

CASE PRACTICE AUDIT REPORT

Kwumut'Lelum Child & Family Services Society

Audit completed by the Quality Assurance Branch of the Office of the Provincial Director of Child Welfare and Aboriginal Services, Ministry of Children and Family Development.
Field Work completed April 19, 2017.

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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 records, 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 Kwumut'Lelum Child & Family Services Society (KLCFSS). The last audit of the agency was completed in March 2013 as per the regularly scheduled 3 year audit cycle.

The purposes of the audit are:

- further the development of practice
- to assess and evaluate practice in relation to existing legislation, the Aboriginal Operational and Practice Standards and Indicators (AOPSI) and the Child Protection Response Policies
- 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 3 quality assurance analysts from MCFD's Office of the Provincial Director of Child Welfare and Aboriginal Services, Quality Assurance who conducted the practice audit. The quality assurance analysts conducted the fieldwork from March 15 – April 19, 2017. The analysts were available to answer any questions from staff that arose during the audit process. Interviews with the delegated staff were completed in person while the analysts were at the agency and the remainder by phone after the fieldwork was completed. The database Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data for the child service and resource cases and generate agency compliance tables (see below) and a compliance report for each file audited. A MCFD SharePoint site was used to collect the data for the family service cases, incidents, service requests and memos.

The population and sample sizes were based on data entered into ICM and confirmed with the agency prior to the audit commencing. At the time of the audit, there were a total population of 132 open and closed child service cases; 54 open and closed resource cases; 39 open family service cases; 1 closed family service case; 7 closed service requests; 17 closed memos and 29 closed incidents. The sample sizes were as follows: 45 open and closed child service cases; 30 open and closed resource cases; 25 open family service cases; 1 closed family service case; 7 closed service requests; 17 closed memos and 29 closed incidents. The sample sizes for the child service, resource, and open family service cases provide a confidence level of 90% within a margin of error of +/- 10%. For the closed incidents, service requests and memos, a census audit was conducted (all records were selected for the audit due to the small

populations). A census audit provides a 100% confidence level and a 0% margin of error. However, it is important to note that some of the critical measures only applied to a subset (or reduced number) of the records so the results obtained for these critical measures will have a decreased confidence level and an increased margin of error.

The scope of the practice audit was:

- Open and closed child service cases: legal categories of VCA, SNA, removal, interim order, TCO and CCO, and managed by the agency for at least 3 months, from February 1, 2014 to January 31, 2017
- Open and closed resource cases: managed by the agency for at least 3 months, from February 1, 2014 to January 31, 2017
- Open family service cases: open on January 31, 2017 and had been managed by the agency for at least 6 months
- Closed family service cases: closed between July 1, 2016 and January 31, 2017 and had been managed by the agency for at least 6 months
- Closed incidents: created after November 14, 2014, and closed between February 1, 2016 and January 31, 2017, where the type was family development response or investigation
- Closed service requests: closed between February 1, 2016 and January 31, 2017 where the type was request service (CFS), request service (CAPP), request family support or youth services
- Closed Memos: closed between February 1, 2016 and January 31, 2017 where the type was screening or after hours

3. AGENCY OVERVIEW

a) Delegation

KLCFSS operates under C6 delegation. The agency began delivering C6 services on April 1, 2014. 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

KLCFSS signed their initial agreement in 1997. The agency currently operates under a bi-lateral delegation modification agreement from April 1, 2017 to March 31, 2018. The agency provides services only to those band members residing on reserve. The exception to this is caregivers for children in care, who may live off reserve. The agency recruits caregivers both on and off reserve. Kw'umut Lelum, rooted in Snuw'uy'ulh, is

directly mandated by member nations to safeguard the inherent right of their children to be protected from neglect and abuse, to thrive in a safe and healthy environment and strengthen cultural identities and family unity. While respecting Coast Salish practices and traditions, KLCFSS offers services and programs that provide support and training to their member nations.

b) Demographics

KLCFSS provides services to 9 First Nations: Snuneymuxw; Qualicum; Snaw-Naw-As (Nanoose); Stz'uminus (Chemainus); Malexel (Malahat); Penelakut; Halalt; Lake Cowichan; and Lyackson. The registered on-reserve population for these 9 First Nations is approximately 2738. (*Source: Aboriginal Peoples & Communities, First Nation Profiles, Aboriginal Affairs and Northern Development Canada, April 1, 2017*). The geographic service area also covers the cities and towns of Qualicum Beach, Parksville, Nanaimo, Ladysmith, Lake Cowichan, Duncan, the islands of Gabriola and Valdes and the immediate surrounding areas.

KLCFSS utilizes the services of Child and Youth Mental Health, which is provided through the MCFD Nanaimo, Duncan and Victoria offices. Alcohol and drug services are available to each community from the nearby urban centers. Public health and some adult mental health services are also provided in the communities. Agency staff works in conjunction with the social development workers from each of the communities. The member nations are served by local hospitals/health units, public, private and First Nation schools and RCMP and municipal police detachments.

In addition to the delegated programs, KLCFSS provides the following non-delegated programs/services to their member nation's children and families:

- Family Support Services;
- Four Seasons Cultural Programs;
- Four Seasons Early Years Programs;
- Pediatric Outreach Clinic;
- Recreation Therapy; and the
- Cultural Permanency Planning Program.

c) Professional Staff Complement

Current delegated staffing at KLCFSS is comprised of the executive director, an associate executive director, 2 team leaders, 3 guardianship social workers, 2 resource (Le'lumith) social workers, and 3 child safety social workers. The agency is currently hiring for a vacant guardianship social worker position. Two team assistants support the work of the delegated teams.

