

CASE PRACTICE AUDIT REPORT

Lalum'utul'Smun'eem Child & Family Services (IKD)

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CASE PRACTICE AUDIT REPORT

Lalum'utul'Smun'eem Child & Family Services (IKD)

1. PURPOSE

The purpose of the audit is to improve and support child service, guardianship and family service. Through a review of a sample of cases, the audit is expected to provide a measure of the level of practice during the scope periods (see below for dates), confirm good practice, and identify areas where practice requires strengthening. This is the fourth audit for Lalum'utul'Smun'eem Child & Family Services (LSCFS). The last audit of the agency was completed in June 2012 as per the regularly scheduled 3 year audit cycle.

The specific purposes of the audit are:

- 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.

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 November 17- December 16, 2014. Interviews with available delegated staff were completed by phone after the fieldwork was finished. The computerized Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data for the child service and resource files and generate office summary compliance reports and a compliance report for each file audited. The MCFD Sharepoint site was used to collect the data for the family service cases and incidents.

The population and sample sizes were based on data entered in the Best Practices (BP) database and confirmed with the agency prior to the audit commencing. One analyst provided the audit sampling criteria to the agency's information systems technician so that the case populations could be provided for the sampling selection process. In the initial lists there were a total of 21 open family service cases; 7 closed family service cases; 31 closed protection incidents; 39 closed non-protection incidents; 107 open and closed child service files and 111 open and closed resource files. These lists were then provided to Modelling Analysis & Information Management Branch (MAIM) for sample selection. MAIM identified problems cross referencing the BP cases

and incidents to ICM and a second request for a more refined search was made to the technician. A second set of case lists were provided by the contractor managing the BP database and these were provided to MAIM and the sample lists were provided to the analysts.

The original samples consisted of 16 open family service cases (final sample was 12); 6 closed family service cases; 29 closed protection incidents; 25 closed non-protection incidents (final sample was 10); 42 opened and closed resource files and 42 open and closed child service files were randomly selected for the audit.

Once the audit began it was clear that the audit criteria used for the sample selection was not compatible with the file classification within the BP database which resulted in the following:

- Child Service: 4 files were replaced as 2 files were opened in error, 1 file was open for less than 3 months and 1 file was closed prior to the audit scope period but not administratively closed until later;
- Resources: 25 files were replaced. The BP database requires an open RE for any type of payment to the resource so 11 files were open for payment purposes only, 2 files were open for the staffed group home, 7 files were closed prior to the audit scope period but not administratively closed until later, 2 files were pending resource files, 1 file was opened in error, 1 file could not be located, and 1 file was opened to document an AWOL youth;
- Open FS cases: Of the population of 21 cases originally provided, only 5 were protection FS cases and, of the remaining 16 cases, 2 were opened for repatriation documentation only, 2 were opened for the provision of EFP, 6 were opened as CIC files, 4 were opened for intake documentation, and 2 were opened for court service documentation only. Further review with a child safety manager of the open FS cases from open caseloads resulted in the identification of 7 additional FS cases that met the audit criteria. The audit of these 12 open FS cases was, therefore, a census audit. For census audit, every file in the population is audited and there was no margin of error and the confidence level is 100%.
- Closed FS cases: no files were replaced.
- Protection incidents: 5 incidents were replaced as 4 were outside of the audit scope period and 1 was opened for assessment of a COPH application.
- Non-protection incidents: Of the population of 39 non protection original incidents provided, only 2 were non-protection incidents and of the remaining 37 incidents, 34 records were duplicates from the protection incident population, 1 was screened out for a protection response, and 2 were outside of the audit scope period. Another list of non-protection incidents was provided by the BP contractor and 8 additional incidents were audited. The audit of these 10 non-protection incidents was a census audit.

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. Specifically, the 90% confidence level and 10% margin of sampling error means that if the ministry conducted 100 audits in the same 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 10 % from the results that would be obtained if the ministry audited every child welfare file within the DAA.

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 by more than plus or minus 10 % from the results that would be obtained if the ministry audited every child welfare record within the agency.

The need to replace files changed the population sizes for the CS and RE files and the analysts reviewed the changes to the population size with MAIM and confirmed that the confidence levels for the CS and RE files and the protection incidents did not change. MAIM also confirmed that a census audit for the open FS cases and non-protection incidents was the appropriate based on the small populations.

The scope of the practice audit was:

- Open and closed child service files, with files open for at least 3 months, from August 1, 2011 – August 31, 2014;
- Open and closed resource files, with files open for at least 3 months, from August 1, 2011 – August 31, 2014;
- Open family service cases: Open on August 1, 2014 for more than 6 months;
- Closed family service cases: Closed between March 1, 2014 and August 31, 2014 and open for more than 6 months;
- Closed protection incidents: Closed in the last 6 months – March 1, 2014 – August 31, 2014.
- Closed non-protection incidents: Closed in the last 6 months – March 1, 2014 – August 31, 2014.

