

CASE PRACTICE AUDIT REPORT
KNUCWENTWECW SOCIETY
(IMA)

Office of the Provincial Director of Child Welfare and Aboriginal Services
Quality Assurance Branch
Field Work Completed July 24, 2015

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CASE PRACTICE AUDIT REPORT

1. PURPOSE

The purpose of the audit is to improve and support child service, resource and family service practice. Through a review of a sample of cases, the audit is expected to provide a measure of the recent level of practice, confirm good practice, and identify areas where practice requires strengthening. This is the fifth audit Knucwentwecw Society.

The specific purposes of the audit are to:

- further the development of practice;
- assess and evaluate practice in relation to existing legislation and the Aboriginal Operational and Practice Standards and Indicators (AOPSI);
- determine the current level of practice across a sample of records;
- identify barriers to providing an adequate level of service;
- assist in identifying training needs;
- 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 the Aboriginal Case Practice Audit Tool (ACPAT) and the MCFD SharePoint site. Audits of delegated agencies providing child protection, guardianship, family services and resources for children in care are conducted according to a 3 year cycle.

2. METHODOLOGY

There were 2 quality assurance analysts from MCFD's Office of the Provincial Director of Child Welfare, Quality Assurance, who conducted the practice audit. The quality assurance analysts conducted the field work from July 13, 2015- July 24, 2015. The computerized Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data for the child service and resource files to generate agency compliance reports and individual compliance reports for each file audited. The MCFD SharePoint site was used to collect the data for the family service incidents and cases.

The population and sample sizes were based on data entered in ICM and confirmed with the agency prior to the audit commencing. At the time of the audit, there were a total of 47 open and closed child service files; 19 open and closed resource files; 8 open family service cases; 3 closed family service cases; 14 closed protection incidents; and 5 closed non-protection incidents.

A sample of 28 open and closed child in care files and 15 open and closed resource files were randomly selected for the audit. Due to the small population for family service cases and incidents, all applicable records were audited (census).

For this audit, the numbers of child welfare records in the samples ensure (at the 90% confidence level) that the results are within plus or minus 10% (the margin of sampling error) from the results that would be obtained if every child welfare record was audited within the agency. Additionally, since a census audit will be conducted for the closed protection and non-protection incidents and the open and closed family service cases there will be no margin of error. However, it is important to note that some of the standards used for the audit 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 from the stated margins of error.

During the course of the audit, 4 child services cases were re-selected for the following reasons:

- 3 cases were opened for provision of youth agreement (YAG); and
- 1 child service case was closed prior to the scope of the practice audit.

During the course of the audit, 2 family service cases (1 open and 1 closed) were removed from the audit because they were open for the provision of the extended family placement (EPF) program and not replaced as no other FS cases were available in the population.

The scope of the practice audit was:

- Open FS cases: open on August 31, 2014 and open for at least 6 months;
- Closed FS cases: closed between March 1, 2014 and August 31, 2014 and open for more than 6 months;
- Closed protection incidents: created after April 2, 2012, and closed between March 1, 2014 and August 31, 2014;
- Closed non-protection incidents: created after April 2, 2012, and closed between March 1, 2014 and August 31, 2014;
- Open and closed child service files: open between February 1, 2012 and November 30, 2014 and open for at least 3 months;
- Resource files: open between February 1, 2012 and November 30, 2014 and open for at least 3 months.

Upon arrival at the agency, the analysts met with the staff and the executive director to review the audit purpose and process. The analysts were also available to answer any questions from staff that arose during the audit process. While at the agency the analysts conducted in person interviews with delegated staff as well as telephone interviews at the completion of the fieldwork.

On July 16, 2015 a meeting occurred to review the preliminary findings with the executive director and on July 17, 2015 a meeting occurred with the acting team leader and available staff to review the preliminary findings as well to discuss the next steps.

3. AGENCY OVERVIEW

a) Delegation

Knucwentwecw Society is currently delegated at C6 Child Protection. This level of delegation enables the agency to provide the following services:

- Child protection;
- Temporary custody of children;
- Permanent guardianship of children in continuing custody;
- Support services to families;
- Voluntary Care Agreements;
- Special Needs Agreements;
- Establishing Residential Resources.

Knucwentwecw Society signed their initial Delegation Agreement in 1995 and in 1999, a Delegation Confirmation Agreement was signed confirming the agency's authority to provide child welfare services on April 1, 2010. The Delegation Confirmation agreement was effective April 1, 2010 - March 31, 2015. The parties signed a further modification agreement effective April 1, 2015 with an expiration date of March 31, 2016.

b) Demographics

Knucwentwecw Society has its own board of directors, constitution and by-laws. They provide services to 4 member First Nation bands within 6 reserve communities . As well as those members living in the urban community of Williams Lake. In May, 2011, the agency began the process of receiving urban members' files from MCFD.

Knucwentwecw serves the 4 First Nations communities of Canim Lake (Tsq'escen), Canoe Creek, Dog Creek (Stwecem'c/ Xgat'tem), Soda Creek/Deep Creek (Xat'sull/Cmetem') and Williams Lake (T'exelc). The population on these reserves is approximately 1209 (Source: Registered Indian Population by Sex and Residence 2013, Aboriginal Affairs and Northern Development Canada).

The vision of the Knucwentwecw Society is to provide services that re-enforce children's' cultural and traditional heritage, while protecting the children and supporting the families of the Northern Shuswap. The agency does not currently hold any contracts with MCFD in the provision of programs for support services.

Some of the community service providers which the agency utilizes are as follows:

- Three Corners Health Services Society;
- White Feather Wellness Centre;
- Social Development;
- Aboriginal CYMH Outreach;
- Cariboo Friendship Centre; and
- Family Support Workers (Canim Lake and Sugar Cane Reserves).

