compliant 1 incident not applicable
Standard 25 Deciding Where to Place a Child	1 incident (50%) compliant 1 incident (50%) non-compliant 27 incidents not applicable	1 incident (100%) compliant 2 incidents not applicable	No incidents applicable

Standard 26 Take Charge	No incidents applicable	No incidents applicable	No incidents applicable
Standard 27 Supervision Orders	1 incident (100%) compliant 28 incidents not applicable	No incidents applicable	No incidents applicable
Standard 28 Where a Child or Family is Missing	No incidents applicable	No incidents applicable	No incidents applicable
Standard 29 Reportable Circumstances	1 incident (100%) compliant 28 incidents not applicable	No incidents applicable	No incidents applicable
Standard 30 Case Documentation	18 incidents (64%) compliant 10 incidents (36%) non-compliant 1 incident no applicable	3 incidents (100%) compliant	8 incidents (100%) compliant
Standard 31: Transferring Protective Family Service files	1 incident (100%) compliant 28 incidents not applicable	No incidents applicable	No incidents applicable
Standard 32 Transferring Children in Care Files	No incidents applicable	No incidents applicable	No incidents applicable
Standard 33 Closing Protective Family Service Files	No incidents applicable	No incidents applicable	No incidents applicable
Standard 34: Investigating Allegations of Abuse or Neglect in Family Care Homes	No incidents applicable	No incidents applicable	No incidents applicable
Standard 35 Quality of Care Review	No incidents applicable	No incidents applicable	1 incident (100%) compliant 7 incidents not applicable

8. ACTION PLAN

On May 8, 2014, the following action plan was developed in collaboration between Ktunaxa Kinbasket Child & Family Services and MCFD Office of the Provincial Director of Child Welfare & Aboriginal Services:

Actions taken to date:

Practice/Training:

1. KKCFS Management and Supervisors will ensure that all staff are (a) familiar with and (b) utilizing the KKCFS Case Management Model/Manual in their Practice. Specifically the decision making process for reviewing, transferring, or ending child protection services will be reviewed.

This action was completed March 3, 2014 in a Social Worker meeting and March 31, 2014 in a Support Worker meeting. Additionally the Director reviewed the information with all Supervisors.


****ACTION PLAN:**

Ktunaxa Kinbasket Child and Family Services Family Services & Child Safety Audit Action Plan		
Actions	Person/Organ ization Responsible	Action Taken/ Completion Date
<u>A – Practice/Training:</u>		
1. KKCFS will review agency developed forms to ensure workers are prompted to gather all required and detailed information when completing assessments and agreements.	Connie Santos, Executive Director, KKCFS	December 31, 2014
<u>B - Administration/File Management:</u>		
1. KKCFS will develop a policy/[procedure that will ensure all electronic records are printed and filed in the client file. This policy/procedure will be included in the KKCFS Case Management Manual and reviewed with all staff.	Connie Santos, Executive Director, KKCFS	September 30, 2014

<p>2. KKCFS will ensure that the Case Management Model/Manual clearly identifies the requirements for creating and entering contacts in the Best Practices system.</p>	<p>Connie Santos, Executive Director, KKCFS</p>	<p>September 30, 2014</p>
<p>3. KKCFS will ensure existing tracking systems for review dates (i.e. annual caregiver reviews, plans of care, agreement with parents, etc.) are being utilized by staff. The agency will ensure each Supervisor has a tracking system and it is being used by staff.</p>	<p>Connie Santos, Executive Director, KKCFS</p>	<p>September 30, 2014</p>
<p>4. KKCFS will ensure the mapping form used by the delegated staff is amended to reference Sec 5 of the CFCSA and include a signature for the parent(s) and a timeframe for the agreement (not exceeding six (6) months).</p>	<p>Connie Santos, Executive Director</p>	<p>September 30, 2014</p>

**** See 2013 KKCFS Resources & Guardianship Audit report for related audit & action plan details.**

PRACTICE AUDIT SIGNATURE PAGE: KTUNAXA KINBASKET CHILD & FAMILY SERVICES

 <p>Alex Scheiber Deputy Director of Child Welfare, MCFD</p>	<p>Date: 2015 May 29</p>
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APPENDIX A

KKCFS Case Management Model & AOPSI C6 Child Protection Family Service Audit Comparison – Sept. 13/13 (where blank is either silent in the KKCFS CMM or is as required by CFCSA)

