

**CASE PRACTICE AUDIT REPORT**  
**Métis Family Services (IGA, IGB, IGC, IGD)**

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 October 7, 2016.

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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 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 Metis Family Services (MFS). The last audit of the agency was completed in September 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, 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 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 fieldwork from September 26<sup>th</sup> to October 7, 2016. The analysts attended the intake and family service team meeting as well as a guardianship team meeting to present the audit process and answer questions from staff. Interviews with the 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 cases and generate office summary and individual record compliance reports. A 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. The sample sizes were as follows: 51 open and closed child service cases; 27 open and closed resource cases; 27 open family service cases; 14 closed family service cases; 16 service requests; 14 memos and 28 incidents. The sample sizes are based on a confidence level of 90% and a margin of error of +/- 10%.

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 August 1, 2013 – July 30, 2016;

- Open and closed resource cases: open for at least 3 months, from August 1, 2013 – July 30, 2016;
- Open family service cases: open on July 31, 2016 and had been open for at least 6 months;
- Closed family service cases: closed between February 1, 2016 and July 31, 2016 and had been open for at least 6 months;
- Closed incidents: created after November 04, 2014, and closed between February 1, 2016 and July 31, 2016, where the type was family development response or investigation;
- Closed Service Requests: closed between February 1, 2016 and July 31, 2016 where the type was request service – CFS, request service – CAPP, request family support or youth services;
- Closed Memos: closed between February 1, 2016 and July 31, 2016 where the type was screening.

### **3. AGENCY OVERVIEW**

#### **a) Delegation**

MFS operates under C6 delegation. 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.

MFS was established in 1998 under C4 delegation and received C6 delegation on October 15, 2013. The agency currently operates under a bi-lateral delegation modification agreement from April 1, 2016 – March 31, 2017. The agency provides services to Metis families in an urban setting.

#### **b) Demographics**

MFS is located in Surrey, BC, and provides services within the municipalities of Surrey, White Rock, Langley, Maple Ridge, Coquitlam, Port Coquitlam, Port Moody, New Westminster, Burnaby, and Pitt Meadows.

In addition to the delegated programs, MFS provides the following non-delegated programs/services to Metis children and families:

- Rapid Response;
- Parenting Program;
- Community Outreach; and

- Resolutions Program.

Services in the communities of the Coast Fraser Region are also used to support Metis children and families depending on the placement locations of the children and youth in care. MFS is also able to utilize Child and Youth Mental Health services offered in the various communities. MFS and MCFD share services when needed such as; Aboriginal Youth Mental Health, S.O.S Children's Village, and counseling services.

### **c) Professional Staff Complement**

Current staffing at MFS is comprised of the chief executive officer (CEO), 2 team leaders (one for resources and guardianship and one for intake and family services), 3 resource workers, 4 guardianship workers, 6 intake workers, a youth worker, and a program assistant. The CEO has been with the agency for 16 years and is a tremendous source of cultural and community knowledge as well as support to her staff. She is seen as an "auntie" to many children and families in the Metis community, according to her staff. The resource and guardianship team leader has been in this role for 2 years and expressed her passion for permanency. The intake team leader was an experienced MCFD social worker who was co-located at MFS from December 2006 until he was employed as a team leader by agency in 2013.

MFS also has a non-delegated team that work closely with the delegated staff to provide holistic, cultural services and programs to Metis people. The following team is supervised by the non-delegated team leader:

- program coordinator;
- 5 rapid response workers;
- group facilitator (Parenting Program);
- community support outreach worker (Parenting Program);
- resolutions reconnect worker;
- resolutions facilitator ;and
- volunteers.

Additionally the agency consists of the following staff supervised directly by the CEO:

- administrative/team assistant;
- building administrator;
- manager, Finance and Human Resources;
- finance/ HR assistant; and
- receptionist.

All staff with conduct and/or supervision of child protection files at the time of the audit have C6 delegation. All of the C6 delegated staff completed the Aboriginal social work delegation training and some also completed the MCFD delegation training.

#### **d) Supervision and Consultation**

The 2 team leaders provide supervision to the delegated and non- delegated workers on their respective teams. The supervision style of both team leaders was described by staff as very open and they aim to involve staff in decision making. Staff reported they are very comfortable stopping into the team leaders' offices or calling on the CEO for consultations when/if their respective team leader is out of the office.