The executive director has been with the agency for almost 10 years and is a great source of leadership, cultural and community knowledge. The associate executive director is on a long term secondment from MCFD and has been with the agency for 5 years. The guardianship/Le'lumith team leader has been with the agency for 20 years

and the child safety team leader is on secondment from MCFD and has been with the agency since August 2016. The child safety social workers have been with the agency for 4.5 years, 7 years and 16 years. The guardianship social workers have been with the agency for 3 years, 13 years and 20 years. The Le'lumith social workers have experienced the most staffing changes over the past few years with 2 social workers having been with the agency for 1 year and one was newly hired at the time of the audit.

All of the delegated staff completed delegation training through MCFD or the Indigenous Perspectives Society. Of those delegated staff with conduct and/or supervision of files at the time of the audit, all have delegation appropriate to their caseload responsibilities. The executive director has C4 delegation and the associate executive director has C6 delegation.

d) Supervision and Consultation

The guardianship/Le'lumith team leader provides supervision to: 3 guardianship social workers; 2 Le'lumith social workers; 2 team assistants; a cultural permanency planning worker; and a supervised access worker. Her supervision style is "open door" and she schedules monthly supervision sessions with each staff member, albeit inconsistently. The guardianship/Le'lumith team has weekly team meetings that include both the delegated and non-delegated staff, however these also have not been occurring consistently. The child safety team leader provides supervision to: 3 child safety social workers; 2 cultural permanency planning workers; and 2 family support workers. The child safety team leader has implemented a mentoring/teaching/coaching approach to meet the delegated staff's supervision needs. The child safety team leader schedules weekly supervision with each staff member, however these, and the team meetings, do not occur consistently. All of the staff interviewed reported a need for consistent team meetings and individual clinical supervision.

Both team leaders report to the associate executive director. They receive scheduled supervision every other week and participate in a weekly team leader meeting with the executive director (the finance manager and the group home managers also attend). The team leaders consult with the associate executive director on complex cases and the associate executive director tracks the progress of the cases to conclusion.

The team leaders have been provided with an executive coach whom they work with once a month. The coach supports the team leaders' supervision needs and supervisory leadership goals. The team leaders provide coverage for each other for holidays and other absences.

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:

- The Cultural and Permanency Planning team provides cultural and permanency planning support to the guardianship and Le'lumith social workers. This team has

been in place for 2 years and is funded through the ASI (Aboriginal Strategic Initiative, MCFD). The team provides the following services:

- Genealogies/family histories;
 - Cultural connectivity through family circles;
 - Permanency planning for: adoption, 54.1 and rescindment of CCO;
 - Transition planning: transitions to permanent placements, planning for children and youth leaving care.
- The agency places cultural practice at the center of all program areas. There was a significant amount of documentation of cultural gatherings, the 4 Seasons cultural program, Big House participation, family circles, elder involvement, brushings, and Tribal Journey participation.
 - Two delegated staff were selected to attend the Aboriginal Leadership 2020 program and are enjoying the learning and challenge of this program.
 - The agency provides practicum opportunities to students from the Vancouver Island University and University of Victoria's schools of social work. This was found to be a successful pathway for recruiting new social workers as well as providing opportunities for the social workers to be exposed to Aboriginal child welfare delivered in a DAA.

5. CHALLENGES FACING THE AGENCY

In September 2016, the agency experienced a fire at their Snuneymuxw office which caused significant damage to the building and resulted in the staff being moved to several MCFD offices throughout Nanaimo. In November 2016, the staff moved to a renovated office in Stz'uminus, near Ladysmith, with the executive director and associate director moving into another office near the agency's main office. While the files were not damaged by the fire, they required smoke damage remediation which took many months to complete. The files were returned to the agency in late February 2017. The agency's server was damaged in the fire which made it difficult to recover the electronic information stored in it. The staff experienced trauma, grief, loss and displacement following the fire. It was apparent to the analysts that the experience of the fire remains a primary issue for the staff. The Snuneymuxw office is being rebuilt and it is expected that the staff will move back there in the fall of 2017.

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

- The agency's C6 training was described by staff as needing enhancement. Specifically, ICM, SDM and "Good Recording" training is needed on an ongoing basis. Further, access to professional development training opportunities need to be increased.
- There has been some turnover in staff on the Le'lumith team but there have been a number of lateral transfers of staff between the teams with limited time for information sharing on the cases being transferred. This practice of taking over a caseload without information from the previous social worker was described by

staff as challenging and could impact the initial effectiveness of the newly assigned social worker's involvement with the child/youth in care, caregiver or family.

- There has been a turnover of team leaders at the agency in the last 3 years which was reported by staff to have had a destabilizing effect on the supervision they have received.