Standard	KKCFSS Case Mgmt. Model Source/Comments
1. Receiving requests for service	
<p>A Voluntary Services social worker accepts requests for service, determines the nature of the service request and the caller's eligibility for service.</p> <p>The Voluntary Services social worker ensures that the service offered is within the delegated authority of the agency.</p> <p>When the Voluntary Services social worker has reason to believe that a child may be in need of protection while receiving a request for services, the social worker makes a report to a delegated child protection worker.</p> <p>When the Voluntary Services social worker receives a child protection report rather than a request for services, the social worker directs the reporter to a delegated child protection social worker and ensures the report is made.</p>	<ul style="list-style-type: none"> • Pg. 36 • KKCFS requires delegated SWs to record intakes on Best Practices.
2. Supervisory Approval Required for Services	
<p>The social worker consults with the supervisor and obtains the supervisor's approval at key points in the provision of Voluntary Services and ensures there is a thorough review of relevant facts and data before decisions are made.</p>	<ul style="list-style-type: none"> • Pg 91 & throughout case mgmt. model • Supervisor Consultations
3. Information and Referral for Services	
<p>People requesting voluntary services are directed to the service that best meet their needs.</p>	<ul style="list-style-type: none"> • Pg 74 • Referral
4. Involving the Aboriginal Community in the Provision of Service	
<p>When providing services to children and families, the social worker involves the child, family, extended family and, when appropriate, the designated representative of the family's Aboriginal band/cultural group or community in the planning and delivery of services.</p>	<ul style="list-style-type: none"> • Pg 33 • Authority to Share Information with the Designated Aboriginal Community Representative
5. Family service plan requirements for support services, voluntary care, and special needs agreements	
<p>The social worker develops a family service plan that defines the service needs of the child</p>	<ul style="list-style-type: none"> • Pgs 75/79/80/81/87 • Determination of KKCFS Case Manager & Building a Network(Completion of Service Map) • Development of Support/Service Plan

and family, the service required to address the needs, and the measurable goals of the service.	<ul style="list-style-type: none"> • Review/Reassessment
6. Support service agreements	
When providing voluntary services, the social worker enters into a signed Voluntary Services Agreement with the family.	
7. Voluntary care agreements (VCA)	
When a child comes into care through a voluntary agreement, the social worker enters into a signed Voluntary Care Agreement with the family.	
8. Special needs agreement (SNA)	
When a child with special needs requires specialized services outside the family home, the social worker enters into a signed Special Needs Agreement with the family.	
9. Case documentation	
There are accurate and complete recordings on file to reflect the Voluntary Services provided to the family.	<ul style="list-style-type: none"> • Pg 86 • Service Delivery • Mapping, Safety/Support Plans, Contact Notes, Supervisor Consultations – throughout case management model
24. Transferring Family Service Files	
Prior to transferring Voluntary Family Service files, social worker will complete all required documentation and follow existing protocol procedures.	<ul style="list-style-type: none"> • Pg 90 • Close/Transfer
26. Closing Family Service Files	
Prior to closing a Voluntary Family Service file, the social worker will ensure that the circumstances that necessitated the provision of services no longer exist.	<ul style="list-style-type: none"> • Pg 90 • Close Transfer
27. Protocols	
The social worker is familiar with and follows all protocols related to the delivery of child and family services that the Agency has established with local and regional agencies.	<ul style="list-style-type: none"> • SWs use of existing protocols with community and service providers will/should be evident throughout the documentation.

APPENDIX B

KKCFSS Case Management Model & AOPSI C6 Child Protection Investigation Audit Comparison – Sept. 13/13 (where blank is either silent in the KKCFSS CMM or is as required by CFCSA)

AOPSI Standard	KKCFSS Case Mgmt. Model Source/Comments
1. Receiving reports of suspected child abuse & neglect	
The social worker receives reports of suspected neglect or abuse by a person exercising a duty to report.	<ul style="list-style-type: none"> • Pg. 36 • KKCFSS requires delegated SWs to record intakes on Best Practices.
2. Prior contact check (PCC) and registration	
When receiving the child protection report, the social worker completes a prior contact check and registers the intake.	<ul style="list-style-type: none"> • Pg. 38 • SWs required to complete PCCs on ICM & BP & as necessary, other child welfare jurisdictions.
3. Immediate risk and emergency response	
When the report indicates the child is in immediate risk, the social worker takes the necessary action to ensure the child's safety.	<ul style="list-style-type: none"> • Pgs. 41/42
4. Assessing the child protection report	
The social worker completes an assessment for each child who is the subject of the report and determines the most appropriate response within five (5) days.	<ul style="list-style-type: none"> • Pgs 39/44/45/46
5. Kinship care	
When the parent is unable to care for a child, and other less intrusive measures have been exhausted, the social worker with parental approval, considers a Kinship Care Agreement for the child.	
6. Family support services	