The team leaders have regular bi-weekly structured supervision with the CEO and consult with her on complex cases when needed. Both team leaders provide delegated social workers with a scheduled weekly or bi-weekly structured supervision as well as a weekly team meeting and monthly agency meetings.

#### **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:

- Staff identified their CEO as a strong leader;
- Staff stated that they are satisfied with the quality of training they receive;
- The Signs of Safety (SOS) model used by the agency provides great support to the children, youth and families;
- Staff developed close relationships with the multiple service providers including the local MCFD, Vancouver Aboriginal Children and Family Services Society, RCMP and schools. These relationships assist workers in maintaining contact with many high needs children and youth in care;
- Many of the children/youth in care are placed with their relatives. The agency has done a very good job in maintaining the connection between children/youth in care and their significant others, immediate and extended families and communities There are a large number of Metis resources caring for the children/youth in care of the agency even though recruitment is challenging;
- The staff are expected to, and do, participate in community cultural events. This results in all staff supporting every program the agency runs including monthly youth nights and family nights, as well as the yearly family BBQ, the Christmas party for children in care, and the Honoring Ceremony. Staff described this as an important aspect to their positions and practice with children, youth and families:
- Staff reported that they all work very well together and are supportive of one another professionally and personally. A yearly team day occurs to enhance team building and monthly breakfasts are held to support staff wellness.

## 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:

- MFS covers a large urban area across municipalities resulting in staff spending hours in traffic to meet with children, youth, and families. The amount of travel directly impacts the social workers' ability to support and plan for their children/youth in care, caregivers, and families;
- The agency experiences internet connectivity issues on a regular basis. The internet is provided through a local internet company and there are frequent periods of sporadic or no connectivity. This impacts the social workers ability to access ICM. The analysts conducting the audit experienced the same connectivity issues while at the agency;
- Backfill for positions was identified as a challenge for team leaders and social workers resulting in increased workloads;
- Staff noted that funding limitations do not allow for a Family Group Conference (FGC) worker position to conduct planning circles, a key aspect of practice in honoring culture and planning for children, youth, and families. Currently, social workers take turns facilitating planning circles and this is challenging for child protection workers to maintain due to workload pressures; and
- Staff explained funding for supervised visits is minimal. As a result, the agency conducts group supervised visits which is a challenge to organize and does not always meet the needs of children, youth and families.

## 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:

- Strong documentation of children/youth in care being involved in Metis community cultural events and culturally appropriate services (84% compliance);
- Good compliance related to the development of initial Care Plans (70% compliance);

- Low compliance to the standard related to monitoring and reviewing Care Plans. Of the 46 applicable records, 33 did not contain 3 Care Plans over the 3 year audit scope period (28% compliance). Specifically, 4 did not have Care Plans documented for 2013; 12 did not have Care Plans documented for 2014; 7 did not have Care Plans for 2015; 3 did not have Care Plans documented for both 2014 and 2015; 3 did not have Care Plans documented for both 2013 and 2015; 2 did not have Care Plans documented for both 2013 and 2014; and 2 had single Care Plans that covered all 3 years;
- Excellent documentation of supervisory approvals and consults was found throughout the files (100% compliance);
- There was low compliance to documentation relating to the regular reviewing of the rights of children in care (37% compliance);
- Rationales for placement selections were well documented and efforts were made to place children with extended family members (100% compliance);
- Significant efforts are being made to support and maintain contact between the children/youth in care and their siblings, parents, extended families and community members (100% compliance);
- Compliance to documenting social workers' private contacts with children/youth in care was very low (14% compliance);
- Compliance to documenting when information about the children and youth being provided to the caregivers at the time of placements and that the discipline standards were reviewed with the caregivers was low (36% compliance);
- Excellent documentation of annual medical, dental and optical appointments, speech, occupational and physical therapy as well as other assessments was found (96% compliance);
- Excellent documentation when planning to move children or youth in care, including the reasons for the moves, was found (100% compliance);
- Complete documentation on the follow up to reportable circumstances was found (100% compliance);
- Complete documentation when children or youth in care went missing, lost or runaway, including the social workers' responses to locating the children or youth was found (100% compliance);
- Case documentation was negatively impacted by the lack of Care Plans and review recordings over the 3 year scope period (32% compliance);
- Internal transfer recordings were documented in the vast majority of applicable records (97% compliance);
- Moderate compliance to file closure documentation was found (59% compliance);
- The rationale, assessment and approval regarding the rescindment of a CCO was found in the one applicable record (100% compliance);
- Interviews with children and youth in care about their care experiences when leaving their placements was documented in fewer than half the applicable records (47% compliance);
- Excellent documentation of Independent Living Plans was found (100% compliance);