In addition, reserve and urban communities access services from local hospitals, public schools, and local police. The agency has one central office located in downtown Williams Lake, BC.

c) Professional Staff Complement

At the time of the practice audit, the agency staff included: an executive director; 1 acting team leader; 2 full time social workers; 1 full time resource worker (however this position at the time of the audit was working 2 days per week to complete a practicum placement outside of the agency). The agency has 1 administrative assistant; 1 data entry clerk; and 1 payroll clerk. The finance manager position was reported to be currently vacant. All of the social work staff are delegated according to their current positions and have completed the ASW or MCFD delegation training. The executive director of the agency has C6 delegation.

There has been a recent change with the long term team leader leaving the agency in June 2015. This position is being filled by an existing social work staff member acting in this position. The staff expressed the need to backfill vacancies, part time positions and sick leaves. Historically, the agency had up to 5 full time social workers which enabled the agency to cover for staff who were not working full time in their positions. It was reported that another full time staff will move to part time to pursue further education. It is not known whether there will be any coverage or plan to support the work of this position. The executive director shared that the board of directors is considering combining the positions of executive director and team leader at the agency. To this end, the executive director is in the process of completing a learning assessment with the agency's practice analyst to determine if any team leader upgrading is required.

The agency collaborates with MCFD to ensure staff receives mandatory training. The staff confirmed that opportunities for outside community training or educational workshops are reviewed on a case by case basis which is dependent on limited available funding. Some staff expressed their concerns about the infrequency of professional development opportunities and their inability to stay up to date on current best practices and policies. However, some staff also conveyed their appreciation to the agency for accommodating their requests to shift from full time to part time hours in order to pursue personal educational opportunities.

d) Supervision and Consultation

Supervision and consultation was identified as an area requiring improvement. Currently and historically, team leaders have had an open door policy for staff consults. The analysts who conducted this audit noted that individual clinical supervision times are not being scheduled with social workers and key case decision points, including the completion of SDM tools, are not being formally tracked. There is 1 team leader responsible for all delegated program areas. The acting team leader receives supervision from the executive director.

During times when the team leader is out of office, consultations are via email, text and phone calls. Due to the small staff complement at the agency, it can be challenging if both the team leader and executive director are both out of the office and unavailable for consultations. There appears to be a need to improve the communication and consultation processes during such absences. Some staff reported that in recent months, MCFD has been accessible for consults during team leader absences for urgent matters. In addition, the agency utilizes their assigned practice analyst from Aboriginal Services for support, policy consultations and periodic in-service practice orientations.

Staff expressed a desire for weekly team meetings with the team leader and / or executive director to promote open communication on administrative matters, policy changes and agency updates. Overall, the staff morale was described as low due to a perceived lack of transparency and communication with the leadership of the agency.

4. STRENGTHS OF THE AGENCY

The analysts identified, through data collection and staff interviews, several strengths of the agency and the agency's practice over the course of the audit:

- Many of the staff comes from the local communities they serve. The staff are committed to the families and have good knowledge of the communities their cultures and traditions;
- Many children and youth in care are placed in restricted placements on reserve. The staff feel this practice supports children/youth in care having connection with their cultural practices, family, and Aboriginal community;
- Many of the staff stated the administrative functions of the office work well;
- File documentation confirmed that appropriate services for children in care are sought;
- The physical files were in good order with documents grouped into sections in a chronological order;
- Staff is receiving mandatory training when available in the community and through partnership with MCFD training events;
- The staff at the agency are knowledgeable of the services available and recognize the strengths and challenges facing the communities.

5. CHALLENGES FACING THE AGENCY

The analysts identified, through data collection and interviews, some challenges at the agency and of the agency's practice over the course of the audit:

- The lack of backfill for staffing vacancies and staff who have moved from full time to part time positions has been identified as challenging. The casework falls to other staff to assume responsibility in responding to enquiries and urgent matters during absences;
- Recruitment/Retention of Aboriginal foster homes has been acknowledged as difficult in remote reserve communities. Some staff expressed a lack of funding available for family care home providers to attend training opportunities beyond their initial orientations;
- Staff expressed a need for the agency to dialogue with individual reserve communities to better explain the agency's roles and responsibilities with respect to guardianship services.

6. DISCUSSION OF THE PROGRAMS AUDITED

a) Child Service

The audit reflects the work done by the staff in the agency's delegated program over the past 3 years. The 23 standards in the CS practice audit are based on the AOPSI Guardianship Practice Standards. The standards are as follows:

AOPSI Guardianship Practice Standard	Compliance Description
St. 1: Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	The social worker has preserved and promoted the cultural identity of the child in care and provided services sensitive to the child's views, cultural heritage and spiritual beliefs.
St. 2: Development of a Comprehensive Plan of Care	When assuming responsibility for a child in care the social worker develops a Comprehensive Plan of Care/Care Plan. The comprehensive plan of care/care plan is completed within the required timeframes.
St. 3: Monitoring and Reviewing the Child's Comprehensive Plan of Care/Care Plan	The Comprehensive Plan of Care/Care Plan is monitored to determine progress toward goals, the continued safety of the child, the effectiveness of services, and/or any barrier to services. The comprehensive plan of care/care plan is reviewed every six months or anytime there is a change in circumstances.
St 4: Supervisory Approval Required for Guardianship Services	The social worker consults with the supervisor and obtains the supervisor's approval at key points in the provision of Guardianship Services and ensures there is a thorough review of relevant facts and data before decisions are made. There is documentation on file to confirm that the social worker has consulted with the supervisor on the applicable points in the standard.