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 records include:

- There was very good documentation of the children/youth in care being involved in community cultural events and culturally appropriate services in 40 of the 45 records (**89%** compliance);
- Lower compliance to the standard related to the completion of initial care plans was found in the 5 of the 12 applicable records (**42%** compliance).) Of the 7 records rated non-compliant, all did not have completed initial plans of care developed within 30 days of the child/youth coming into care;
- Low compliance was found to the standard related to monitoring and reviewing care plans. Specifically, only 14 of the 44 applicable records contained care plans over the 3 year audit scope period (**32%** compliance). Of the 30 records rated non-compliant, 3 did not have care plans for 2014; 9 did not have care plans for 2015; 10 did not have care plans for 2016; 1 did not have care plans for 2014 and 2015; 5 did not have care plans for 2014 and 2016; and 2 records did not have care plans for the 2015 and 2016;
- Very good documentation of supervisory approvals and consults was found in 40 of the 45 records (**89%** compliance);
- The standard regarding the review of rights of children in care being completed yearly with the child/youth in care or significant persons to the child or youth if there are capacity issues was met in only 11 of the 45 records (**24%** compliance);

- Rationales for placement selections were well documented and efforts were made to involve family members as options for placements in 41 of the 45 records (**91%** compliance). As mentioned, most of the children/youth in care are placed with extended family or there is planning in progress to place with family or community members;
- 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 in 42 of the 45 records (**93%** compliance);
- Documentation of the social workers' private contact with children/youth in care every 30 days throughout the 3 year scope period did not meet the standard on any of the 45 records (**0%** compliance). While there was evidence in the records of regular social worker contact with the caregivers and others involved with the children and youth in care, it was difficult to determine the frequency of contacts and whether the contacts were private. The required visits are not being documented consistently in the care plans and there was a lack of notes on the physical file or in ICM;
- Documentation that information about the children and youth had been provided to the caregiver at the time of placement and that the discipline standards were reviewed with the caregiver met the standard in 5 of the 45 records (**11%** compliance);
- Excellent documentation of annual medical, dental and optical appointments, speech, occupational and physical therapy as well as other assessments was found in 41 of the 45 records (**91%** compliance);
- Documentation about planning a move of a child or youth in care, including the reasons for the move, met the standard in 18 of the 20 applicable records (90% compliance);
- Complete documentation on the follow up to reportable circumstances was found in 11 of the 12 applicable records (**92%** compliance);
- There was 1 applicable record where a child/youth in care was missing, lost or runaway and excellent documentation of the social worker's collaborative response to locating the youth was evident (**100%** compliance);
- Overall, case documentation was negatively impacted by the lack of care plans and review recordings over the 3 year scope period with only 15 of the 45 records having the required documentation to meet the standard (**33%** compliance);
- Internal transfer recordings were documented in 6 of the 8 applicable records (**75%** compliance);
- Closing documentation was completed in 3 of the 6 applicable records (**50%** compliance). Three records were missing closing recordings and other closing documentation;
- Interviews with children and youth in care about their care experiences when leaving their placements were documented in 2 of the 13 applicable records (**15%** compliance);
- Documentation of Independent Living Plans, referrals for 1:1 support, transitioning to adult CLBC services, persons with disabilities applications, budget planning, job searches and preparation of youth for participation in

skills/trades training met the standard in 7 of the 9 applicable records (78% compliance);

- Detailed documentation of the involvement of the Public Guardian and Trustee (PGT) was found in 30 of 31 applicable records (97% compliance). There was also evidence of involvement of the PGT for financial planning assistance for youth turning 19;
- Complete documentation of protocol investigations was found in 1 of 3 applicable records (33% compliance); and
- Social workers are familiar with and follow all protocols related to the delivery of child and family services that the agency has established with local and regional agencies in 41 of the 45 records (91% compliance).

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	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 records include:

- There are a significant number of restricted resources caring for the children/youth in care of the agency. Of the 30 open and closed resources audited, 17 were restricted caregivers, 8 were regular caregivers and 5 were levelled specialized caregivers;
- Documentation was found relating to supervisory approvals and consults in 21 of the 30 records (70% compliance). These include supervisory approvals on key documents such as the home studies and family care home agreements. In a few files, the analysts noted an overcapacity in the resource with no exception to policy and team leader approval documented. In 1 file, there was an expired Inter-Provincial agreement with no follow up documented;
- Complete application and orientation documentation was found in 10 of the 28 applicable records (36% compliance). Of the 18 records rated non-compliant: 2 were missing references on both caregivers; 2 did not have completed caregiver orientation documented; 1 did not have a medical documented for 1 of the caregivers; 4 did not have a completed consolidated criminal record checks on one or both caregivers; 3 did not contain updated consolidated criminal record checks and criminal record review act checks; 2 records contained criminal record histories but there was no mitigation or team leader approval to proceed; 1 was reopened in 2016 but updated consolidated criminal record checks, criminal record review act checks, PCCs, medicals, references and consents were not documented; 1 did not have references, medical, PCC, criminal record review act check and the caregiver orientation documented; 1 did not have the criminal record review act check and caregiver orientation documented; and 1 did not have the references, medicals, consents and consolidated criminal record checks documented. The analysts noted that the agency is not completing both of the required criminal record checks (consolidated and criminal record review) at the time of application on all new caregivers and on some of the established caregivers. These latter checks require updating as per the 3 or 5 year timeframes.
- Completed home studies were found in 6 of the 19 applicable records (32% compliance). Of the 13 records rated non-compliant: 1 contained a restricted home study that was not approved by the team leader; 3 did not have a completed home study; and 9 records contained incomplete home studies (only

questions and answers were documented). Of the 3 records without a home study, all were open resources. Of the 9 records with home studies that were incomplete, 8 were open resources and 1 was closed;