- Excellent documentation of the involvement of the Public Guardian and Trustee (PGT) was found (98% compliance);
- 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 (100% 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:

- Excellent documentation of supervisory approvals and consults was found (100% compliance). CEO consultation forms were signed when key documents such as home studies, exceptions to policy and family care home agreements were overdue;
- Moderate compliance was found for completed foster home applications and orientation documentation (64% compliance). For the 9 records rated non-compliant, 4 lacked updated consolidated criminal record checks (CRC); 4 lacked documentation about whether the caregiver orientation was completed; and one lacked original CRCs, a medical report, and documentation about whether the caregiver orientation was completed;
- Excellent home study completion was found on 15 applicable records (94% compliance). The SAFE home study model is being used by the agency. The 1 file without a completed home study had an signed, but expired, CEO consultation form from August 2016;
- Training offered to, and taken by, the caregivers was documented in 16 of the 26 applicable records (62% compliance);
- Family care home agreements were completed, signed, and consecutive in 25 of the 27 applicable records (93% compliance). One record was missing agreements over a 2 year span and the other file had an agreement that expired in early 2016;
- High compliance to monitoring and reviewing the family care homes was found for the 3 year period. Of the 24 applicable records, 21 contained annual reviews for the 3 year period (88% compliance). Specifically, 1 did not have 2013 and 2014 annual reviews; 1 record did not have 2014 and 2015 annual reviews; and 1 record did not have any annual reviews; and
- Very high compliance to closing documentation for a foster home was found (90% compliance).

### 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 <b>or</b> 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 <i>CFCSA</i> , 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 Family Home	The SW has private, face-to-face conversation with every child/youth living in the family home, according to their developmental level or the supervisor granted an

	exception and the rationale was documented.
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"> <li>• Memos (sample = 14)</li> <li>• Service Requests (sample = 16)</li> <li>• Incidents (sample = 28)</li> </ul>	FS1 – FS4
<ul style="list-style-type: none"> <li>• Incidents (augmented sample = 25)</li> </ul>	FS5 – FS15

<ul style="list-style-type: none"> <li>• Memos or Service Requests with an inappropriate non-protection response (sample = 0)</li> </ul>	
<ul style="list-style-type: none"> <li>• Open Cases (sample = 27)</li> <li>• Closed Cases (sample = 14)</li> </ul>	FS16 – FS21
<ul style="list-style-type: none"> <li>• Closed cases (sample = 14)</li> </ul>	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:

**Screening (includes memos, service requests and incidents)**

**FS 1: Gathering Full and Detailed Information:** The compliance rate for this critical measure was 100%. The measure was applied to all 58 records in the samples. All 58 records contained comprehensive information about the child or youth’s need for protection.

**FS 2: Conducting an Initial Record Review (IRR):** The compliance rate for this critical measure was 97%. The measure was applied to all 58 records in the samples; 56 of the 58 records were rated compliant and 2 were rated non-compliant. The 56 records rated compliant had an IRR that was conducted within 24 hours of receiving the call/report and identified the previous child safety concerns. Of the 2 records that were rated non-compliant, an IRR was completed more than 24 hours after receiving the call/report.

**FS 3: Completing the Screening Assessment:** The compliance rate for this critical measure was 97%. The measure was applied to all 58 records in the samples; 57 of the 58 records were rated compliant and 1 was rated non-compliant. The 57 records rated compliant had a Screening Assessment that was completed immediately or within 24 hours after receiving the call/report. The 1 record rated non-compliant had a Screening Assessment that was completed more than 24 hours after receiving the call/report (79 days).