St 5: Rights of Children in Care	The social worker has reviewed the rights with the child on a regular basis. The social worker has discussed the advocacy process with the child. Given the age of the child, the rights of the child or advocacy process has not been reviewed with the child but they have been reviewed with the caregiver or a significant adult to the child.
St. 6: Deciding Where to Place the Child	Documented efforts have been made to place the child as per the priority of placement.
St 7: Meeting the Child's Needs for Stability and Continuity of Relationships	There are documented efforts to support continued a and ongoing attachments
St 8: Social Worker's Relationship and Contact with a Child in Care	There is documentation that the social worker meets with the child when required as per the frequency of visits listed in the standard. Meetings are held in person and in private, and in a manner that allows the child and the social worker to communicate freely.
St 9: Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	There is documentation that written information on the child has been provided to the caregiver as soon as possible at the time of placement, and the social worker has reviewed appropriate discipline standards with the caregiver and the child.
St 10: Providing Initial and Ongoing Medical and Dental Care for a Child in Care	The social worker ensures a child in care receives a medical and, when appropriate, dental examination when coming into care. All urgent and routine medical services, including vision and hearing examinations, are provided for the child in care.
St. 11: Planning a Move for a Child in Care	The social worker has provided an explanation for the move to the child and has explained who his/her new caregiver will be.
St. 12: Reportable Circumstances	The agency Director and the Provincial Director of Child Welfare have been notified of reportable circumstances and grievous incidents.
St 13: When a Child or Youth is Missing, Lost or Runaway	The social worker in cooperation with the parents has undertaken responsible action to locate a missing, lost or runaway child or youth, and to safeguard the child or youth from harm or the threat of harm.
St 14: Case Documentation for Guardianship Services	There are accurate and complete recordings on file to reflect the circumstances and admission on the child to care, the activities associated with the Comprehensive Plan of Care/Care Plan, and documentation of the child's legal status.
St. 15: Transferring Continuing Care Files	Prior to transferring a Continuing Care file, the social worker has completed all required documentation and followed all existing protocol procedures.
St. 16: Closing Continuing Care Files	Prior to closing a Continuing Care file, the social worker has completed all required documentation and follows all existing protocol procedures.
St. 17: Rescinding a Continuing Care Order and Returning the Child to the Family Home	When returning a child in care of the Director to the parent entitled to custody, the protection social worker and the guardianship social worker develop a plan to ensure the child's safety. The plan is developed prior to placing a Continuing Care ward in the family home and reviewed prior to rescinding the Continuing Care Order.

St. 19: Interviewing the Child About the Care Experience	When a child leaves a placement and has the capability to understand and respond, the child is interviewed and his/her views are sought about the quality of care, service and supports received in the placement. There is documentation that the child has been interviewed by the social worker in regards to the criteria in the standard.
St. 20: Preparation for Independence	The social worker has assessed the youth's independent living skills and referred to support services and involved relevant family members/caregivers for support.
St. 21: Responsibilities of the Public Guardian and Trustee	The social worker has notified the Public Guardian and Trustee as required in the standard.
St. 22: Investigation of Alleged Abuse or Neglect in a Family Care Home	The social worker has followed procedures in Protocol Investigation of a Family Care Home.
St. 23: Quality of Care Reviews	The social worker has appropriately distinguished between a Quality of Care Review and Protocol Investigation. The social worker has provided a support person to the caregiver.
St. 24 Guardianship Agency Protocols	The social worker has followed all applicable protocols.

Findings from the audit of the child service files include:

- Cultural plans and cultural activities were clearly documented in less than half of the files (46% compliance);
- There was very minimal documentation for development of initial plans of care and subsequent monitoring and reviewing of comprehensive plans of care (CPOC's) (6% and 27% compliance respectively);
- The files had good documentation of supervisory consults and approvals (86% compliance);
- In files where review recordings were found, they were comprehensively documented; however, the majority of files did not have review or closing recordings;
- Significant efforts are being made by social workers in the planning of placement moves for children and youth and the importance of placing children with siblings, extended family or within the child's community was upheld where possible (100% and 95% compliance respectively);
- When documentation was located on the files, it did contain detailed information on medical, dental, and educational assessments (68% compliance);
- There was an absence of documentation on all files of the social workers' private contact with the children or youth in care every 30 days (0% compliance), although there was evidence of contact with the caregivers and others involved with the children/youth.; and
- The majority of files did not confirm that information about the children or the appropriate discipline standards being reviewed with the caregivers at time of placements (11% compliance).

Child service files achieved (50% or higher) compliance to the following standards:

- St.4 Supervisory Approval Required for Guardianship Services
- St.6: Deciding Where to Place the Child
- St.7 Meeting the Child's Needs for Stability and Continuity of Relationships
- St.10 Providing Initial and Ongoing Medical and Dental Care for a Child in Care
- St.11 Planning a Move for a Child in Care
- St.15 Transferring Continuing Care Files
- St.16 Closing Continuing Care Files
- St.20 Preparation for Independence
- St.21 Responsibilities of the Public Guardian and Trustee
- St.24 Guardianship Agency Protocols

Child service files achieved lower (less than 50%) compliance to the following standards:

- St.1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services
- St.2 Development of a Comprehensive Plan of Care
- St.3: Monitoring and Reviewing the Child's Comprehensive Plan of Care/Care Plan
- St.5 Rights of Children in Care
- St.8 Social Worker's Relationship and Contact with a Child in Care
- St.9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards
- St.12 Reportable Circumstances
- St.14 Case Documentation for Guardianship Services
- St.19 Interviewing the Child About the Care Experience
- St.22 Investigation of Alleged Abuse or Neglect in a Family Care Home
- St.23 Quality of Care Reviews

b) Resources

The audit reflects the work done by the staff in the agency's delegated programs for the past 3 years. The 9 standards in the Resource Practice Audit are based on the AOPSI Voluntary Service Practice Standards. The standards are as follows:

AOPSI Voluntary Service Practice Standards	Compliance Description
St. 28: Supervisory Approval Required for Family Care Home Services	The social worker consults with the supervisor and obtains the supervisor's approval at key points in the provision of Family Care Home Services and ensures there is a thorough review of relevant facts and data before decisions are made.
St. 29: Family Care Homes – Application and Orientation	People interested in applying to provide family care, restricted care, or specialized care complete an application and orientation process. The social worker provides an orientation for applicants re: the application process and the agency's expectations of caregivers when caring for children.
St. 30 : Home Study	Family Care Homes are assessed to ensure that caregivers understand and meet the Family Care Home Standards.
St 31: Training of Caregivers	Upon completion of the application, orientation and home study processes, the approved applicant(s) will participate in training to ensure the safety of the child and to preserve the child's cultural identity.
St 32: Signed Agreement with Caregiver	All caregivers have a written Family Care Home Agreement that describes the caregiver's role, responsibilities, and payment level.
St. 33: Monitoring and Reviewing the Family Care Home	The social worker will monitor the family care home regularly and formally review the home annually to ensure the standards of care and the needs of the child(ren) placed in the home continue to be met.
St 34: Investigation of Alleged Abuse or Neglect in a Family Care Home	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.
St 35: Quality of Care Review	A Quality of Care Review of a Family Care Home is conducted by a delegated social worker whenever a quality of care concern arises where the safety of the child is not an issue.
St 36: Closure of the Family Care Home	When a Family Care Home is closed, the caregivers are notified of the reasons for closure verbally and in writing.

Findings from the audit of resource files include:

- The agency has many long term Family Care Homes(FCH);
- File documentation was in good order;
- The agency uses an internal form called Standards Monitoring which provides a template for social workers when reviewing resource standards and criminal record expectations with caregivers;
- No coverage for resource team staff during absences/ part time work hours may be a factor impacting lower compliance to resource standards;
- Of the 2 applicable files there was non-compliance to the requirements for Quality of Care reports. (0% compliance);
- Tracking of orientation and ongoing training for caregivers was not found on files resulting in lower compliance rates (33% and 27% respectively);
- Annual reviews are not being completed with the caregiver on a yearly basis (33% compliance);
- FCH agreements had gaps in contract dates or they were not signed (47% compliance; and
- Closing recordings and letters to foster parents on reasons for file closures were located on half of the closed files (50% compliance).

Resource files achieved higher (50% or higher) compliance to the following standards:

- St.28 Supervisory Approval Required for Family Care Home Services
- St.30 Home Study

Resource files achieved lower (less than 50%) compliance to the following standards:

- St.29 Family Care Homes – Application and Orientation
- St.31 Training of Caregivers
- St.32 Signed Agreement with Caregiver
- St.33 Monitoring and Reviewing the Family Care Home
- St. 35 Quality of Care Review
- St. 36 Closure of the Family Care Home

c) Family Service

The 30 critical measures in the FS Practice Audit are based on Chapter 3 and the Child Protection Response Model. The critical measures are as follows:

Standard/ CP Response	Critical Measure	Compliance Description
3.1/R1	1 Obtaining a Child Protection (CP) Report or Request for Services	There is a full and detailed description of the reported incident or of the request for services.

3.1/R1	2 Conducting a Prior Contact Check (PCC)	A prior contact check is conducted and any available case information about the child/youth and family is reviewed.
3.1/R1	3 Assessing the child protection Report or Request for Services	CP report: Section 1 of the Screening Assessment was completed within 24 hours. Service request: The assessment was completed.
3.1/R2, R3	4 Timeframe for Assigning the Response Priority	CP report: Section 2 of the Screening Assessment was completed and the response priority assigned.
3.1/R2, R3	5 Assigning an Appropriate Response Priority	CP report: An appropriate response priority was assigned.
3.1/R2, R3	6 Timeframe for Assigning an Appropriate Response Priority	CP report: The 'Initial Response Priority' and 'Final Response Priority' sections of the Screening Assessment were completed and the response priority was assigned either immediately or within 24 hours or within 5 days, if a supervisor granted and documented an exception.
3.1/R2, R3	7 Making an Appropriate Response Decision	An appropriate response decision was determined with the worker.
3.1/R2, R3	8 Making a Response Decision Consistent with Assessment Information	The decision about the response was consistent with past information and reporter information.
3.1/R3	9 Timeframe for Making an Appropriate Response Decision	The response decision was made within 5 calendar days of receiving the report.
3.1/R3	10 Supervisory Approval of the Response Decision	The response decision about the response was approved by the supervisor within 24 hours and approval was documented.
3.2/R4	11 Completing the Safety Assessment Process	The Safety Assessment process was completed during the first in-person meeting with the family.
3.2/R4	12 Completing the Safety Assessment Form	The Safety Assessment document was completed no later than 24 hours after completion of the process and identified a Safety Decision.
3.2/R4	13 Making a Safety Decision Consistent with the Safety Assessment	The Safety Assessment form was completed and the Safety Decision was consistent with the Safety Assessment.