- The agency currently is not using the SAFE model for home studies and the records where a SAFE study was completed, it was done by a contractor for permanency planning purposes (i.e. section 54.1, 54.01). These SAFE studies did not include any form of attempted mitigation;
- Training offered to and taken by the caregivers was documented in only 3 of the 30 records (**10%** compliance). There was almost no training documented and when training interests or needs were recorded in the annual reviews, there was a lack of follow up on providing this training to the caregiver;
- Signed and consecutive family care home agreements were found in 13 of the 30 records (**43%** compliance). Of the 17 records rated non-compliant: 7 did not have any agreements covering the February 1, 2014 – January 31, 2017 audit timeframe; and 10 had gaps in agreements over the audit timeframe ranging from 3 months to 2 years. Of the 7 records that did not have any agreements documented, 5 were open resources and 2 were closed. Of the 10 records that had gaps in agreements, 5 were open resources and 5 were closed;
- Completed annual reviews and ongoing monitoring were found for the entire 3 year audit scope period in only 3 of the 28 applicable records (**11%** compliance). Of the 25 files rated non-compliant; 5 did not have annuals reviews due, however there was a lack of monitoring documented; 2 did not have 2014 and 2015 annual reviews; 1 did not have 2014 and 2016 annual reviews; 4 did not have 2015 annual reviews; 6 did not have 2015 and 2016 annual reviews; 4 did not have 2016 annual reviews; and 3 did not have any annual reviews. Of the 16 records that did not have a 2016 annual review completed, 10 were open resources and 6 were closed. Overall, there was limited documentation that the social workers are maintaining regular contact with their caregivers through in-person home visits and phone/email contact;
- Complete documentation of the response to an investigation of alleged abuse or neglect in a family care home was found in 3 of the 8 applicable records (**38%** compliance). Specifically, the protocol report and related documents were not found;
- Complete documentation of the response to a quality of care concern in a family care home was found in 1 of the 3 applicable records (**33%** compliance). Specifically, the quality of care review report and related documents were not found in the record; and
- Complete closing documentation was found, including the reasons for closures, were documented in 5 of the 10 applicable records (**50%** compliance). Of the 5 records that were rated non-compliant; 1 did not have a closing recording; and 4 did not have written notification of the closure to the caregiver.

c) Family Service

The 22 critical measures in the FS Practice Audit are based on Child Protection Response Policies; Chapter 3. The critical measures are as follows:

Critical Measure	Compliance Description
1. Gathering Full and Detailed Information	For every new report, the information gathered was full, detailed and sufficient to assess and respond to the report.
2. Conducting and Initial Record Review (IRR)	An IRR was conducted from electronic databases within 24 hours of receiving the call/report and the IRR identified previous issues or concerns and the number of past SRs, incidents or reports.
3. Completing the Screening Assessment	A Screening Assessment was completed immediately or within 24 hours.
4. Determining Whether the Report Requires a Protection or Non-Protection Response	The protection or non-protection response decision was appropriate.
5. Assigning an Appropriate Response Priority	The response priority was appropriate and if there was an override it was approved supervisor.
6. Conducting a Detailed Record Review (DRR)	A DRR was conducted in electronic and physical files and contained any information that was missing in the IRR and all of the following information: how previous issues or concerns have been addressed; the responsiveness of the family in addressing the issues and concerns and effectiveness of the last intervention or a DRR was not required because there was no previous MCFD/DAA history.
7. Assessing the Safety of the Child or Youth	The Safety Assessment process was completed during the first significant contact with the child/youth's family and if concerns about the child/youth's immediate safety were identified and the child/youth was not removed under the CFCSA, a Safety Plan was developed and the Safety Plan was signed by the parents and approved by the supervisor.
8. Documenting the Safety Assessment	The Safety Assessment was documented within 24 hours after completion of the Safety Assessment process.
9. Making a Safety decision Consistent with the Safety Assessment	The Safety Decision was consistent with the information documented in the Safety Assessment.
10. Meeting with or Interviewing the Parents and Other Adults in the Family Home	The SW met with or interviewed the parents and other adults in the home and gathered sufficient information about the family to assess the safety and vulnerability of all children/youth living or being cared for in the family home.
11. Meeting with every Child or Youth Who Lives in the	The SW has private, face-to-face conversation with every child/youth living in the family home, according to

Family Home	their developmental level or the supervisor granted an exception and the rationale was documented.
12. Visiting the Family Home	The SW visited the family home before completing the FDR assessment or the Investigation or the supervisor granted an exception and the rationale was documented.
13. Assessing the Risk of Future Harm	The Vulnerability Assessment was completed in its entirety and approved by the supervisor or the supervisor approved ending the protection response early and the rationale was documented.
14. Determining the Need for Protection Services	The decision regarding the need for FDR Protection Services or Ongoing Protection Services was consistent with the information obtained during the FDR Assessment or Investigation.
15. Timeframe for Completing FDR Assessment or Investigation	The FDR Assessment or Investigation was completed within 30 days of receiving the report or the FDR Assessment or Investigation was completed in accordance with the extended timeframe and plan approved by the supervisor.
16. Completing a Family and Child Strengths and Needs Assessment	The Strengths and Needs Assessment was completed in its entirety.
17. Supervisory Approval of the Strengths and Needs Assessment	The Family and Child Strengths and Needs Assessment was approved by the supervisor.
18. Developing the Family Plan with the Family	The Family Plan or its equivalent was developed in collaboration with the family.
19. Timeframe for Completing the Family Plan	The Family Plan or its equivalent was created within 30 days of initiating Ongoing Protection Services or the Family Plan was revised within the most recent 6 month Ongoing Protection Services cycle.
20. Supervisory Approval of the Family Plan	The Family Plan or its equivalent was approved by the supervisor.
21. Completing a Vulnerability Reassessment OR a Reunification Assessment	A Vulnerability Reassessment or Reunification Assessment was completed within the most recent 6 month ongoing protection cycle or a Reunification Assessment was completed within the 3 months of the child's return or a court proceeding regarding custody.
22. Making the Decision to End Ongoing Protection Services	All of the relevant criteria were met before the decision to end ongoing protection services was made and approved by the supervisor.