<p>When a decision has been made to provide Family Support Services in response to a child protection report, the social worker will:</p> <ul style="list-style-type: none"> ▪ conduct an assessment of the family situation, using a standardized, culturally appropriate assessment tool; ▪ involve the child, family and extended family in the process; ▪ develop a plan to support the child and family that involve community service providers and addresses the child's safety and health throughout the process. 	<ul style="list-style-type: none"> • Pgs 41/42
<p>7. VCA and Special care agreements to ensure the child's safety</p>	
<p>When a child needs protection, the delegated child protection social worker considers a care agreement as an alternative to a court ordered decision to ensure the safety of the child.</p>	
<p>8. Cooperative planning and dispute resolution</p>	
<p><i>When agreement on an issue cannot be reached in the development of services to ensure the safety and well being of a child, the social worker, rather than seeking a court order, may offer alternative processes for resolving the issue. The processes include traditional dispute resolution process, family conferencing, mediation and any other community dispute resolution process.</i></p>	
<p>9. Less disruptive measures and removals</p>	
<p><i>Less disruptive measures are considered when a child is in need of protection unless the child is in immediate danger AND no alternative care arrangements or service options will ensure the safety of the child.</i></p>	
<p>10. Deciding whether to investigate</p>	

<p>After assessing the report, the social worker determines whether to investigate. In the case of a third child protection report within one year about a young child (e.g., under five), the social worker always investigates.</p>	<ul style="list-style-type: none"> • Pgs 44/45/46 • Determining the Response Type
<p>11. Determining the investigation response time</p>	
<p><i>The social worker begins the investigation as soon as possible, or immediately, if the child appears to be injured, in a life-threatening or dangerous situation OR within five (5) calendar days in all other cases.</i></p>	<ul style="list-style-type: none"> • Pgs 40/55 • Urgent – immediate or 24hrs • High – Asap or 5 days • Standard – No
<p>12. Supervisory approval required for child protection</p>	
<p>The social worker consults with the supervisor and obtains the supervisor’s approval at key points in the assessment and investigation process of reports of suspected child abuse or neglect, and ensures there is a thorough review of relevant facts and data before decisions are made.</p>	<ul style="list-style-type: none"> • Pg 91 & throughout case mgmt. model • Supervisor Consultations
<p>13. Initial plan of investigation</p>	
<p><i>Before starting an investigation, the social worker creates an initial plan for how the investigation will proceed.</i></p>	<ul style="list-style-type: none"> • Pg 48 • Development of a Response Plan
<p>14. Informing the police</p>	
<p>The social worker informs the police in all cases when he or she has received a report indicating that a child has been physically harmed, sexual abused, sexual exploited, or when a criminal act has occurred that affects the immediate safety of a child.</p>	<ul style="list-style-type: none"> • Pg 43/54 • Notifying & involving police
<p>15. Steps in the investigation</p>	
<p>The social worker completes the required steps in the investigation in order to develop a thorough and accurate assessment of the child’s need for protection. The social worker gives priority to seeing the child and ensuring the child’s immediate safety and completes the investigation within thirty (30) days.</p>	<ul style="list-style-type: none"> • Pg 54 • See & Observe the child’s home • Collateral Information gathering • Completing steps in the investigation
<p>16. Developing and implementing a safety plan</p>	
<p>After determining a child needs protection,</p>	<ul style="list-style-type: none"> • Pg 64