The analysts were available to answer any questions from staff that arose during the audit process. At the completion of the fieldwork of the audit, the analysts held a teleconference with the acting executive director, the child safety managers and the acting adoption/resource manager to provide some preliminary findings and discuss the next steps in the audit process.

3. AGENCY OVERVIEW

a) Delegation

Lalum'utul'Smuneem CFS 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;
- Guardianship of children in continuing custody;
- Support services to families;
- Voluntary care agreements;
- Special needs agreements; and
- Establish residential resources.

Lalum'utul'Smun'eem Child and Family Services signed their initial Delegation Enabling Agreement in 1998 and has been providing fully delegated child protection services since that time. In September 2003, a Delegation Confirmation Agreement was signed effective until March 2008 which was renewed through a Renewal of Delegation Confirmation Agreement with a term of April 1st through March 2009. Further Renewal/Modification Agreements were entered into for the periods of April 1, 2009 to March 31, 2010; and April 1, 2010 to March 31, 2011; and April 1, 2011 to March 31, 2012; and April 1, 2012 to March 31, 2013; and April 1, 2013 to March 31, 2014. The agency is currently operating under a Delegation Confirmation Modification Agreement beginning April 1, 2014 and expiring March 31st, 2015.

The agency also provides adoption services through an Adoption Enabling Agreement and is the only DAA in the province providing this service. Cowichan Tribes and MCFD entered into an Adoption Enabling Agreement with a term of November 13, 2007 through March 31, 2012, and subsequently extended and modified the agreement through three Adoption Enabling Agreements with terms of April 1, 2012 to March 31, 2013; and April 1, 2013 to March 31, 2014; and April 1, 2014 to March 31, 2015.

b) Demographics

Lalum'utul'Smuneem Child and Family Services provides on reserve services to the community of Cowichan in the Cowichan Valley. Cowichan is adjacent to the city of Duncan and the municipality of North Cowichan. The community of Cowichan is approximately 50 kilometres northwest of Victoria on Vancouver Island. Cowichan consists of 7 traditional villages and 9 reserves on approximately 2389 hectares. There are 4741 registered Cowichan band members (*Aboriginal Affairs and Northern Development Canada, Aboriginal Peoples and Communities, Registered Population, 2013*) with approximately half of that population living on reserve

LSCFS provides a full range of delegated services under their Child Protection Delegation. In addition to the delegated services, the Child and Family Program provides the following non-delegated programs to Cowichan Tribes members:

- Supervised visits;
- Daughters of Tradition;
- Sons of Tradition;
- Spring Up;
- Annual adoption family camp;

- Spring break family camp;
- Specialized services to children – one to one services;
- Journey of Strength;
- Family Finder;
- Youth Mentor;
- Parenting Coach;
- Men's domestic violence group – in partnership with MCFD;
- Mental Health Counselling services; and
- Art Therapy.

Lalum'utul'Smun'eem Child and Family Services focuses on providing community based services which are culturally appropriate for Cowichan people. These programs are an integral part of the planning for services provided to the children in care and their caregivers. They provide important support and connection to the child/youth's individual Aboriginal heritage.

c) Professional Staff Complement

In 2013, the agency underwent a reorganization and change in management when the previous ED and Associate ED left the agency and a contracted ED was hired for 1 year. One of the child safety managers was promoted to the Associate ED position and worked closely with the contracted ED through 2014. During the fieldwork of the audit, the contract with the contracted ED was not renewed and the Associate ED began an acting ED position until a new ED is recruited in 2015. The reorganization of the agency was part of the contracted ED's work and 2 phases were approved by Cowichan Tribes:

- Phase 1: Restructure the teams: separation of the child safety teams into intake and guardianship. The initial attempt to separate the work by team was not as successful as the agency expected and in September 2014, the teams returned to a generalist model with each team reporting to the team manager. This phase was completed in November 2014, just prior to the audit.
- Phase 2: Amalgamation of the support services and adoption teams: this work was in progress at the time of the audit. The posting for the manager position is being planned.

LCFS is made up of 7 teams with a manager for each team. There are 2 child safety teams; a support services (family care home) team; a family connection team; an adoption team; a Hulithut Group Home team; and the administrative team. The child safety teams consist of 2 managers and 7 social worker positions. These positions are generalist positions and cover all areas including guardianship, family service and intake/ investigation/FDR. The support services team consists of 1 manager and 4 social worker positions. The family connections team is made up of 1 manager, 2 family connection workers, 2 art therapists and a mental health therapist. The role of the family connection worker is to work with children and families in areas such as culture, youth issues and preventative measures. The adoption team consists of 1 manager and 1 social worker position. The administrative team includes an office manager, an information systems technician, a clerk that supports the support services team, a file

clerk, a receptionist, a transportation/support worker and a janitor. In addition there is a best practices manager for the agency. Each team has an assigned designate to act for managers when they are on vacations or out of the office for longer periods of time.