Applicability of Audit Critical Measures by Record Type:

Type of Family Service Record	Applicable Critical Measures
<ul style="list-style-type: none"> • Memos • Service Requests • Incidents 	FS1 – FS4
<ul style="list-style-type: none"> • Incidents • Memos or Service Requests with an inappropriate non-protection response 	FS5 – FS15
<ul style="list-style-type: none"> • Open and Closed Cases 	FS16 – FS21
<ul style="list-style-type: none"> • Closed cases 	FS22

Findings from the audit of the closed memos, closed service requests, closed incidents, open family service cases and closed family service cases include the following:

FS 1: Gathering Full and Detailed Information The compliance rate for this critical measure was **94%**. The measure was applied to all 53 records in the samples; 50 of the 53 records were rated achieved and 3 were rated not achieved. The 50 records rated achieved had comprehensive documented information on the report about a child or youth’s need for protection, and this information was used to inform an appropriate screening assessment response priority and response decision. Of the 3 records that were rated non-compliant, all lacked detailed and sufficient information from the callers.

FS 2: Conducting an Initial Record Review (IRR): The compliance rate for this critical measure was **38%**. The measure was applied to all 53 records in the samples; 20 of the 53 records were rated achieved and 33 were rated not achieved. The 20 records rated achieved had an IRR conducted from electronic databases within 24 hours of receiving the report and the IRR identified previous issues or concerns and the number of past service requests, incidents or reports and if the family had recently moved to BC or there was reason to believe there may have been prior child protection involvement in one or more jurisdictions, the appropriate child protection authorities were contacted and information was requested and recorded. Of the 33 records that were rated non-compliant: 5 did not have an IRR documented; 1 had the IRR completed more than 24 hours after receiving the report was received; 22 did not have documentation that the Best Practices database was searched; and 5 had no documentation that the Best Practices database was searched and the IRR was completed more than 24 hours after the report was received.

FS 3: Completing the Screening Assessment: The compliance rate for this critical measure was **57%**. The measure was applied to all 53 records in the samples; 30 of the 53 records were rated achieved and 23 were rated not achieved. The 20 records rated achieved had a Screening Assessment completed immediately, if the child/youth appeared to be in a life-threatening or dangerous situation, or within 24 hours, in all other situations. Of the 23 records that were rated non-compliant: 3 did not have a Screening Assessment; 1 had an incomplete Screening Assessment; and 19 had

Screening Assessments that were completed past the immediate or 24 hour timeframe. Of the 19 records that had Screening Assessments that were completed past the immediate or 24 hour timeframe, the average time it took to complete was 44 days (range from 2 to 260 days).

FS 4: Determining Whether the Report Requires a Protection or Non-Protection Response: The compliance rate for this critical measure was **98%**. The measure was applied to all 53 records in the samples; 52 of the 53 records were rated achieved and 1 was rated not achieved. The 53 records rated achieved documented appropriate protection or non-protection response decisions. The 1 record rated as non-compliant had documented an inappropriate protection response decision.

FS 5: Determining the Response Priority: The compliance rate for this critical measure was **100%**. The measure was applied to all 28 records in the sample; 28 of the 28 records were rated achieved. The 28 records had an appropriate response decision documented.

Of the 28 records rated as compliant: 20 contained documentation that the family was contacted within the timeframe of the assigned response decision and 8 contained documentation that the family was not contacted within the timeframe of the assigned response decision. Of the 8 records that contained documentation that the family was not contacted within the timeframe of the assigned response decision, the average time it took was 54 days (range from 6 – 287 days).

FS 6: Conducting a Detailed Record Review (DRR): The compliance rate for this critical measure was **61%**. The measure was applied to all 28 records in the sample; 17 of the 28 records were rated achieved and 11 were rated not achieved. The 17 records rated achieved had a DRR conducted in electronic databases and physical files and contained any information that was missing in the IRR and all of the following information: how previous issues or concerns had been addressed; the responsiveness of the family in addressing the issues and concerns and effectiveness of the last intervention or a DRR was not required because there was no previous MCFD/DAA history. Of the 11 records rated as non-compliant, there was no documentation on 7 records that a DRR was conducted and on 4 records, the DRR did not contain information that was missing in the IRR.