the social worker in consultation with the child, family and extended family develops a Child Safety Plan to ensure the child's safety.	<ul style="list-style-type: none"> • Safety Assessment
17. Child protection protocols	
The social worker must be familiar with and follow all protocols related to the delivery of child and family services that the Agency has established with local and regional agencies.	<ul style="list-style-type: none"> • SWs use of existing protocols with community and service providers will/should be evident throughout the documentation.
18. Seeing and interviewing the child	
<i>The child who is the subject of a child protection investigation is seen immediately if the child is in a life threatening or dangerous situation or as soon as possible in all other situations.</i>	<ul style="list-style-type: none"> • Pgs 53/57 • Interacting with Children Living in the Family Home • Interviewing the Child
19. Arranging a medical examination of a child	
When the social worker has reason to believe that a child may have been physically abused, sexually abused or seriously neglected, the social worker will ensure that the child is examined by a physician in a timely manner.	<ul style="list-style-type: none"> • Pg 60 • Medical Exam of Child
20. Seeing & interviewing the parent	
<i>In all child protection investigations, the social worker must interview the parent(s) in person.</i>	<ul style="list-style-type: none"> • Pgs 52/61 • Notifying Parent of Need for Assessment • Interviewing the Parent
21. Deciding whether or not the child needs protection	
<i>In every child protection investigation, the social worker must decide whether the child needs protection. The investigation is concluded when all steps of the investigation are complete and the social worker has determined whether or not the child needs protection.</i>	<ul style="list-style-type: none"> • Pgs 70/71 • Outcome of Intake
22. Action taken when the parent or child cannot be located	
<i>When the child or family cannot be located during the course of a child protection investigation, the social worker makes every reasonable effort</i>	

<p>to locate the child or family and complete the investigation. The social worker places an Alert on the Community Information System (C.I.S.).</p>	
<p>23. Reporting the investigation results</p>	
<p>The social worker provides information regarding the outcome of the investigation.</p>	<ul style="list-style-type: none"> • Pg 66 • Notifications & Outcomes
<p>24. Time limit for investigation</p>	
<p>The child protection investigation is completed within thirty (30) days of receipt of the report.</p>	<ul style="list-style-type: none"> • Pgs 52/72 • Timeframes for Commencement of Provision of Required Delegated Support Services • Timeframe for Completing the Investigation • 30 day completion
<p>25. Deciding where to place a child</p>	
<p>When making decisions regarding where to place a child, consistent with the child's best interests and need for stability and continuity of lifelong relationships, the social worker gives priority to placing the child:</p> <ul style="list-style-type: none"> ▪ with the child's extended family; ▪ within the child's Aboriginal band/cultural group or community; <p>with another Aboriginal family, if the child's own family or community cannot assume the child's care.</p>	
<p>26. Take charge</p>	
<p>The social worker takes charge of a child when it is necessary to provide temporary care in the absence of a parent.</p>	
<p>27. Supervision orders</p>	
<p>The social worker applies to the court for a supervision order with terms and conditions that ensures the child's safety and identifies the intent to remove the child if the terms and conditions are not met.</p>	
<p>28. Where a child or family is missing</p>	
<p>When a child and/or family with a Protective Family Service file is missing, lost or runaway, the social worker will place an Alert on the Community Information System (CIS) and make ongoing efforts to locate the child or family.</p>	

<p>29. Reportable circumstances</p> <p>The Executive Director/Program Director of the Agency and the Director CFCSA for Aboriginal Agencies are notified of reportable circumstances and grievous incidents.</p>	
<p>30. Case documentation for child protection services</p>	
<p>When providing child protection services the social worker will document all relevant, accurate, objective, complete and significant information gathered and actions taken during the provision of child protection services as defined by all AOPSI Child Protection Standards</p>	<ul style="list-style-type: none"> • Covers all of the standards required in a Child Safety or FDR response.
<p>31. Transferring protective family service files</p>	
<p>Prior to transferring Protective Family Service files social workers complete all required documentation and follow all existing protocol procedures.</p>	<ul style="list-style-type: none"> • Pg 90 • Close/Transfer
<p>32. Transferring children in care files</p>	
<p>Prior to transferring Protective Children in Care files social workers complete all required documentation and follow all existing protocol procedures.</p>	
<p>33. Closing protective family service & cic files</p>	
<p>Prior to closing a Child in Care file, the social worker will ensure that the circumstances that necessitated the provision of protective services no longer exist and the identified risks can be managed safely within the strengths and capacity of the family, extended family and community.</p>	<ul style="list-style-type: none"> • Pg 90 • Close/Transfer • Use of Enhanced Safety Assessment for reassessment of safety
<p>34. Investigating allegations of abuse or neglect in family care homes</p>	
<p>Allegations of abuse and neglect in family care homes are investigated by the Child Protection delegated social worker according to the Protocol Investigation of a Family Care Home.</p>	
<p>35. Quality of care review</p>	
<p>A Quality of Care Review of a Family Care Home is conducted whenever a quality of care concern arises and where the safety of the child is not an issue. The review is conducted by social workers with any/all levels of delegation.</p>	