All of the delegated staff have completed the Aboriginal social work delegation training. Of those delegated staff with conduct and/or supervision of files at the time of the audit, 11 have C6 delegation, and 3 have C3 delegation. Additionally, the associate director, the best practice manager and the family connections manager have C6 delegation. The family connections manager was previously a child safety manager and continues to provide after-hours response on child safety reports.

The information systems technician manages the data interface between Best Practices, ICM and MIS as none of the delegated staff directly enter information into ICM or MIS. This practice has been in place within the agency for many years and has been identified in previous audits.

d) Supervision and Consultation

Since the reorganization, the delegated teams of LSCFS no longer utilize a collaborative practice model (2012 audit description: collaborative management model in which all of the team managers are involved in the decision making. In the case of the delegated work, the Executive Director, the Associate Director and the Child Safety and Support Services managers are involved) and now use a traditional supervision model whereby the social worker and the team manager consult and on individual cases.

The entire agency meets once a month for agency wide discussions and updates. Supervision of the child safety teams is provided through an open door policy, individual weekly team meetings and a weekly team meeting for both teams. A morning stand up meeting occurs on one of the teams. At this meeting, after-hours reports are reviewed, daily plans are discussed and any urgent matters are addressed. The managers have at times also managed vacant caseloads while providing supervision to the teams. Although most of the staff described the quality of their supervision as satisfactory, the need for regularly scheduled clinical supervision was identified as an area needing improvement. It was reported that the 2 child safety managers have different supervision styles and the staff are adjusting to the differences.

The support services team meets with their manager weekly and regular consultation is provided or available however, for some of the staff, the quality of the supervision was described as not meeting their needs. It was also reported that the new social workers on the team were unsure of what was expected of them. There was a change in manager on this team during the time of the audit so any change to the supervision of the team is unknown.

4. STRENGTHS OF THE AGENCY

The analysts identified several strengths at the agency and of the agency's practice over the course of the audit:

- LSCFS staff are committed to serving their clients and the community using their knowledge of the culture and traditions of the Cowichan Nation. They are knowledgeable of the services available to the community. They recognize the strengths and challenges facing the community. They attempt to work with the community's strengths and support the community in the challenges they face. The majority of the staff are First Nations, many being members of the community served by the agency and have knowledge of the history, language and culture of the Nation. With more Cowichan staff working in the agency, the visibility and perception of the agency in the community has improved.
- LSCFS has placed a focus on the culture of the child. Many of the children/youth in care are connected with a prevention worker who supports the children/youth in enhancing their cultural knowledge. Extended family members remained involved in the children's lives and in the planning for the children, even though the children may be in continuing custody. There is evidence on the files of permanency planning occurring with the children/youth in care through adoption planning and use of 54.1 and 54.01. The agency is also very supportive in maintaining contact between children and their family members. Supervised visits, access to extended family and placements with family were the methods most often utilized to preserve contact.
- Since the reorganization in the agency, they have worked on strengthening their partnership with their practice analyst for support and to provide additional training as needed. In addition, the staff have taken training in SDM, Care Plans, Domestic Violence and ICM to strengthen these areas of practice.
- Referrals for service – The auditors found that the agency social workers were determined to find the appropriate services for the children and families they served. The social workers effectively utilize the services provided by the agency as well as outside sources to refer their clients to. Some of the social workers are working with children with very complex medical issues and the social workers' level of knowledge of the children's needs was very evident in the file documentation.

5. CHALLENGES FACING THE AGENCY

The analysts identified several challenges at the agency and of the agency's practice over the course of the audit:

- The agency has experienced a significant challenge with staff turnover throughout the past few years. Each of the teams had 1 or more vacancies that were being covered by other social workers or by the managers. Given the agency's reorganization in the past 2 years, this has created additional stress for

the staff to adjust to new leadership and other changes within the agency. The agency's management is aware of this challenge and continue to work to address the staffing concerns.

- Prior to the agency reorganization in 2013, there was resistance by agency management to use of the SDM tools. Since the change in leadership at the agency, the use of the SDM tools became operational in 2014. The agency's practice analyst has provided additional ICM training for the staff however it was evident from the audit that the staff have not completely adopted the tools or do not have a thorough understanding of when and which tool is to be used. This adversely impacted compliance ratings for incidents and FS cases.
- The agency experienced a great deal of computer issues in late 2013 as the SDM tools were not imbedded into the BP database with the exception of the enhanced Safety Assessment. This continues to be an area of concern with BP. The result is that updated tools are sent to the agency by the BP contractor and then as the tools are completed, they are scanned into the BP database. There were examples within the incidents or FS cases where a tool was not scanned into BP and this adversely impacted compliance ratings. Agency management is aware of this concern and is developing a list of items for the contractor managing the BP database to include in BP.