**FS 4: Determining Whether the Report Requires a Protection or Non-Protection Response:** The compliance rate for this critical measure was 95%. The measure was applied to all 58 records in the samples; 55 of the 58 records were rated compliant and 3 were rated non-compliant. The measure is not intended to assess the appropriateness of an INV versus FDR response but rather the appropriateness of a protection versus non-protection response. To receive a rating of achieved, there had to be a documented response decision that was consistent with the information gathered about the child protection report and other recorded information. The 55 records rated compliant met these criteria. Of the 3 records rated non-compliant, all 3 had a protection response that were inconsistent with the information gathered from the caller.

#### **Incidents (augmented with the removal of 3 incidents with non-compliance at FS 4)**

**FS 5: Determining the Response Priority:** The compliance rate for this critical measure was 100%. The measure was applied to all 25 records in the augmented sample. All 25 records had an appropriate response priority documented on the Screening Assessment.

**FS 6: Conducting a Detailed Record Review (DRR):** The compliance rate for this critical measure was 79%. The measure was applied to 24 of the 25 records in the augmented sample; 19 of the 24 records were rated compliant and 5 were rated non-compliant. The 19 records rated compliant had a DRR that 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; the effectiveness of the last intervention; or a DRR was not required because there was no previous MCFD/DAA history. Of the 5 records that were rated non-compliant, a DRR was not completed.

**FS 7: Assessing the Safety of the Child or Youth:** The compliance rate for this critical measure was 100%. The measure was applied to 24 of the 25 records in the augmented sample. All 24 records rated as compliant contained documentation that a Safety Assessment process was completed during the first significant contact with the child/youth's family.

**FS 8: Documenting the Safety Assessment:** The compliance rate for this critical measure was 88%. The measure was applied to 24 of the 25 records in the augmented sample; 21 of the 24 records were rated as compliant and 3 were rated as non-complaint. The 21 records rated compliant had Safety Assessments documented within 24 hours after completing the Safety Assessment process. Of the 3 records rated non-compliant, all Safety Assessments were completed more than 24 hours following the first significant contact with the family (average 11 days).

**FS 9: Making a Safety Decision Consistent with the Safety Assessment:** The compliance rate for this critical measure was 100%. The measure was applied to 24 of the 25 records in the augmented sample. All 24 records had a safety decision that was consistent with the information contained in the Safety Assessment.

**FS 10: Meeting or Interviewing the Parents and Other Adults in the Family Home:** The compliance rate for this critical measure was 100%. The measure was applied to 24 of the 25 records in the augmented sample. All 24 records contained information that the social workers met with 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 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 96%. The measure was applied to 24 of the 25 records in the augmented sample; 23 of the 24 records were rated as

compliant and 1 was rated as non-compliant. The 23 records rated as compliant contained information that the social worker had a private, face-to-face conversation with every child/youth living in the family home. The 1 record rated non-compliant lacked 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 92%. The measure was applied to 24 of the 25 records in the augmented sample; 22 of the 24 records were rated as compliant and 2 was rated as non-compliant. The 22 records rated as compliant contained information that the social worker visited the family home before completing the FDR Assessment or the Investigation. Of the 2 records rated non-compliant, both lacked 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 100%. The measure was applied to 24 of the 25 records in the augmented sample. All 24 records rated as compliant contained a Vulnerability Assessment that was completed in its entirety and approved by the supervisor.

**FS 14: Determining the Need for Protection Services:** The compliance rate for this critical measure was 100%. The measure was applied to 24 of the 25 records in the augmented sample. All 24 records rated had 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.

**FS 15: Timeframe for Completing the FDR Assessment or Investigation:** The compliance rate for this critical measure was 25%. The measure was applied to 24 of the 25 records in the augmented sample; 6 of the 24 records were rated as compliant and 18 was rated as non-compliant. The 6 records rated as compliant had a FDR Assessment or Investigation that was completed within 30 days of receiving the report. Of the 18 records rated non-compliant, all had a FDR Assessment or Investigation that was not completed within 30 days of receiving the report (ranged from 43-168 days, average 114 days).

## **Open and Closed Cases**

**FS 16: Completing a Family and Child Strengths and Needs Assessment:** The compliance rate for this critical measure was 44%. The measure was applied to all 41 records in the samples; 18 of the 41 records were rated as compliant and 23 were rated as non-complaint. The 18 records rated as compliant had a Family and Child Strengths and Needs Assessment completed in its entirety within the previous 12 month period. Of the 23 records that were rated non-compliant, 20 lacked a Family and Child Strengths and Needs Assessment and 3 records had a Family and Child Strengths and Needs Assessment that was not completed in its entirety.