FS 7: Assessing the Safety of the Child or Youth: The compliance rate for this critical measure was **79%**. The measure was applied to all 28 records in the sample; 22 of the 28 records were rated achieved and 6 were rated not achieved. The 22 records rated achieved contained documentation that a Safety Assessment process was completed during the first significant contact with the child/youth's family and, if concerns about the child/youth's immediate safety were identified and the child/youth was not removed under the CFCSA, a Safety Plan was developed and the Safety Plan was signed by the parents and approved by the supervisor. Of the 6 records that were rated non-compliant: 3 lacked documentation of a completed Safety Assessment process during the first significant contact with the family; 1 had a Safety Plan developed but it was not

signed by the parent nor approved by the supervisor; and 2 had safety concerns identified in the Safety Assessment, but a Safety Plan was not developed.

FS 8: Documenting the Safety Assessment: The compliance rate for this critical measure was **39%**. The measure was applied to all 28 records in the sample; 11 of the 28 records were rated achieved and 17 were rated not achieved. The 11 records rated achieved had a Safety Assessment form completed within 24 hours after completion of the Safety Assessment process. Of the 17 records rated non-compliant: 2 records did not have a Safety Assessment; and 15 had Safety Assessments that were not completed within 24 hours after completion of the Safety Assessment process. Of these 15 records, the average time it took to complete the Safety Assessment form was 29 days (range from 2 and 220 days). In regards to the records rated as non-compliant, the analysts confirmed that the children had not been left at risk of harm.

FS 9: Making a Safety Decision Consistent with the Safety Assessment: The compliance rate for this critical measure was **89%**. The measure was applied to all 28 records in the sample; 25 of the 28 records were rated achieved and 3 were rated not achieved. The 25 records rated achieved had a safety decision that was consistent with the information documented in the Safety Assessment. Of the 3 records rated as non-compliant: 2 did not have a Safety Assessment; and 1 had a safety decision that was inconsistent with information documented in the Safety Assessment. In regards to the records rated as non-compliant, the analysts confirmed that the children had not been left at risk of harm.

FS 10: Meeting or Interviewing the Parents and Other Adults in the Family Home: The compliance rate for this critical measure was **82%**. The measure was applied to all 28 records in the sample; 23 of the 28 records were rated achieved and 5 were rated not achieved. The 23 records rated achieved documented that the social worker met with or interviewed the parents and other adults in the home (if applicable) and gathered sufficient information about the family to assess the safety and vulnerability of all children/youth living or being cared for in the family home. Of the 5 records rated as non-compliant: 4 had no or insufficient information documented about whether the social worker met with or interviewed the parents; and 1 had no information documented about whether the social worker met with or interviewed the other adults living in the family home.

FS 11: Meeting with Every Child or Youth Who Lives in the Family Home: The compliance rate for this critical measure was **61%**. The measure was applied to all 28 records in the sample; 17 of the 28 records were rated achieved and 11 were rated not achieved. The 17 records rated achieved documented that the social worker had a private, face-to-face conversation with every child/youth living in the family home. Of the 11 records that were rated as non-compliant, all had no or insufficient documentation about whether the social worker had a private, face-to-face conversation with every child/youth living in the family home.

FS 12: Visiting the Family Home: The compliance rate for this critical measure was **82%**. The measure was applied to all 28 records in the sample; 23 of the 28 records were rated achieved and 5 were rated not achieved. The 23 records rated achieved documented that the social worker visited the family home before completing the FDR Assessment or the Investigation. Of the 5 records rated as non-compliant, all had no or insufficient documentation about whether the social worker visited the family home before completing the FDR Assessment or the Investigation.

FS 13: Assessing the Risk of Future Harm: The compliance rate for this critical measure was **82%**. The measure was applied to all 28 records in the sample; 23 of the 28 records were rated achieved and 5 were rated not achieved. The 23 records rated achieved contained a Vulnerability Assessment that was completed in its entirety and approved by the supervisor. Of the 5 records rated as non-compliant: 2 records had no Vulnerability Assessment; 2 records had an incomplete Vulnerability Assessments; and 1 Vulnerability Assessment was not approved by the supervisor.

FS 14: Determining the Need for Protection Services: The compliance rate for this critical measure was **93%**. The measure was applied to all 28 records in the sample; 26 of the 28 records were rated achieved and 2 were rated not achieved. The 26 records rated achieved documented decisions regarding the need for FDR Protection Services or Ongoing Protection Services that were consistent with the information obtained during the FDR Assessment or Investigation. Of the 2 records rated as non-compliant, both suggested that safety factors still existed after the completion of the child protection response and a decision was made not to provide FDR Protection Services or Ongoing Protection Services. The analysts confirmed that the children had not been left at risk of harm.

FS 15: Timeframe for Completing the FDR Assessment or Investigation: The compliance rate for this critical measure was **18%**. The measure was applied to all 28 records in the sample; 5 of the 28 records were rated achieved and 23 were rated not achieved. The 5 records rated achieved had an FDR Assessment or Investigation that was completed within 30 days of receiving the report. Of the 23 records rated as non-compliant, the average time it took to complete the FDR Assessment or Investigation was 145 days (range from 45 to 673 days). Most of the 23 non-compliant records were created in 2015 and not closed until late 2016, early 2017. There was no documentation of a supervisor approved plan to close the incidents within an extended timeframe.

FS 16: Completing a Family and Child Strengths and Needs Assessment: The compliance rate for this critical measure was **12%**. The measure was applied to all 26 records in the sample; 3 of the 26 records were rated achieved and 23 were rated not achieved. The 3 records rated achieved had a Strengths and Needs Assessment completed in its entirety within the previous 12 month period. The analysts noted that 1 of the 3 records rated compliant had a Strengths and Needs Assessment completed or revised within the last 6 month protection cycle. Of the 23 records rated non-compliant: 13 did not have a Strengths and Needs Assessment completed within the previous 12

month period; and 10 had an incomplete Strengths and Needs Assessment within the previous 12 month period.