3.2, 3.3, 3.6/R4	14 Involving the Family in Development of the Safety Plan	The Safety Plan was developed in collaboration with the family.
3.4/R4	15 Supervisory Approval of the Safety Assessment and the Safety Plan	The Safety Assessment form, including the Safety Plan, if applicable, was approved by the supervisor and the approval was documented.
3.2, 3.3/R5	16 Completing the Vulnerability Assessment	The Vulnerability Assessment (VA) was completed in its entirety.
3.2, 3.3/R5	17 Timeframe for Completing the Vulnerability Assessment	The VA was completed within the 30 day timeframe for Family Development Response or Investigation.
3.2, 3.3/R5	18 Determining a Final Vulnerability Level	The Final Vulnerability Level was consistent with the information in the VA.
3.2, 3.3/R5	19 Making an Appropriate Decision on the Need for Protection Services	The decision regarding the need for FDR/Ongoing Protection Services was consistent with the VA.
3.2, 3.3/R5	20 Supervisory Approval of the Decision on the Need for Protection Services	The decision on the need for protection services was approved by the supervisor and the approval was documented.
3.2, 3.3/R6	21 Completing a Family and Child Strengths and Needs Assessment	The Strengths and Needs Assessment (SNA) was completed in its entirety.
3.2, 3.3/R6	22 Supervisory Approval of the Strengths and Needs Assessment	Supervisory approval of the SNA was documented.
3.2, 3.3, 3.6/R6	23 Developing the Family Plan with the Family	The Family Plan was developed in collaboration with the family.
3.2, 3.3, 3.6/R6	24 Integrating the Safety Plan into the Family Plan	Elements of the Safety Plan were integrated into the Family Plan.
3.2, 2.6/R6	25 Timeframe for Completing the Family Plan and Integrating the Safety Plan	The Family Plan was completed either within 15 days of completing the FDR Assessment phase, within 30 days of completing the FDR or INV when the newly opened Case remains with the Worker or within 30 days of the date of transfer to a new Worker.
3.2, 3.6/R6	26 Supervisory Approval of the Family Plan	The Family Plan was completed and approved by the supervisor.

3.2,3.7, 3.8/R8	27 Completing a Reassessment: Vulnerability Reassessment or Reunification Assessment	The formal reassessment was completed in its entirety.
3.2, 3.7, 3.8 /R8	28 Timeframe for Completing a Vulnerability Re-Assessment or a Reunification Assessment	The Vulnerability Re-Assessment or Re-Unification Assessment was completed within the timeframe.
3.2, 3.9/R9	29 Making an Appropriate Decision on Ending FDR Protection Services or Ongoing Protection Services	All three minimum criteria were met before the decision was made to end FCR Protection Services or Ongoing Protection Services.
3.2, 3.9/R9	30 Supervisory Approval of Decision on Ending FDR Protection Services or Ongoing Protection Services	Supervisory approval for ending FDR Protection Services or Ongoing Protection Services was documented.

Applicability of Audit Critical Measures by Record Type

Type of Family Service Record	Applicable Critical Measures
Incidents with an 'appropriate' non-protection response	FS1 – FS10
Incidents with an 'inappropriate' non-protection response	FS1 – FS20
Incidents with a protection response, involving either an Investigation or a FDR Assessment Phase only	FS1 – FS20
Incidents with a protection response, involving both a FDR Assessment Phase and a Protection Services Phase*	FS1 – FS30
Cases that remain open	FS21 – FS28
Cases that have been closed	FS21 – FS30

* No incidents of this type were identified in the audit

Findings from the audit of the closed protection and non-protection incidents include:

- Detailed descriptions of the callers' information were documented in ICM (100% compliance);
- Prior Contact Checks (PCCs), including summaries of past service involvements, were documented in ICM in over half the incidents (58% compliance);
- There was good completion of the Screening Assessments (95% compliance). Of the 19 records rated achieved, only 1 did not contain a Screening Assessment;

- The 24 hour timeframe for completing the Screening Assessments was compliant in 79% of the records. Of the 4 records rated not achieved, 1 did not contain a completed Screening Assessment and 3 Screening Assessments were not completed within 24 hours. Specifically, 1 was completed within 30 days and 2 were completed between 31 and 90 days. In the records rated as not achieved, the analysts conducting this audit found no information indicating that a child may have been left at risk of harm;
- The appropriate response priorities were assigned and documented in ICM in the majority of the incidents (95% compliance);
- In some of the incidents, the response priority sections in the Screening Assessments were not completed within the 24 hour timeframe and no supervisor exceptions were documented (79% compliance);
- All responses decisions were determined and documented in ICM by the social workers (100% compliance);
- In the vast majority of incidents, the response decisions were consistent with the assessment information (95% compliance). In the 1 record rated not achieved, the incident was assigned an inappropriate non-protection response. The analyst conducting the audit found no information in the record to suggest that the child may have been left at risk of harm;
- The majority of the response decisions were made within 5 days of receiving the reports (95% compliance). In the 1 record rated not achieved, this decision was documented within 30 days;
- Most of the response decisions were approved by supervisors within 24 hours and those approvals were documented in ICM (84% compliance);
- In most of the incidents, the Safety Assessment processes were completed with the families during the first in-person meetings and the details of these meetings were documented in ICM (73% compliance);
- The timeframe for completing the Safety Assessment forms was not met in most of the incidents (33% compliance). Of the 10 records rated as not achieved, 2 did not have completed Safety Assessment forms and 8 had Safety Assessment forms that were not completed with the required 24 hour timeframe. Specifically, 3 were completed within 30 days and 5 were completed between 31 and 90 days. The analysts conducting this audit found no information indicating that a child may have been left at risk of harm;
- Some safety decisions were found to be inconsistent with information within the Safety Assessments (67% compliance). Specifically, of the 5 records rated not achieved, 1 had no safety decision and 4 were identified as "safe" despite safety factors being identified. When safety factors are identified, the rating should be "safe with interventions" and then a safety plan is developed;
- Safety Plans were developed with the families and documented in just over half of the 13 applicable records (54% compliance). This low compliance was largely due to the lack of completed Safety Assessment forms;
- Supervisory approvals of the Safety Assessment forms and Safety Plans were documented in over half of the incidents (60% compliance). In some of the incidents, the forms were not completed until the date the incident was closed;