6. DISCUSSION OF THE PROGRAMS AUDITED

a) Child Service

The audit reflects the work done by the staff in the agency's guardianship 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 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:

- There was thorough documentation of involvement in Cowichan cultural events and culturally appropriate services in the community, Daughters of Tradition, Sons of Tradition, Journey of Strength and the Big House (81% compliance);
- In many of the files, over the 3 year audit scope period, there was a significant lack of Care Plans/CPOCS. Some of the CPOCs had repeated content from a previous CPOC and some had only 1 or 2 sentences of new information in the document (37% compliance);
- The new Care Plan template is not being used at the agency;
- Good documentation of supervisory approvals and consults was found throughout the files (93% compliance);
- Reviews of rights of children in care are not being completed regularly with the child/youth in care or significant person to the child or youth if there are capacity concerns or child is of a young age (48% compliance);
- Rationales for placement selections were documented and efforts were made to involve family members as options for placements (98% compliance);
- Significant efforts are being made by the social workers to support and maintain contact between the children/youth in care and their siblings, parents, extended families and community members (98% compliance);
- Documentation on many of the files of the social workers' private contact with children/youth in care did not meet the standard. While there was evidence of regular contact with the caregivers and others involved with the children and youth, it was difficult to find evidence that private visits occur with the social workers and children and youth every 30 days (14% compliance);
- Limited documentation of annual medicals, dentist and optical appointments, speech therapy, occupational and physical therapy as well as other assessments was found on the files (57% compliance);
- When a child/youth in care was being moved to a new placement, there was clear documentation of the reason for the move and the planning involved (100% compliance);
- In some of the files, the analysts were unable to find required reportable circumstances reports (RC). While there was documentation in the case notes that responses had occurred to the circumstances, completed RCs could not be located (29% compliance). Specific files in which this occurred are in the individual case audit reports that the agency receives as part of the audit process;
- There was a lack of documentation that the children/youth in care have been interviewed about their care experiences when leaving their placements (31% compliance); and
- Of the 6 applicable files with youth in care, over half contained comprehensive documentation on independent living planning and transitioning to adult CLBC services (67% compliance).

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

- St. 1 Preserving the Identity and Providing Culturally Appropriate Services;
- 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. 13 When a Child or Youth is Missing, Lost or Runaway;
- St. 15 Transferring Continuing Care files;
- St. 16 Closing Continuing Care files;
- St. 17 Rescinding a CCO and Returning the Child to the Family Home;
- St. 20 Preparation for Independence;
- St. 21 Responsibilities of the PGT;
- St. 22 Investigation of Alleged Abuse or Neglect in a Family Care Home;
- St. 23 Quality of Care Review; and
- St. 24 Guardian Agency Protocols.

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

- St. 2 Development of a Comprehensive Plan of Care;
- St. 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care;
- 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 the Appropriate Discipline Standards;
- St. 12 Reportable Circumstances;
- St. 14 Case Documentation for Guardianship Services;
- St. 16 Closing Continuing Care Files; and
- St. 19 Interviewing the Child about the Care Experience.

b) Resources

The audit reflects the work done by the staff in the agency's resources program over 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 the resource files include:

- There are a great number of Cowichan caregivers caring for Cowichan children/youth in care of the agency;
- Good documentation of supervisory approvals and consults was found throughout the files (95% compliance). These also include supervisory approvals on key documents such as the home studies, exceptions to policy and family care home agreements;
- In some of the files, incomplete applications and orientation documentation was found (45% compliance). In some of the older files, updated consolidated criminal record checks had not been completed and in many of the files, completed PCCs were not documented or were not included in the assessment of the caregivers;

- Completed home studies were found on most of the files (87% compliance).
- The agency does not use the SAFE model for home studies and is using a question and answer style survey rather than a narrative style with an assessment section. The analysts provided feedback to agency management at the time of the audit fieldwork on the suitability of this style home study compared to a more comprehensive home study model that includes an assessment and recommendation for use sections;
- Training offered to and taken by the caregivers was well documented throughout the files (86% compliance). The agency appears to have frequent training opportunities available for their caregivers as well as provides in-home information sessions on cultural activities for the caregiver and children/youth. The agency requires their caregivers to complete the MCFD 53 hour caregiver training within 2 years of being approved;
- Some of the files were missing complete, signed and consecutive family care home agreements (55% compliance);
- Completed annual reviews were not found for the entire 3 year audit scope period in two thirds of the records (33% compliance); however, there was documentation the social workers are maintaining regular contact with their caregivers through in person home visits and phone/email contact;
- While there were only a few applicable files, there was a lack of cohesiveness in the documentation of the response to investigations of alleged abuse or neglect in family care homes and quality of care reviews. Often the information was found throughout the file rather than contained in one section on the file and the protocol investigations or quality of care reviews were not registered in MIS/ICM. While the analysts were able to determine that comprehensive responses had occurred, it is recommended that the agency file all related documents together as well as register the protocol investigations or quality of care reviews in MIS/ICM; and
- In some of the closed resource files, incomplete closing documentation was found and the reasons for closures were not documented in closing recordings (41% compliance).