FS 17: Supervisory Approval of the Strengths and Needs Assessment: The compliance rate for this critical measure was **12%**. The measure was applied to all 26 records in the sample; 3 of the 26 records were rated achieved and 23 were rated not achieved. The 3 records rated achieved had a Strengths and Needs Assessment that was approved by the supervisor. Of the 23 records rated non-compliant, all did not have a completed Strengths and Needs Assessment within the previous 12 month period.

FS 18: Developing the Family Plan with the Family: The compliance rate for this critical measure was **35%**. The measure was applied to all 26 records in the sample; 9 of the 26 records were rated achieved and 17 were rated not achieved. The 9 records rated achieved had a Family Plan (or its equivalent) that was developed in collaboration with the family. All of the 17 records rated as non-compliant did not have a Family Plan (or its equivalent) documented.

FS 19: Timeframe for Completing the Family Plan: The compliance rate for this critical measure was **15%**. The measure was applied to all 26 records in the sample; 4 of the 26 records were rated achieved and 22 were rated not achieved. The 4 records rated achieved had a Family Plan (or its equivalent) created within 30 days of initiating Ongoing Protection Services or a Family Plan that was revised within the most recent 6 month protection cycle. Of the 22 records rated non-compliant: 17 did not have a Family Plan (or its equivalent); and 5 records did not have a Family Plan (or its equivalent) revised within the last 6 month protection cycle.

FS 20: Supervisory Approval of the Family Plan: The compliance rate for this critical measure was **23%**. The measure was applied to all 26 records in the sample; 6 of the 26 records were rated achieved and 20 were rated not achieved. The 6 records rated achieved had a Family Plan (or its equivalent) that was approved by the supervisor. Of the 20 records rated non-compliant: 17 did not have a Family Plan (or its equivalent); and 3 had Family Plans that were not approved by the supervisor.

FS 21: Completing a Vulnerability Reassessment OR a Reunification Assessment: The compliance rate for this critical measure was **4%**. The measure was applied to all 26 records in the sample; 1 of the 26 records was rated achieved and 25 were rated not achieved. The 1 record rated achieved had a Vulnerability Reassessment or Reunification Assessment completed within the most recent 6 month ongoing protection cycle. Of the 25 records rated non-compliant: 2 records did not have Reunification Assessments completed; 2 records did not have Vulnerability Reassessments completed; 19 records had Vulnerability Reassessments/Reunification Assessments that were not completed within the last 6 month protection cycle; 1 record had an incomplete Vulnerability Reassessment; and 1 record had an incomplete Reunification Assessment.

FS 22: Making the Decision to End Ongoing Protection Services: The compliance rate for this critical measure was 0%. The measure was applied to 1 record in the sample; 1 of the 1 record was rated not achieved. The record rated not achieved did not have a completed Vulnerability Reassessment prior to the case being closed.

7. COMPLIANCE TO PROGRAMS AUDITED

a) Child Service

In total, 45 open and closed child service records were audited. The overall compliance to the child service standards was 61%. The following table 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)	45	40	5	89%
Standard 2 Development of a Comprehensive Plan of Care (VS 12) *	12	5	7	42%
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care (VS 13) *	44	14	30	32%
Standard 4 Supervisory Approval Required for Guardianship Services (Guardianship 4)	45	40	5	89%
Standard 5 Rights of Children in Care (VS 14)	45	11	34	24%
Standard 6 Deciding Where to Place the Child (VS 15)	45	41	4	91%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships (VS 16)	45	42	3	93%
Standard 8 Social Worker's Relationship & contact with a Child in Care (VS 17)	45	0	45	0%

Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards (VS 18)	45	5	40	11%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care (VS 19)	45	41	4	91%
Standard 11 Planning a Move for a Child in Care (VS 20) *	20	18	2	90%
Standard 12 Reportable Circumstances (VS 21) *	12	11	1	92%
Standard 13 When a Child or Youth is Missing, Lost or Runaway (VS 22) *	1	1	0	100%
Standard 14 Case Documentation (Guardianship 14)	45	15	30	33%
Standard 15 Transferring Continuing Care Files (Guardianship 14) *	8	6	2	75%
Standard 16 Closing Continuing Care Files (Guardianship 16) *	6	3	3	50%
Standard 17 Rescinding a Continuing Custody Order (Guardianship 17) *	0	0	0	
Standard 19 Interviewing the Child about the Care Experience (Guardianship 19) *	13	2	11	15%
Standard 20 Preparation for Independence (Guardianship 20) *	9	7	2	78%
Standard 21 Responsibilities of the Public Guardian and Trustee (Guardianship 21) *	31	30	1	97%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home *	3	1	2	33%
Standard 23 Quality of Care Review *	0	0	0	