**FS 17: Supervisory Approval of the Strengths and Needs Assessment:** The compliance rate for this critical measure was 39%. The measure was applied to all 41 records in the samples; 16 of the 41 records were rated as compliant and 25 were rated as non-compliant. The 16 records rated as compliant had a Family and Child Strengths and Needs Assessment that was approved by the supervisor. Of the 25 records rated non-compliant, 20 lacked a Family and Child Strengths and Needs Assessment, 3 records had a Family and Child Strengths and Needs Assessment that was not completed in its entirety and not approved by the supervisor and 2 records had a Family and Child Strengths and Needs Assessment that had not been approved by the supervisor.

**FS 18: Developing the Family Plan with the Family:** The compliance rate for this critical measure was 71%. The measure was applied to all 41 records in the samples; 29 of the 41 records were rated as compliant and 12 were rated as non-compliant. The 29 records rated as compliant had a Family Plan (or its equivalent) that was developed in collaboration with the family. Of the 12 records rated non-compliant, 9 lacked a Family Plan (or its equivalent) and 3 had a Family Plan but no documentation to suggest that it was developed in collaboration with the family.

**FS 19: Timeframe for Completing the Family Plan:** The compliance rate for this critical measure was 56%. The measure was applied to all 41 records in the samples; 23 of the 41 records were rated as compliant and 18 were rated as non-compliant. The 23 records rated as compliant had a Family Plan 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 18 records rated non-compliant, 9 lacked a Family Plan, 8 did not have a Family Plan revised within the last 6 month protection cycle, and 1 did not have a Family Plan within 30 days of initiating ongoing protection services.

**FS 20: Supervisory Approval of the Family Plan:** The compliance rate for this critical measure was 59%. The measure was applied to all 41 records in the samples; 24 of the 41 records were rated as compliant and 17 were rated as non-compliant. The 24 records rated as compliant had a Family Plan (or its equivalent) that was approved by the supervisor. Of the 17 records rated non-compliant, 9 lacked a Family Plan and 8 had a Family Plan that was not approved by the supervisor.

**FS 21: Completing a Vulnerability Reassessment OR a Reunification Assessment:** The compliance rate for this critical measure was 56%. The measure was applied to all 41 records in the samples; 23 of the 41 records were rated as compliant and 18 were rated as non-compliant. The 23 records rated as compliant had a Vulnerability Reassessment or Reunification Assessment completed within the most recent 6 month protection cycle. Of the 18 records rated non-compliant, 6 lacked a Reunification Assessment within the most recent 6 month protection cycle, 10 lacked a Vulnerability Reassessment within the most recent 6 month protection

cycle, and 2 lacked a Reunification Assessment within 3 months of a child's return to the parents.

## Closed Cases

**FS 22: Making the Decision to End Ongoing Protection Services:** The compliance rate for this critical measure was 86%. The measure was applied to all 14 records in the sample; 12 of the 14 records were rated as compliant and 2 were rated as non-compliant. The 12 records rated as compliant had information that there were no unaddressed reports of abuse or neglect; there were no current safety concerns; the family had demonstrated significant and sufficient behavioral improvements in the areas identified in the Family Plan; and a recent Vulnerability Reassessment confirmed that the factors were addressed sufficiently. Of the 2 records rated non-compliant, 1 record indicated a high final vulnerability level at the time of closure and one record lacked a Vulnerability Reassessment within the last 6 month protection cycle prior to closure.

## 7. COMPLIANCE TO PROGRAMS AUDITED

### a) Child Service

The overall compliance to the child service standards was **73%**.

In total, 51 open and closed child service records were audited. The following table provides a breakdown of the compliance ratings. The footnotes provide the number of records for which the measures were assessed as not applicable and explain why.