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

- St. 28 Supervisory Approval Required for the Family Care Home Services;
- St. 30 Home Study;
- St. 31 Training of Caregivers;
- St. 34 Investigation of Alleged Abuse or Neglect in a Family Care Home; and
- St. 35 Quality of Care Review.

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

- St. 29 Family Care Homes – Application and Orientation;
- St. 33 Monitoring and Reviewing the Family Care Home; and
- St. 36 Closure of the Family Care Home.

c) Family Service

The audit reflects the work done by the staff in the agency's child safety programs over the follow time periods: 1) all documentation within closed incidents 2) 12 months prior to closing FS cases 3) 12 months prior to August 1, 2014 for open FS cases.

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	Elements of the Safety Plan were

	Plan into the Family Plan	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 (FS critical measures 1-20) include the following:

- Full and detailed descriptions of the reported incidents were documented in BP for most of the incidents (97% compliance);
- PCCs, including summaries of past service involvements and outcomes were documented in BP for all the incidents (100% compliance);
- Less than half of the incidents had completed Screening Assessments (41% compliance). Of the 16 records with completed Screening Assessments, all but one were completed within 24 hours of receiving the reports;
- The appropriate response priorities were assigned and documented in BP for less than half of the incidents (46% 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 (46% compliance);
- In all of the incidents, the responses decisions were determined by the social workers and documented in BP (100% compliance);
- In most of the incidents, the response decisions were consistent with the assessment information (97% compliance). It should be noted that one record was rated as not achieved for FS 8 because it had been incorrectly assigned a non-protection response;
- Most of the response decisions were made within 5 days of receiving the reports (97% compliance) and the supervisory approvals were documented in BP (92% compliance);
- The timeframe for completing the Safety Assessment forms were not met in most of the incidents. Of the 28 records audited, only 13 (46%) had completed Safety Assessment forms and, of these 13, 6 were completed beyond the required 24 hour time frame. Times for completion ranged between 3 – 48 days. In some of the incidents, the forms were not completed until the date the incident was closed;
- 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 BP (86% compliance);
- In less than half of the incidents, the safety decisions were documented in BP and were consistent with the information in the Safety Assessments (43% compliance). This low compliance was largely due to the lack of completed Safety Assessment forms. Of the 13 completed Safety Assessments, only 1 safety decision was deemed inconsistent with the information within the form. 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;
- In approximately one third of the records, necessary Safety Plans were developed with the families and documented (35% compliance). This low compliance was largely due to the lack of completed Safety Assessment forms. Of the 17 records rated as non-compliant for Safety Plans, 15 did not have Safety Assessments and 2 Safety Assessments documented safety

decisions that were inconsistent with the information gathered and, therefore, did not contain necessary safety plans.

- Supervisory approvals of the Safety Assessment forms and Safety Plans were documented in half the records (50% compliance);
- In only 3 of the incidents, the Vulnerability Assessments were completed with supervisory approvals and documented in BP (11% compliance);
- The timeframe for completing the Vulnerability Assessments within the 30 day timeframe was not met in a significant number of the incidents and in most of the incidents the Vulnerability Assessment was not completed at all (7% compliance);
- In most of the incidents, the Final Vulnerability Levels were not determined because the Vulnerability Assessments had not been completed (11% compliance). 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.;
- In the majority of the incidents, there was documentation in BP that the decisions on the need for ongoing protection services were consistent with the information gathered in the investigations or FDR assessment phases (96% compliance). 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;
- In most of the incidents, supervisory approvals on the need for protection services were documented in BP (96% compliance);
- In some of the incidents, after-hours had a role in receiving the reports, conducting the PCCs, assessing the reports, completing the Screening Assessments, assigning the response priorities and making the immediate response decisions. In some of the incidents, there was documentation in BP that the agency's social workers and managers had revised the response decisions made by after-hours following thorough reviews of the information. In all these instances, the response decisions by after-hours were determined to be appropriate by the analysts conducting the audit.