- The Vulnerability Assessments were completed with supervisory approvals and documented in ICM in the majority of the records (73% compliance);
- The timeframe for completing the Vulnerability Assessments within the 30 day timeframe was not met in a significant number of the incidents (47% compliance). Of the 8 records rated not achieved, 1 did not contain a Vulnerability Assessment, 3 were incomplete and 4 were not completed within the required timeframe. Specifically, 4 were completed between 30 and 90 days. The analysts conducting this audit found no information indicating that a child may have been left at risk of harm;
- In most of the incidents, the final vulnerability levels were determined and deemed consistent with the information contained within the Vulnerability Assessments (73% compliance). In records rated not achieved, the analysts conducting this audit found no information indicating that a child may have been left at risk of harm;
- In the majority of the incidents, there was documentation in ICM that the decisions on the need for ongoing protection services were consistent with the information gathered in the investigations or FDR assessment phases (80% compliance). In the records rated as not achieved, the analysts found no information indicating that a child may have been left at risk of harm; and
- Supervisory approvals of the decisions on the need for ongoing protection services were found in most of the records (93% compliance).

Incidents (protection and non-protection) achieved higher (50% or higher) compliance to the following critical measures:

- FS1 Obtaining a Child Protection (CP) Report or Request for Services
- FS2 Conducting a Prior Contact Check (PCC)
- FS3 Assessing the child protection Report or Request for Services
- FS4 Timeframe for Assigning the Response Priority
- FS5 Assigning an Appropriate Response Priority
- FS6 Timeframe for Assigning an Appropriate Response Priority
- FS7 Making an Appropriate Response Decision
- FS8 Making a Response Decision Consistent with Assessment Information
- FS9 Timeframe for Making an Appropriate Response Decision
- FS10 Supervisory Approval of the Response Decision
- FS11 Completing the Safety Assessment Process
- FS13 Making a Safety Decision Consistent with the Safety Assessment
- FS14 Involving the Family in Development of the Safety Plan
- FS15 Supervisory Approval of the Safety Assessment and the Safety Plan
- FS16 Completing the Vulnerability Assessment
- FS18 Determining a Final Vulnerability Level
- FS19 Making an Appropriate Decision on the Need for Protection Services
- FS20 Supervisory Approval of the Decision on the Need for Protection Services

Incidents (protection and non-protection) achieved lower (less than 50%)) compliance to the following critical measures:

- FS12 Completing the Safety Assessment Form
- FS17 Timeframe for Completing the Vulnerability Assessment

Findings from the audit of the open and closed family service cases include:

- The agency is not utilizing the SDM tools for family service cases. The analysts conducting this audit found no Family and Child Strengths and Needs Assessments, Family Plans, Vulnerability Reassessment or Re-Unification Assessment on any of the files (0% compliance on all measures);
- and
- Of the 2 applicable cases, one decision to end ongoing of protection services was assessed as inappropriate (50% compliant).

There was no critical measure which achieved 50% or higher in family service cases. Family Service cases (open and closed) achieved lower (less than 50%) compliance to the following critical measures:

- FS21 Completing a Family and Child Strengths and Needs Assessment
- FS22 Supervisory Approval of the Strengths and Needs Assessment
- FS23 Developing the Family Plan with the Family
- FS24 Integrating the Safety Plan into the Family Plan
- FS25 Timeframe for Completing the Family Plan and Integrating the Safety Plan
- FS26 Supervisory Approval of the Family Plan
- FS27 Completing a Reassessment: Vulnerability Reassessment or Reunification Assessment
- FS28 Timeframe for Completing a Vulnerability Re-Assessment or a Reunification Assessment
- FS29 Making an Appropriate Decision on Ending FDR Protection Services or Ongoing Protection Services
- FS30 Supervisory Approval of Decision on Ending FDR Protection Services or Ongoing Protection Services

7. COMPLIANCE TO THE PROGRAMS AUDITED

a) Child Service

There were a total of 28 open & closed child service files audited. The overall compliance rate to the child service standards was **51%**. The notes below the table provide the numbers of records for which the measure were assessed as not applicable and explain why.

Standard	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services (VS 11)	28	13	46%	15	54%
Standard 2 Development of a Comprehensive Plan of Care (VS 12)*	18	1	6%	17	94%
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care (VS 13)*	22	6	27%	16	73%
Standard 4 Supervisory Approval Required for Guardianship Services (Guardianship 4)	28	24	86%	4	14%
Standard 5 Rights of Children in Care (VS 14)	28	7	25%	21	75%
Standard 6 Deciding Where to Place the Child (VS 15)*	28	20	71%	8	29%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships (VS 16)	28	27	96%	1	4%
Standard 8 Social Worker's Relationship & contact with a Child in Care (VS 17)	28			28	100%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards (VS 18)*	28	3	11%	25	89%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care (VS 19)	28	19	68%	9	32%

Standard 11 Planning a Move for a Child in Care (VS 20)*	7	7	100%		
Standard 12 Reportable Circumstances (VS 21)*	3	1	33%	2	67%
Standard 13 When a Child or Youth is Missing, Lost or Runaway (VS 22)*	0				
Standard 14 Case Documentation (Guardianship 14)	28	7	25%	21	75%
Standard 15 Transferring Continuing Care Files (Guardianship 14)*	4	4	100%		
Standard 16 Closing Continuing Care Files (Guardianship 16) *	5	3	60%	2	40%
Standard 17 Rescinding a Continuing Custody Order (Guardianship 17)*	0				
Standard 19 Interviewing the Child about the Care Experience (Guardianship 19)*	8	2	25%	6	75%
Standard 20 Preparation for Independence (Guardianship 20)*	6	5	83%	1	17%
Standard 21 Responsibilities of the Public Guardian and Trustee (Guardianship 21)*	10	10	100%		
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home*	2	2	100%		
Standard 23 Quality of Care Review*	2			2	100%
Standard 24 Guardianship Agency Protocols (Guardianship 24)	28	27	96%	1	4%