Standard	Applicable	Compliant	Not Compliant	Compliance Rate
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services (VS 11)	51	43	8	84%
Standard 2 Development of a Comprehensive Plan of Care (VS 12) *	10	7	3	70%
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care (VS 13) *	46	13	33	28%
Standard 4 Supervisory Approval Required for Guardianship Services (Guardianship 4)	51	51	0	100%
Standard 5 Rights of Children in Care (VS 14)	51	19	32	37%

Standard 6 Deciding Where to Place the Child (VS 15)	51	51	0	100%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships (VS 16)	51	51	0	100%
Standard 8 Social Worker's Relationship & contact with a Child in Care (VS 17)	51	7	44	14%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards (VS 18) *	47	17	30	36%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care (VS 19)	51	49	2	96%
Standard 11 Planning a Move for a Child in Care (VS 20) *	27	27	0	100%
Standard 12 Reportable Circumstances (VS 21) *	16	16	0	100%
Standard 13 When a Child or Youth is Missing, Lost or Runaway (VS 22) *	13	13	0	100%
Standard 14 Case Documentation (Guardianship 14)*	51	17	34	33%
Standard 15 Transferring Continuing Care Files (Guardianship 14) *	31	30	1	97%
Standard 16 Closing Continuing Care Files (Guardianship 16) *	17	10	7	59%
Standard 17 Rescinding a Continuing Custody Order (Guardianship 17) *	1	1	0	100%
Standard 19 Interviewing the Child about the Care Experience (Guardianship 19) *	17	8	9	47%
Standard 20 Preparation for Independence (Guardianship 20) *	25	25	0	100%

Standard 21 Responsibilities of the Public Guardian and Trustee (Guardianship 21) *	41	40	1	98%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home *	1	1	0	100%
Standard 23 Quality of Care Review *	0			
Standard 24 Guardianship Agency Protocols (Guardianship 24)	51	51	0	100%

Standard 2: 41 records included initial Care Plans completed prior to July 1, 2013.

Standard 3: 3 records included children or youth who were discharged from care prior to the first annual due date of the Care Plans and 2 records included children or youth who were newly in care and care plan was not yet due.

Standard 9: 4 records involved a youth who was on Independent living.

Standard 11: 24 records involved children who were not moved from their care home.

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

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

Standard 15: 20 records were not transferred.

Standard 16: 34 records were not closed continuing care files.

Standard 17: 50 records did not include rescindment of a continuing custody order.

Standard 19: 34 records did not include an interview with the child or youth regarding a change in placement.

Standard 20: 26 records did not include planning for independence.

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

Standard 22: 50 records did not include an investigation of alleged abuse or neglect in a family care home.

Standard 23: 51 records did not include a quality of care review.

## b) Resources

Overall compliance to the resource standards was **84%**.

In total, 27 open and closed resource records were audited. The following provides a breakdown of the compliance ratings. The footnotes provide the number of records for which the measures were assessed as not applicable and explain why.

Standard	Applicable	Compliant	Not Compliant	Compliance Rate
Standard 28 Supervisory Approval Required for Family Care Home Services	27	27	0	100%
Standard 29 Family Care Homes – Application and Orientation*	25	16	9	64%
Standard 30 Home Study *	16	15	1	94%
Standard 31 Training of Caregivers*	26	16	10	62%
Standard 32 Signed Agreements with Caregivers	27	25	2	93%
Standard 33 Monitoring and Reviewing the Family Care Home*	24	21	3	88%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home *	1	1	0	100%
Standard 35 Quality of Care Review *	3	3	0	100%
Standard 36 Closure of the Family Care Home *	10	9	1	90%

Standard 29: 2 home studies were completed prior to the audit time frame.

Standard 30: 11 home studies were completed prior to the audit time frame.

Standard 31: 1 record did not include caregiver training as the home was open for less than 6 months.

Standard 33: 3 records did not include annual reviews as newly opened restricted homes and annual review not yet due.

Standard 35: 24 records did not include a quality of care review.

Standard 36: 17 records were not closed.

### c) Family Service

Overall compliance to the Child Safety and Family Support Policies, Chapter 3, was **80%**.