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

- FS 1 Obtaining a Full and Detailed Report about a Child or Youth's Need for Protection;
- FS 2 Conducting a Prior Contact Check (PCC);
- FS 3 Assessing the Report about a Child or Youth's Need for Protection (non-protection only);
- FS 4 Timeframe for Assessing the Report about a Child or Youth's Need for Protection (non-protection only);
- FS 5 Assigning an Appropriate Response Priority (non-protection only);
- FS 6 Timeframe for Assigning an Appropriate Response Priority (non-protection only);
- FS 7 Making an Appropriate Response Decision;

- FS 8 Making a Response Decision Consistent with the Assessment of the Report;
- FS 9 Timeframe for Making an Appropriate Response Decision;
- FS 10 Supervisory Approval of the Response Decision;
- FS 11 Completing the Safety Assessment Process;
- FS14 Involving the Family in the Development of a Safety Plan;
- FS 16 Completing the Vulnerability Assessment Form;
- FS 19 Making an Appropriate Decision on the Need for Protection Services;
- FS 20 Supervisory Approval of the Decision on the Need for Protection Services.

Incidents (protection only) achieved low (less than 50%) compliance to the following critical measures:

- FS 3 Assessing the Report about a Child or Youth's Need for Protection;
- FS 4 Timeframe for Assessing the Report about a Child or Youth's Need for Protection;
- FS 5 Assigning an Appropriate Response Priority;
- FS 6 Timeframe for Assigning an Appropriate Response Priority;
- FS 12 Completing the Safety Assessment Form;
- FS 13 Making a Safety Decision Consistent with the Safety Assessment;
- FS 14 Involving the Family in the Development of the Safety Plan;
- FS 15 Supervisory Approval of the Safety Assessment and the Safety Plan;
- FS 16 Completing the Vulnerability Assessment Form;
- FS 17 Timeframe for Completing the Vulnerability Assessment Form;
- FS 18 Determining the Final Vulnerability Level.

Cases – Open and Closed (FS critical measures 21-30)

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

- Most of the case documentation in the Notes section in BP was detailed with respect to the services provided, contact with the families, supervisor consults and approvals, planning updates and the decisions to end ongoing protection services. This provided the analysts with the necessary information to ensure that services were provided to address child safety concerns;
- In some of the cases, it was difficult to determine how the risks to children were re-assessed before files were closed or when children were returned to their parents. Assessments of the parents' involvement in services and their capacities to demonstrate reduction of risk to their children over time was not always documented (6% compliance). 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 social workers are working with families who have very complex needs and there was evidence on the physical files of collaborative practices occurring with the families;
- There was documentation in the physical files of the agency's use of internal support services and the responses from these referrals and services to the families. As well, the agency's use of Signs of Safety family mappings was evident in the files;
- Overall there was a very low rate of completion of the SDM tools and a low rate of achievement to the critical measures;
- The Family Strength and Needs Assessments were not completed in most of the cases (6% compliance);
- Family Plans were not completed for most of the cases (17% compliance). Completed plans, required supervisory approvals (11% compliance), timeframe for completion (11% compliance) and integrating of the Safety Plans into the Family Plans (17% compliance) were often not documented in BP or the physical files;
- The Vulnerability Re-Assessments or Reunification Assessments were not completed for most of the cases (6% compliance);
- At the time of ending ongoing protection services, some of the minimum criteria were not met, due to the lack of completed Vulnerability Re-Assessments or Re-Unification Assessments (33% compliance).

Family Service Cases (open and closed) achieved higher (over 50%) compliance to the following critical measure:

- FS 30: Supervisory Approval of Decision on Ending FDR Protection Services or Ongoing Protection Services.

Family Service Cases (open and closed) achieved low (less than 50%) compliance to the following critical measures:

- FS 21 Completing a Family and Child Strength and Needs Assessment;
- FS 22 Supervisory Approval of the Family Strength and Needs Assessment;
- FS 23 Developing a Family Plan with the Family;
- FS 24 Integrating the Safety Plan into the Family Plan;
- FS 25 Timeframe for Completing the Family Plan and Integrating the Safety Plan;
- FS 26 Supervisory Approval of the Family Plan;
- FS 27 Completing a Vulnerability Re-Assessment or a Re-Unification Assessment;
- FS 28 Timeframe for Completing a Vulnerability Re-Assessment or a Re-Unification Assessment;
- FS 29 Making and Appropriate Decision on Ending FDR Protection Services to Ongoing Protection Services.