Standard 24 Guardianship Agency Protocols (Guardianship 24)	45	41	4	91%
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Standard 2: 33 records included initial Care Plans completed prior to February 1, 2014.
Standard 3: 1 record included children or youth who were discharged from care prior to the first annual due date of the Care Plans.
Standard 11: 25 records involved children who were not moved from their care home.
Standard 12: 33 records did not contain information regarding reportable circumstances.
Standard 13: 44 records did not contain information regarding children missing, lost or run away.
Standard 15: 37 records were not transferred.
Standard 16: 39 records were not closed continuing care files
Standard 17: 45 records did not include rescindment of a continuing custody order.
Standard 19: 32 records did not include an interview with the child or youth regarding a change in placement.
Standard 20: 36 records did not include planning for independence.
Standard 21: 14 records did not include the involvement of the Public Guardian & Trustee.
Standard 22: 42 records did not include an investigation of alleged abuse or neglect in a family care home.
Standard 23: 45 records did not include a quality of care review.

b) Resources

In total, 30 open and closed resource records were audited. Overall compliance to the resource standards was **35%**. 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	30	21	9	70%
Standard 29 Family Care Homes – Application and Orientation *	28	10	18	36%
Standard 30 Home Study *	19	6	13	32%
Standard 31 Training of Caregivers	30	3	27	10%
Standard 32 Signed Agreements with Caregivers	30	13	17	43%
Standard 33 Monitoring and Reviewing the Family Care Home *	28	3	25	11%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home *	8	3	5	38%
Standard 35 Quality of Care Review *	3	1	2	33%

Standard 36 Closure of the Family Care Home *	10	5	5	50%
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Standard 29: 2 records included application and orientation completed prior to February 1, 2014.

Standard 30: 11 records included home studies completed prior to February 1, 2014.

Standard 33: 2 records had been open for only 3 months.

Standard 34: 22 records did not include an investigation of alleged abuse or neglect in a family care home.

Standard 35: 27 records did not include a quality of care review.

Standard 36: 20 records were not closed.

c) Family Service

The agency's overall compliance rate for the Family Service files was **59%**. The following provides a breakdown of the compliance ratings.

Screening (includes memos, service requests and incidents)

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 1: Gathering Full and Detailed Information	53	50	3	94%
FS 2: Conducting an Initial Record Review (IRR)	53	20	33	38%
FS 3: Assessing the Report about a Child or Youth's Need for Protection (Completing the Screening Assessment)	53	30	23	57%
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response *	53	52	1	98%

FS4: 1 record was rated as non-compliant because it was inappropriately determined to be a protection report.

Incidents (augmented with memos and services requests with non-compliance at FS 4)

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 5: Assigning an Appropriate Response Priority	28	28	0	100%
FS 6: Conducting a Detailed Record Review (DRR)	28	17	11	61%
FS 7: Assessing the Safety of the Child or Youth	28	22	6	79%

FS 8: Documenting the Safety Assessment	28	11	17	39%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	28	25	3	89%
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	28	23	5	82%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	28	17	11	61%
FS 12: Visiting the Family Home	28	23	5	82%
FS 13: Assessing the Risk of Future Harm	28	23	5	82%
FS 14: Determining the Need for Protection Services	28	26	2	93%
FS 15: Timeframe for Completing the FDR Assessment or Investigation	28	5	23	18%

Open and Closed Cases

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 16: Completing a Family and Child Strengths and Needs Assessment	26	3	23	12%
FS 17: Supervisory Approval of the Strengths and Needs Assessment	26	3	23	12%
FS 18: Developing the Family Plan with the Family	26	9	17	35%
FS 19: Timeframe for Completing the Family Plan	26	4	22	15%
FS 20: Supervisory Approval of the Family Plan	26	6	20	23%
FS 21: Completing a Vulnerability Reassessment or a Reunification Assessment	26	1	25	4%

Closed Cases

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 22: Making the Decision to End Ongoing Protection Services	1	0	1	0%

8. ACTIONS COMPLETED TO DATE

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

- Training of agency staff on updated Human Resources (HR) policies regarding standards of conduct, letter of expectations, etc. occurred in February and June 2017.
- An HR review was completed and an additional delegated social worker for each team and a non-delegated driver/ visit supervisor were hired. A one year extension was approved for the seconded FS Team Leader.
- Systems “dashboards” are being developed to reflect practice and critical measures across all areas of practice: CS, RE & FS. The dashboards will collect data and will be reviewed monthly by the leadership team.

9. ACTION PLAN

On July 11, 2017, the following Action Plan was developed in collaboration between Kwumut'Lelum Child & Family Services Society and MCFD Office of the Provincial Director of Child Welfare (Quality Assurance & Aboriginal Services):

Actions	Person Responsible	Completion date
<p>1. The agency will review all open child service files and complete all outstanding plans of care. Confirmation of completion will be provided, via email, to, and verified in ICM by, the Office of the Provincial Director of Child Welfare (PDCW)</p>	<p>Executive Director, KLCFSS</p>	<p>October 31, 2017</p>
<p>2. The agency will review all open resource files and complete all outstanding documentation in the following areas: family care home agreements, annual reviews and updated criminal record checks. Confirmation of completion will be provided, via email, to, and verified in ICM by, the Office of the PDCW.</p>	<p>Executive Director, KLCFSS</p>	<p>October 31, 2017</p>
<p>3. A "dashboard" tracking system will be created and implemented by all team leaders to monitor and document the completion of the Child Service, Resource and Family Service cases including SDM tools and family plans associated with ongoing protection services cases. This "dashboard" tracking system will be provided to the Office of the PDCW.</p>	<p>Executive Director, KLCFSS</p>	<p>October 31, 2017</p>