#### Assessing a Child Protection Report

The table below provides compliance rates for measures FS 1 to FS 4, which has 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 sampled records included 14 closed memos, 16 closed service requests and 28 closed incidents.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 1: Gathering Full and Detailed Information	58	58	0	100%
FS 2: Conducting an Initial Record Review (IRR)	58	56	2	97%
FS 3: Assessing the Report about a Child or Youth's Need for Protection (Completing the Screening Assessment)	58	57	1	98%
FS 4: determining Whether the Report Requires a Protection or Non-protection Response	58	55	3	95%

#### Conducting a Child Protection Response

The table below provides compliance rates for measures FS 5 to FS 15, which has to do with conducting a child protection response. The rates are presented as percentages of records to which the measures were applied. The sampled records included 28 incidents augmented with the removal of 3 incidents that were found to have an inappropriate protection response. The footnote provides the number of records for which the measures were assessed as not applicable and explain why.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 5: Assigning an Appropriate Response Priority	25	25	0	100%
FS 6: Conducting a Detailed Record Review (DRR)	24*	19	5	79%

FS 7: Assessing the Safety of the Child or Youth	24*	24	0	100%
FS 8: Documenting the Safety Assessment	24*	21	3	88%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	24*	24	0	100%
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	24*	24	0	100%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	24*	23	1	96%
FS 12: Visiting the Family Home	24*	22	2	92%
FS 13: Assessing the Risk of Future Harm	24*	24	0	100%
FS 14: Determining the Need for Protection Services	24*	24	0	100%
FS 15: Timeframe for Completing the FDR Assessment or Investigation	24*	6	18	25%

\*These measures were not applicable to 1 record because the supervisor appropriately approved ending the protection response early

### Ongoing Protection Services

The table below provides compliance rates for measures FS 16 to FS 21, which has to do with the provision of ongoing protection services. The rates are presented as percentages of records to which the measures were applied. The sampled records included 27 open cases and 14 closed cases.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 16: Completing a Family and Child Strengths and Needs Assessment	41	18	23	44%
FS 17: Supervisory Approval of the Strengths and Needs Assessment	41	16	25	39%
FS 18: Developing the Family Plan with the Family	41	29	12	71%

FS 19: Timeframe for Completing the Family Plan	41	23	18	56%
FS 20: Supervisory Approval of the Family Plan	41	24	17	59%
FS 21: Completing a Vulnerability Reassessment or a Reunification Assessment	41	23	18	56%

### **Closing a Case**

The table below provides compliance rates for measure FS 22 which has to do with the decision to end ongoing protection services. The rate is presented as percentage of records to which the measure was applied. The sampled records included 14 closed cases.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 22: Making the Decision to End Ongoing Protection Services	14	12	2	86%

### **8. ACTIONS COMPLETED TO DATE**

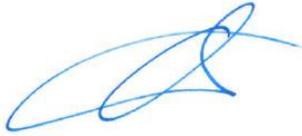
Prior to the development of the Action Plan, the following actions were implemented by the agency:

- On March 10, 2017 the CEO reviewed AOPSI child service practice standard 19: Interviewing the Child about the Care Experience with all guardianship social workers. It was stressed that every time a child or youth in care moves or when a child or youth in care ages out of care, an exit interview with the child/youth is conducted.
- On April 5, 2017 a CPOC addendum template was designed and implemented to document the dates when the Rights of Children in Care and the Appropriate Discipline Standards are reviewed with children and youth in care and caregivers.

## 9. ACTION PLAN

On April 6, 2017, the following Action Plan was developed in collaboration between Metis FS 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.</p>	<p>Chief Executive Officer, MFS</p>	<p>June 30, 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 the Office of the Provincial Director of Child Welfare</p>	<p>Chief Executive Officer, MFS</p>	<p>October 31, 2017</p>
<p>3. The agency will develop a resource checklist for all tasks associated with opening resource files. This checklist will be attached to each newly opened RE file. A copy of this checklist will be emailed to the Office of the Provincial Director of Child Welfare.</p>	<p>Chief Executive Officer, MFS</p>	<p>June 30, 2017</p>
<p>4. The agency will offer training for caregivers in the following areas:            1. Fetal alcohol spectrum disorder;            2. Attachment disorders;            3. Safe Babies.            These training curriculums, and confirmation that the training dates have been set, will be provided, via email, to the Office of the Provincial Director of Child Welfare.</p>	<p>Chief Executive Officer, MFS</p>	<p>December 31, 2017</p>



April 27, 2017

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**Alex Scheiber**

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**Date**

**Deputy Director of Child Welfare, MCFD**