Standard 2: 10 files included initial Care Plans completed prior to the scope period of the audit

Standard 3: 6 files involved children or youth discharged from care prior to the annual due dates of the Care Plans

Standard 11: 21 files involved children or youth who did not have placement changes or were placed with their families

Standard 12: 25 files did not contain information regarding reportable circumstances

Standard 13: 28 files did not contain information regarding children or youth missing, lost or runaway

Standard 15: 24 files did not involve the transferring of files

Standard 16: 23 files did not involve the closure of a Continuing Care file

Standard 17: 28 files did not involve rescindment of a Continuing Custody Order

Standard 19: 20 files involved children or youth who did not have placement changes or were too young to be interviewed

Standard 20: 22 files involved children too young to be prepared for independence

Standard 21: 18 files did not involve the Public Guardian and Trustee
Standard 22: 26 files did not include investigations of alleged abuse or neglect in family care homes.
Standard 23: 26 files did not include quality of care reviews

b) Resources

There were a total of 15 open and closed resource files audited. The overall compliance rate to the resource standards was **51%**. The notes below the table provide the numbers of records for which the measures were assessed as not applicable and explain why.

Standard	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
Standard 28 Supervisory Approval Required for Family Care Home Services	15	15	100%		
Standard 29 Family Care Homes Application and Orientation*	12	4	33%	8	67%
Standard 30 Home Study*	8	7	88%	1	12%
Standard 31 Training of Caregivers	15	4	27%	11	73%
Standard 32 Signed Agreements with Caregivers	15	7	47%	8	53%
Standard 33 Monitoring and Reviewing the Family Care Home*	15	5	33%	10	67%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home*	0				
Standard 35 Quality of Care Review*	2			2	100%
Standard 36 Closure of the Family Care Home*	2	1	50%	1	50%

St.29: 3 files included application and orientation documentation completed prior to the scope period of the audit

St.30: 7 files included home studies completed prior to the scope period of the audit

St.34: 15 files did not have investigations of alleged abuse or neglect.

St. 35: 13 files did not include quality of care reviews.

St. 36: 13 files were not closed

c) Family Service

The agency's overall compliance rate for Family Service (open and closed FS cases and closed protection and non-protection incidents) was **64%**. The following provides a breakdown of the compliance ratings:

Report and Screening Assessment

The table below provides compliance rates for measures FS 1 to FS 4, which have to do with obtaining and assessing a child protection report. The rates are presented as percentages of all records to which the measures were applied. The records included the selected samples of 14 closed protection incidents and 5 closed non-protection incidents.

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 1: Obtaining a Full and Detailed Report about a Child or Youth's Need for Protection	19	19	100%	0	0%
FS 2: Conducting a Prior Contact Check (PCC)	19	11	58%	8	42%
FS 3: Assessing the Report about a Child or Youth's Need for Protection	19	18	95%	1	5%
FS 4: Timeframe for Assessing the Report about a Child or Youth's Need for Protection	19	15	79%	4	21%

Response Decision

The table below provides compliance rates for measures FS 5 to FS 10, which have to do with assigning a response priority and making a response decision. The rates are presented as percentages of all records to which the measures were applied. The records included the selected samples of 14 closed protection incidents and 5 closed non-protection incidents.

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 5: Assigning an Appropriate Response Priority	19	18	95%	1	5%
FS 6: Timeframe for Assigning an Appropriate Response Priority	19	15	79%	4	21%
FS 7: Making an Appropriate Response Decision	19	19	100%	0	0%
FS 8: Making a Response Decision Consistent with the Assessment of the Report	19	18	95%	1	5%

FS 9: Timeframe for Making an Appropriate Response Decision	19	18	95%	1	5%
FS 10: Supervisory Approval of the Response Decision	19	16	84%	3	16%

Safety Assessment and Safety Plan

The table below provides compliance rates for measures FS 11 to FS 15, which has to do with completing a Safety Assessment, making a safety decision, and developing a Safety Plan. The rates are presented as percentages of all records to which the measures were applied. The records include the sample of 14 closed protection incidents augmented with 1 non-protection incident that had an inappropriate non-protection response. The note below the table provides the numbers of records for which the measures were assessed as not applicable and explain why.

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 11: Completing the Safety Assessment Process	15	11	73%	4	27%
FS 12: Completing the Safety Assessment Form	15	5	33%	10	67%
FS 13: Making a Safety Decision Consistent with the Safety Assessment	15	10	67%	5	33%
FS 14: Involving the Family in the Development of a Safety Plan	13	7	54%	6	46%
FS 15: Supervisory Approval of the Safety Assessment and the Safety Plan	15	9	60%	6	40%

*FS 14: 2 records were not applicable as the safety assessments did not identify safety factors.

Vulnerability Assessment

The table below provides compliance rates for measures FS 16 to FS 18, which have to do with completing a Vulnerability Assessment form and determining the vulnerability level. The rates are presented as percentages of all records to which the measures were applied. The records include the sample of 14 closed protection incidents augmented with 1 non-protection incident that had an inappropriate non-protection response.

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 16: Completing the Vulnerability Assessment Form	15	11	73%	4	27%
FS 17: Timeframe for Completing the Vulnerability Assessment Form	15	7	47%	8	53%
FS 18: Determining the Final Vulnerability Level	15	11	73%	4	27%

Protection Services

The table below provides compliance rates for measures FS 19 to FS 20, which have to do with making an appropriate decision about the need for ongoing protection services and obtaining supervisory approval of the decision. The rates are presented as percentages of all records to which the measures were applied. The records include the sample of 14 closed protection incidents augmented with 1 non-protection incident that had an inappropriate non-protection response.