7. COMPLIANCE TO PROGRAMS AUDITED

a) Child Service

There were a total of 42 open & closed child service files were audited. The overall compliance to the child service standards was 63%. The following provides a breakdown of the compliance ratings. For those files that were not applicable to specific standards, explanations are provided in the footnotes:

Standard	Applicable	Compliant	Not Compliant	Compliance Rate
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services (VS 11)	42	34	8	81%
Standard 2 Development of a Comprehensive Plan of Care (VS 12) *	11	3	8	27%
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care (VS 13) *	38	14	24	37%
Standard 4 Supervisory Approval Required for Guardianship Services (Guardianship 4)	42	39	3	93%
Standard 5 Rights of Children in Care (VS 14)	42	20	22	48%
Standard 6 Deciding Where to Place the Child (VS 15)	42	41	1	98%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships (VS 16)	42	41	1	98%
Standard 8 Social Worker's Relationship & contact with a Child in Care (VS 17)	42	6	36	14%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards (VS 18)	42	12	30	29%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care (VS 19)	42	24	18	57%
Standard 11 Planning a Move for a Child in Care (VS 20) *	23	23	0	100%

Standard 12 Reportable Circumstances (VS 21) *	7	2	5	29%
Standard 13 When a Child or Youth is Missing, Lost or Runaway (VS 22) *	4	4	0	100%
Standard 14 Case Documentation (Guardianship 14)	42	7	35	17%
Standard 15 Transferring Continuing Care Files (Guardianship 14) *	21	14	7	67%
Standard 16 Closing Continuing Care Files (Guardianship 16) *	11	6	5	55%
Standard 17 Rescinding a Continuing Custody Order (Guardianship 17) *	5	4	1	80%
Standard 19 Interviewing the Child about the Care Experience (Guardianship 19) *	16	5	11	31%
Standard 20 Preparation for Independence (Guardianship 20) *	6	4	2	67%
Standard 21 Responsibilities of the Public Guardian and Trustee (Guardianship 21) *	32	30	2	94%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home *	4	4	0	100%
Standard 23 Quality of Care Review *	5	4	1	80%
Standard 24 Guardianship Agency Protocols (Guardianship 24)	42	41	1	98%

Standard 2: 31 files included the initial Care Plans completed prior to August 1, 2011.

Standard 3: 4 files included where the child or youth was discharged from care prior to the annual due date of the Care Plans.

Standard 11: 19 files involved children who were placed with their family or were not moved from their care home.

Standard 12: 35 files did not contain information regarding reportable circumstances.

Standard 13: 38 files did not contain information regarding children missing, lost or run away.

Standard 15: 21 files were not transferred.

Standard 16: 31 continuing care files were not closed.

Standard 17: 37 files did not include rescindment of a continuing custody order.

Standard 19: 26 files did not include an interview with the child or youth regarding a change in placement.

Standard 20: 36 files did not include planning for independence.

Standard 21: 10 files did not include the involvement of the Public Guardian & Trustee.

Standard 22: 38 files did not include an investigation of alleged abuse or neglect in a family care home.

Standard 23: 37 files did not include a quality of care review.

b) Resources

There were a total of 42 open and closed resource files were audited. Overall compliance to the resource standards was **65%**. The following provides a breakdown of the compliance ratings. For those files that were not applicable to specific standards, explanations are provided in the footnotes:

Standard	Applicable	Compliant	Not Compliant	Compliance Rate
Standard 28 Supervisory Approval Required for Family Care Home Services	42	40	2	95%
Standard 29 Family Care Homes – Application and Orientation *	38	17	21	45%
Standard 30 Home Study *	31	27	4	87%
Standard 31 Training of Caregivers	42	36	6	86%
Standard 32 Signed Agreements with Caregivers	42	23	19	55%
Standard 33 Monitoring and Reviewing the Family Care Home *	40	13	27	33%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home *	2	2	0	100%
Standard 35 Quality of Care Review *	1	1	0	100%
Standard 36 Closure of the Family Care Home *	22	9	13	41%

Standard 29: 4 files included application & orientation documentation completed prior to August 1, 2011.

Standard 30: 11 files included home studies completed prior to August 1, 2011.

Standard 33: 2 files did not require an annual review.

Standard 34: 40 files did not include an investigation of alleged abuse or neglect in a family care home.

Standard 35: 41 files did not include a quality of care review.

Standard 36: 20 files were not closed.

c) Family Service

The agency's overall compliance rate for the family service files was **54%**. The following provides a breakdown of the compliance ratings. For those files that were not applicable to specific standards, explanations are provided in the footnotes.

Report and Screening Assessment: Protection and Non-Protection Incidents:

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 29 closed protection incidents and 10 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	39	38	97%	1	3%
FS 2: Conducting a Prior Contact Check (PCC)	39	39	100%	0	0%
FS 3: Assessing the Report about a Child or Youth's Need for Protection	39	16	41%	23	59%
FS 4: Timeframe for Assessing the Report about a Child or Youth's Need for Protection	39	16	41%	23	59%

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 29 closed protection incidents and 10 closed non-protection incidents.