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 19: Making an Appropriate Decision on the Need for Protection Services	15	12	80%	3	20%
FS 20: Supervisory Approval of the Decision on the Need for Protection Services	15	14	93%	1	7%

Strengths and Needs Assessment

The table below provides compliance rates for measures FS 21 and FS 22, which have to do with completing a Family and Child Strengths and Needs Assessment and obtaining supervisory approval for that assessment. The rates are presented as percentages of all records to which the measures were applied. The records included the samples of 7 open FS cases and 2 closed FS cases.

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 21: Completing a Family and Child Strengths and Needs Assessment	9	0	0%	9	100%
FS 22: Supervisory Approval of the Family and Child Strengths and Needs Assessment	9	0	0%	9	100%

Family Plan

The table below provides compliance rates for measures FS 23 to FS 26, which have to do with developing a Family Plan, integrating the Safety Plan into the Family Plan, and obtaining supervisory approval for the Family Plan. The rates are presented as percentages of all records to which the measures were applied. The records included the samples of 7 open FS cases and 2 closed FS cases.

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 23: Developing a Family Plan with the Family	9	0	0%	9	100%
FS 24: Integrating the Safety Plan into the Family Plan	9	0	0%	9	100%
FS 25: Timeframe for Completing the Family Plan and Integrating the Safety Plan	9	0	0%	9	100%
FS 26: Supervisory Approval of the Family Plan	9	0	0%	9	100%

Vulnerability Re-assessment and Re-unification Assessment

The table below provides compliance rates for measures FS 27 and FS 28, which have to do with the completion of either a Vulnerability Re-assessment or a Reunification Assessment and the timeframe for completing either assessment. The rates are presented as percentages of all records to which the measures were applied. The records included the samples of 7 open FS cases and 2 closed FS cases.

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 27: Completing a Vulnerability Re-Assessment or a Re-Unification Assessment	9	0	0%	9	100%
FS 28: Timeframe for Completing a Vulnerability Re-Assessment or a Reunification Assessment	9	0	0%	9	100%

Ending protection Services:

The table below provides compliance rates for measures FS 29 and FS 30, which have to do with ending protection services.

The rates are presented as percentages of all records to which the measures were applied. The records included the selected sample of 2 closed FS cases.

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 29: Making an Appropriate Decision on Ending FDR Protection Services or Ongoing Protection Services	2	1	50%	1	50%
FS 30: Supervisory Approval of Decision on Ending FDR Protection Services or Ongoing Protection Services	2	2	100%	0	0%

8. ACTION TAKEN TO DATE

- On October 6-8/2015, the agency's social workers, team leader and ED received training from the Aboriginal Services practice analyst on out of care options, reportable circumstances, SDM tools and Chapter 3.
- On August 30/2015, the agency implemented the triplicate Safety Plan form.


9. ACTION PLAN

Action	Person Responsible	Due Date
<p>Resources</p> <p>St.29: FCH application and Orientation St.31: Training of Caregivers St.33: Monitoring and reviewing the FCH</p> <ol style="list-style-type: none"> 1. The agency will develop a checklist to be placed on all open resource files to track all documentation requirements for the above standards. A copy of this checklist will be provided to the Office of the Provincial Director of Child Welfare. 2. The agency will review all open resource files and complete all overdue or outstanding FCH contracts and annual reviews. Completion of this action item will be confirmed, via email, to the Office of the Provincial Director of Child Welfare. 3. The agency will send a letter to all current and future caregivers outlining the requirements to inform the agency of events associated with each child's plan of care, including the submission of monthly progress reports. This letter will be provided to the Office of the Provincial Director of Child Welfare. 	<p>Arlene Adie Executive Director</p> <p>Arlene Adie Executive Director</p> <p>Arlene Adie Executive Director</p>	<p>December 31, 2015</p> <p>December 31, 2015</p> <p>December 31, 2015</p>

<p>Child Service:</p> <p>St.3: Monitoring and Reviewing the Child's Comprehensive Plan of Care St 5: Rights of Children in Care</p> <p>4. The agency will implement a tracking system to monitor the completion of care plans, including reviewing the rights of children in care and supervisory sign offs. This tracking system will be provided to the Provincial Director of Child Welfare.</p> <p>5. The agency will review all open child service files and will complete all overdue or outstanding care plans. Completion of this action item will be verified on ICM by the Office of the Provincial Director of Child Welfare.</p> <p>St. 9: Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards</p> <p>6. The Aboriginal Services practice analyst will review with all resource and guardianship social workers the policy requiring the director to provide caregivers with written information on children at the times of placement and annual reviews of the resource. The social workers and foster parents will jointly sign the agency's appropriate discipline standards form before placing them on the resource and child service files.</p>	<p>Arlene Adie Executive Director</p> <p>Arlene Adie Executive Director</p> <p>Arlene Adie Executive Director</p>	<p>December 31, 2015</p> <p>March 31, 2016</p> <p>December 31, 2015</p>
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Family Service Cases		
7. A re-audit of the Family Service cases will occur at the agency in the 2016/2017 audit schedule.	Don Miller Manager, DAA Quality Assurance	January 30, 2017
8. A letter will be sent to the agency with the directive that all SDM tools associated with incidents and cases are to be used.	Denise Devenny Director, Aboriginal Services	October 31, 2015

PRACTICE AUDIT SIGNATURE: KNUCWENTWECW SOCIETY

	<p>October 8, 2015</p>
<hr/> <p>Alex Scheiber Deputy Director of Child Welfare</p>	<hr/> <p>Date:</p>