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 5: Assigning an Appropriate Response Priority	39	18	46%	21	54%
FS 6: Timeframe for Assigning an Appropriate Response Priority	39	18	46%	21	54%
FS 7: Making an Appropriate Response Decision	39	39	100%	0	0%
FS 8: Making a Response Decision Consistent with the Assessment of the Report	39	38	97%	1	3%
FS 9: Timeframe for Making an Appropriate Response Decision	39	38	97%	1	3%
FS 10: Supervisory Approval of the Response Decision	39	36	92%	3	8%

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 29 closed protection incidents.

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 11: Completing the Safety Assessment Process *	28	24	86%	4	14%
FS 12: Completing the Safety Assessment Form *	28	7	25%	21	75%
FS 13: Making a Safety Decision Consistent with the Safety Assessment *	28	12	43%	16	57%
FS 14: Involving the Family in the Development of a Safety Plan *	26	9	35%	17	65%
FS 15: Supervisory Approval of the Safety Assessment and the Safety Plan *	28	14	50%	14	50%

Critical Measures 11, 12, 13, 15: 1 incident did not include the Safety Assessment as it was screened out for a protection response
 Critical Measure 14: 1 incident did not include the Safety Assessment as it was screened out for a protection response and 2 files did not include Safety Plans because safety factors were not identified in the Safety Assessments

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 29 closed protection incidents.

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 16: Completing the Vulnerability Assessment Form *	28	3	11%	25	89%
FS 17: Timeframe for Completing the Vulnerability Assessment Form *	28	2	7%	26	93%
FS 18: Determining the Final Vulnerability Level *	28	3	11%	25	89%

Critical Measures 16, 17 & 18: 1 file did not include a Vulnerability Assessment as it was screened out for a protection response.

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 29 closed protection incidents.

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 19: Making an Appropriate Decision on the Need for Protection Services *	28	27	96%	1	4%
FS 20: Supervisory Approval of the Decision on the Need for Protection Services *	28	27	96%	1	4%

Critical Measures 19 & 20: 1 file was screened out for a protection response.

Family and Child 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 12 open FS cases and 6 closed FS cases.

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 21: Completing a Family and Child Strengths and Needs Assessment	18	1	6%	17	94%
FS 22: Supervisory Approval of the Family and Child Strengths and Needs Assessment	18	1	6%	17	94%

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 12 open FS cases and 6 closed FS cases.

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 23: Developing a Family Plan with the Family	18	3	17%	15	83%
FS 24: Integrating the Safety Plan into the Family Plan	18	3	17%	15	83%
FS 25: Timeframe for Completing the Family Plan and Integrating the Safety Plan	18	2	11%	16	89%
FS 26: Supervisory Approval of the Family Plan	18	2	11%	16	89%

Vulnerability Re-assessment and Reunification 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 12 open FS cases and 6 closed FS cases.

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved
FS 27: Completing a Vulnerability Re-Assessment or a Re-Unification Assessment	18	1	6%	17	94%
FS 28: Timeframe for Completing a Vulnerability Re-Assessment or a Reunification Assessment	18	1	6%	17	94%

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 6 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	6	2	33%	4	67%
FS 30: Supervisory Approval of Decision on Ending FDR Protection Services or Ongoing Protection Services	6	6	100%	0	0%

8. ACTIONS TAKEN TO DATE

Prior to the development of the Action Plan, the following actions were implemented by the agency:

- On May 25, 2015, the Child Safety team returned to a generalist model and a single team. Intake responsibilities are now rotated amongst team members;
- Between April 17, 2015 and June 4, 2015, the agency's staff met with the MCFD Aboriginal Services practice analyst to develop a consistent process for accessing SDM tools in ICM;
- On May 1, 2015, training and implementation of the Family Plan template was completed. The Family Plan template is now incorporated into the family meeting process;
- On May 1, 2015, Care Plan training was provided to the Child Safety team;
- On April 21 and 22, 2015, the importance of the following were reviewed with the Child Safety team by the child safety manager: the need to review section 70 rights with children and youth in care; the need to ensure caregivers are provided with appropriate discipline standards; and the need to ensure children and youth in care are met with privately every 30 days and that these meetings are documented;
- On May 13, 2015, the importance of completing and updating criminal record checks for open resource homes was reviewed with the Support Service team by the MCFD Aboriginal Services practice analyst;
- On May 22, 2015, a team day for the entire agency was held to increase staff morale and encourage health and wellness in the agency.

<p>Family Service:</p> <p>4. The agency will develop a tracking system to monitor the completion of the SDM tools and Family Plans associated with open protection incidents and ongoing protection service cases. The populated tracking tool will be provided to the Office of the Provincial Director of Child Welfare.</p>	<p>Addie Price (with Child Safety Manager)</p>	<p>September 30, 2015</p>
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Alex Scheiber
Deputy Director of Child Welfare, MCFD

2015 July 15

Date